

# Shickley Public School

# School District 54

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

District of Residence \_\_\_\_\_

Grade Student will be \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Students Mailing Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mothers First and Last Name \_\_\_\_\_

Mothers Cell Phone Number \_\_\_\_\_

Fathers First and Last Name \_\_\_\_\_

Fathers Cell Phone Number \_\_\_\_\_

Mothers and / or Fathers Email Address \_\_\_\_\_

\_\_\_\_\_

Guardians Name if not the same as Parents \_\_\_\_\_

Guardians Mailing Address \_\_\_\_\_

Home Internet Access    Yes    No

Student Internet Access    Yes    No