

## REGISTRATION CHECK LIST

Please check off and attach all required information. If you are missing any documents, please take this form with you and return when completed, no registration will be started without all documents.

\_\_\_ Original Birth Certificate

\_\_\_ Current Physical with Immunizations

\_\_\_ Illinois State Transfer Sheet (from previous Illinois Public School)  
(Private School or Out of State-current report card)

\_\_\_ 3 Proofs of Residency-must include

Current Lease or Mortgage \_\_\_

2 Current Utility Bills \_\_\_

\_\_\_ Driver's License or State ID with current address

If residing with someone, owner must provide:

\_\_\_ Current Lease or Mortgage

\_\_\_ 2 Current Utility Bills

Parent must provide:

\_\_\_ 2 current, legal mail (insurance papers, payroll stub, public aide card)  
Received at address of residency

If appropriate:

\_\_\_ Guardian/Divorce Decree/Court Order/Other

\_\_\_ Foster Parent Placement Papers from Agency

\_\_\_ Current IEP if student receives special education services

**REGISTRATION DATA FOR MATTESON SCHOOL DISTRICT 162  
COOK COUNTY, ILLINOIS**

**HAS YOUR CHILD EVER ATTENDED A 162 SCHOOL? Y/N**

**PLEASE PRINT AND COMPLETE EACH ITEM**

Student's Name \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student Lives with Father (Name) \_\_\_\_\_  
 Mother (Name) \_\_\_\_\_  
 Other \_\_\_\_\_  
(name and relationship)

(for office use only)

ID# \_\_\_\_\_  
 School \_\_\_\_\_  
 GR \_\_\_\_\_ EC \_\_\_\_\_  
 HSC \_\_\_\_\_  
 Affidavit \_\_\_\_\_

Start Date \_\_\_\_\_

Rec. Req. \_\_\_\_\_

Cum Req. \_\_\_\_\_

Health Req. \_\_\_\_\_

SE Rec'd \_\_\_\_\_

If Student and Parent live with Relative (Name) \_\_\_\_\_

Will Parent/Guardian be a **Full Time Active Duty** member of the Armed Forces at any time this school year? ?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

Is student in Foster Care? \_\_\_\_\_ Yes \_\_\_\_\_ No

**SCHOOL HISTORY: (School and City attended in each grade)**

|                 |               |
|-----------------|---------------|
| Preschool _____ | Fourth _____  |
| Kdg. _____      | Fifth _____   |
| First _____     | Sixth _____   |
| Second _____    | Seventh _____ |
| Third _____     | Eighth _____  |

Has student ever been retained? \_\_\_ Yes \_\_\_ No If yes, which grade: K 1 2 3 4 5 6 7 8

Has Student received any Special services?

|         |                |                   |                |
|---------|----------------|-------------------|----------------|
| Reading | ___ YES ___ NO | Counseling        | ___ YES ___ NO |
| Gifted  | ___ YES ___ NO | Special Education | ___ YES ___ NO |
| Speech  | ___ YES ___ NO | Other Services    | ___ YES ___ NO |

Explain \_\_\_\_\_

If student requires Special Education, please provide current \_\_\_\_\_ IEP

|                      |                 |
|----------------------|-----------------|
| Brother/Sister _____ | Birthdate _____ |
| Brother/Sister _____ | Birthdate _____ |
| Brother/Sister _____ | Birthdate _____ |

I hereby certify that all the above information is true and will provide validating documentation upon request.  
 If I fail to provide proof of residency, I agree to pay tuition as required by law, or I understand that my child will not be permitted to attend school in Matteson School District 162.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

**Emergency Card Information**

**Child's Last Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Child's First Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Custodial Parent?** \_\_\_ Yes \_\_\_ No  
**Address:** \_\_\_\_\_  
**Telephone:** ( ) \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Place of Employment and Location:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Custodial Parent?** \_\_\_ Yes \_\_\_ No  
**Address:** \_\_\_\_\_  
**Telephone:** ( ) \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Place of Employment and Location:** \_\_\_\_\_

**Status of Parents:** Married, living together \_\_\_ Married, living apart \_\_\_ Divorced \_\_\_  
Mother deceased \_\_\_ Father deceased \_\_\_ Mother remarried \_\_\_ Father remarried \_\_\_

**Child lives with:** Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparents \_\_\_ Guardian \_\_\_  
Mother and Stepfather \_\_\_ Father and Stepmother \_\_\_ Foster Parent \_\_\_  
Other \_\_\_ Guardianship on file? Yes \_\_\_ No \_\_\_ Court Order on file? Yes \_\_\_ No \_\_\_

Visitation Restrictions: If one of the parents is restricted from visiting this child, please attach a copy of the court order to this form. The court order will be placed in the student's file. The school can only honor court orders.

**Emergency #1 if parent is unavailable:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** ( ) \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Place of Employment and Location:** \_\_\_\_\_

**Emergency #2 if parent is unavailable:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** ( ) \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Place of Employment and Location:** \_\_\_\_\_

**Local Physician's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Office Telephone:** \_\_\_\_\_ **Other Telephone No:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_  
**Other Conditions:** \_\_\_\_\_  
Submit information of all allergies/other conditions to the Office

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**Name of Foster Parent Placement Agency:** \_\_\_\_\_  
**Address of Placement Agency:** \_\_\_\_\_  
**Telephone:** ( ) \_\_\_\_\_  
**Designated Case Worker:** \_\_\_\_\_

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In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact this physician, the school may render emergency treatment and/or call the paramedics to render emergency treatment for my child. If neither parent can be reached and if in the school employee's or paramedic's judgment, hospitalization is necessary, you have my permission to transport my child to a nearby hospital and an available physician has my permission to treat my child at my expense.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return as soon as possible, in case of an emergency.

PARENT EVALUATION OF STUDENT'S HEALTH

STUDENT'S NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

In order to better care for your child during his/her school years, please check the following conditions your child has or has had. If checked, please give more details on reverse side.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Ear Discharge   | <input type="checkbox"/> Skin Eczema    |
| <input type="checkbox"/> Allergies             | <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Speech Problem |
| <input type="checkbox"/> Hayfever              | <input type="checkbox"/> Crossed Eyes    | <input type="checkbox"/> Night Wetter   |
| <input type="checkbox"/> Frequent Nosebleeds   | <input type="checkbox"/> Eye Surgery     | <input type="checkbox"/> Day Wetter     |
| <input type="checkbox"/> Frequent Colds        | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Soils Bed      |
| <input type="checkbox"/> Frequent Sore Throats | <input type="checkbox"/> Convulsions     | <input type="checkbox"/> Soils Pants    |
| <input type="checkbox"/> Frequent Earaches     | <input type="checkbox"/> Birth Defects   | <input type="checkbox"/> Seizures       |

Do you have any special concerns about your child and his/her adjustment to school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our District requires a note from your physician if your child is to be excused from recess and/or physical education classes. Any chronic condition, which requires physical restrictions, should have a doctor's note submitted each year.

Please return this form to your child's school. It will remain on file in your child's health folder.

Thank you for your cooperation.

Health Services  
Matteson School District 162  
Richton Park, IL 60471

\_\_\_\_\_  
Signature of Parent/Guardian



# MATTESON SCHOOL DISTRICT 162

4601 Sauk Trail, Richton Park, IL 60471 Dr. Blondean Y. Davis, Superintendent  
Phone: (708) 748-0100 Fax: (708) 748-7302



## Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name: \_\_\_\_\_  
Last First Middle

School: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Is a language other than English spoken in your home?

Yes \_\_\_\_\_ No \_\_\_\_\_

What language? \_\_\_\_\_

2. Does your child speak or understand a language other than English?

Yes \_\_\_\_\_ No \_\_\_\_\_

What language? \_\_\_\_\_

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Illinois State Board of Education**  
**New U.S. Department of Education Race and Ethnicity Data Standards**

**Student's Name:** \_\_\_\_\_

**INSTRUCTIONS:** This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Choose only one

No, not Hispanic/Latino

Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.) Native Hawaiian or Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

MATTESON ELEMENTARY SCHOOL DISTRICT 162

4601 Sauk Trail, Richton Park, IL 60471

State of Illinois )
)
County of Cook )

NOTE: This form is to be completed by all parents.

AFFIDAVIT OF RESIDENCE, CUSTODY, CONTROL, AND RESPONSIBILITY

I, \_\_\_\_\_, having first been sworn upon my oath, depose and say as follows:

That I am the natural parent, officially-appointed foster parent, court-appointed guardian, or

\_\_\_\_\_ of \_\_\_\_\_, age \_\_\_\_\_, and that my and
(Other relationship) (Child)

his/her residence is \_\_\_\_\_
(Street Address)

City (Village) of \_\_\_\_\_, Cook County, Illinois, within the territorial boundaries of

Matteson Elementary School District 162, Cook County, Illinois.

That said child's residence within the said school district has not been established solely for the purpose of attending the schools thereof. That I have or have assumed full legal custody, control, and responsibility for the above-named minor. That the following facts are sworn to in order to permit the said school district to enroll the said child in the schools of said district as a resident:

Please check

- Yes No
The said child eats his/her meals regularly at said residence listed above.
The said child sleeps regularly at said residence.
The said child spends his/her weekends regularly at said residence.
The said child spends his/her summers regularly at said residence.

I have legal custody of the child by (birth) (divorce decree) (court order) (other \_\_\_\_\_).

Registration of a student who is not a resident, and/or where the adult who has legal custody of the child is not a resident of District 162, is a fraudulent act. Any student found to be fraudulently registered in District 162 will be dropped from the attendance rolls immediately, and his/her parents/guardians will be reported to the State's Attorney General's Office. Parents/guardians making a fraudulent registration will be subject to the payment of retroactive tuition charged for non-resident students, not to exceed 110% of the per capita cost.

My signature below indicates that I understand the residency requirements and know the penalty for fraudulent registration.

FURTHER YOUR AFFIANT SAYETH NOT.

Signature of Parent/Legal Guardian \_\_\_\_\_
Street Address \_\_\_\_\_
City, State, ZIP \_\_\_\_\_
Telephone Number \_\_\_\_\_

Subscribed and sworn to before
me this \_\_\_\_\_ day
of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

MATTESON ELEMENTARY SCHOOL DISTRICT 162  
4601 Sauk Trail, Richton Park, IL 60471

**AFFIDAVIT OF RESIDENCY**  
**Owner of Residence**

*NOTE: This form is to be completed by the owner when attendee is living in the home of another District resident.*

I, (owner's name) \_\_\_\_\_, being duly sworn state on oath

that I am the owner of the residence commonly known as (owner's address)

\_\_\_\_\_ ; that I personally know (name of student/s and parent/s)

\_\_\_\_\_ ; that said persons have:

\_\_\_\_\_ rented the above-described premises from me;

\_\_\_\_\_ reside with me at the above-described premises;

that to the best of my knowledge and belief (name of student/s and parent/s)

\_\_\_\_\_ have made the above-described premises their permanent home and that it is known to me that they physically live at the above-described premises on a regular and continuous basis.

Any student found to be fraudulently registered in District 162 will be dropped from the attendance rolls immediately, and his/her parents/guardians as well as the homeowner who has corroborated any fraudulent information will be reported to the State's Attorney General's Office. Parents/guardians making a fraudulent registration will be subject to the payment of retroactive tuition charged for non-resident students, not to exceed 110% of the per capita cost.

Signature: \_\_\_\_\_ (owner of residence)

Signature: \_\_\_\_\_ (renter)

SUBSCRIBED AND SWORN to

before me this \_\_\_\_\_

day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

DO071411



**DISTRICT 162-MATTESON ELEMENTARY SCHOOLS  
SPECIAL SERVICES-TEMPORARY RECORD CARD**

Student's Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Parent's Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Entrance Grade: \_\_\_\_\_ Entrance Building: \_\_\_\_\_ Entrance Date: \_\_\_\_\_  
 Foster Student: Yes \_\_\_ No \_\_\_ Child's Primary Language: \_\_\_\_\_ English Proficient: Yes \_\_\_ No \_\_\_

| CHECK SERVICES PROVIDED ( ) and/or Codes/Date                    | Pre-K | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--|-------|---|---|---|---|---|---|---|---|---|
| Cross-Categorical Instructional Classroom LRE Reg class          |       |   |   |   |   |   |   |   |   |   |
| Cross-Categorical Resource LRE-SE LRE Reg/SE class               |       |   |   |   |   |   |   |   |   |   |
| English as a Second Language/Transitional Program of Instruction |       |   |   |   |   |   |   |   |   |   |
| Gifted Testing/Classroom (T) Testing or (C) Classroom            |       |   |   |   |   |   |   |   |   |   |
| Guidance Counseling? Behavior Plan?                              |       |   |   |   |   |   |   |   |   |   |
| Occupational Therapy (S) Screening (E) Evaluation (T) Treatment  |       |   |   |   |   |   |   |   |   |   |
| Physical Therapy (S) Screening (E) Evaluation (T) Treatment      |       |   |   |   |   |   |   |   |   |   |
| Psychological (S) Screening (E) Evaluation (C) Counseling        |       |   |   |   |   |   |   |   |   |   |
| Reading Recovery Testing/Services (T) Testing (S) Services       |       |   |   |   |   |   |   |   |   |   |
| Speech/Language Screening(+) Pass(-) Fail+ Date                  |       |   |   |   |   |   |   |   |   |   |
| Speech/Language (E) Evaluation (T) Therapy                       |       |   |   |   |   |   |   |   |   |   |
| Social Work (S) Screening (E) Evaluation (C) Counseling          |       |   |   |   |   |   |   |   |   |   |
| Vision/Hearing Screening(+) Pass(-) Fail+ Date                   | V     | V | V | V | V | V | V | V | V | V |
| Vision (V) or Hearing (H) IEP Services                           | H     | H | H | H | H | H | H | H | H | H |
| 504 Services   |       |   |   |   |   |   |   |   |   |   |