

# ENROLLMENT FORM

## SCHOOL YEAR: 2024-2025

Student Identification Number

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West Harvey-Dixmoor District 147  
191 W. 155th Place  
Harvey, IL 60426  
Phone: (708)339-9500  
Fax: (708) 596-7020

King      Rosa Parks      Lincoln

### Student Information (Please Print)

Student's Last Name:	First Name:	Middle Initial:
Home Address:	City:	State:      Zip:
Home Phone:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (Check One)	Birth Date:	Birth Place:
Grade:      Room #      Ethnic Group:	Are you active in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No (Check One)	

### For Office Use Only

Entry Date:	Entry Code:	Lunch Status:
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### Parents/Guardian Information

Name:	Relationship:	
Legal Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check One)	Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check One)	
Home Address	City:      State:      Zip:	
Home Phone #:	Cell Phone:	Email Address:
Birth Date:	Employer:	Work Phone No:
Comments:		

### Emergency Contact #1

Name:	Relationship:
Home Phone #:	Work Phone #:

### Emergency Contact #2

Name:	Relationship:
Home Phone #:	Work Phone #:

### Status of Parent(s) (Check All That Apply)

<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Mother Deceased
<input type="checkbox"/> Living Together	<input type="checkbox"/> Mother Remarried	<input type="checkbox"/> Father Deceased
<input type="checkbox"/> Living Apart	<input type="checkbox"/> Father Remarried	<input type="checkbox"/> Other

### Education of Parent(s) (Check All That Apply)

<b>Mother:</b>	<input type="checkbox"/> Completed Elementary School	<input type="checkbox"/> Completed 2 Years of College	<input type="checkbox"/> Completed Graduate School
	<input type="checkbox"/> Completed High School	<input type="checkbox"/> Completed 4 Years of College	<input type="checkbox"/> Doctorate
<b>Father:</b>	<input type="checkbox"/> Completed Elementary School	<input type="checkbox"/> Completed 2 Years of College	<input type="checkbox"/> Completed Graduate School
	<input type="checkbox"/> Completed High School	<input type="checkbox"/> Completed 4 Years of College	<input type="checkbox"/> Doctorate

Turn Over and Complete Form

**Additional Information (Related to prior attendance and siblings)**

Has the student ever attended school in District #147?  Yes  No (If yes, please indicate the school(s) and year(s) attended)

King \_\_\_\_\_  Lincoln \_\_\_\_\_  Rosa Parks \_\_\_\_\_

Does the student have a brother(s) or sister(s) attending this school?  Yes  No If yes, please fill in information below:

Name	Sex	Age	Grade	Relationship
1.				
2.				
3.				
4.				
5.				

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**