

MENDOTA TOWNSHIP H.S. DISTRICT #280 ENROLLMENT FORM

Please fill out completely in print.

MHS ID#: _____

Last Name _____ First _____ FULL Middle _____

Birth Date: _____ Sex: Female Male

Social Security # : _____ - _____ - _____
Schools are required by law and by the State Board of Education to collect student social security numbers. S.S. # is also needed for Driver Ed. enrollment.

___ African (03) ___ Asian/Pacific Islander (02) ___ Caucasian (05)
___ Hispanic (04) ___ Mixed Heritage (06) ___ Native American or Alaskan Native (01)

Primary Language Spoken at Home _____

Is the student eligible For Medicaid or KidCare? Y N If yes, you must enter the 9-digit number here: _____
Is the student or the student's family migrant? Y N Is the student homeless? Y N
Is the student eligible for special education? Y N Does the student have a Section 504 plan? Y N
Can the student participate in PE safely/fully? Y N
Please list any other conditions the school should know: _____

Mail To Information:

First Name(s) _____ Last Name _____
Street Address _____
City _____ Zip Code _____
Home Phone _____ Family E-Mail address _____
Father/Step in home _____ Mother/Step in home _____
Cell Phone # _____ Cell Phone # _____
Work Phone _____ Work Phone _____
Employer _____ Employer _____

If duplicate mailings are to be sent to another parent or to an agency, please list that information below:

Name _____ Relation to Student _____
Street Address _____
City _____ State _____ Zip Code _____

By signing below, I (we) request enrollment & certify that, to the best of my (our) knowledge, the above information is accurate. I (we) certify that the student understands & will abide by the rules & consequences set forth in the student handbook & is fully capable of doing so without accommodation. I (we) request that the MHS guidance office include all of the student's standardized test scores (ACT, PSAT, PLAN, EXPLORE, etc.) on the official transcript, both now & in the future, unless retracted in writing. I (we) attest that we understand that the student's temporary record will be destroyed 5 years after graduation or discontinuation. I (we) understand that only regular, school-wide mailings will be sent to duplicate addresses and that it is the responsibility of the enrolling parent, not the school, to keep other parties informed of other educational information. I (we) attest that we have legal custody of the student, legally meet residency requirements to enroll in this district & that the student is not under suspension, expulsion, or legal investigation associated with any prior school. I (we) have not falsified any information in an attempt to gain entry into Mendota High School District #280. Finally, I (we) understand that educational rights pass to students at age 18, however, MHS will share information with parents until graduation unless this release is retracted in writing by the student once they have reached the age of majority.

Student Signature _____ Date _____

Parent Signature _____ Date _____
(Or person/ agency MHS recognizes as having the legal right to enroll the student)

ILLINOIS STATE BOARD OF EDUCATION

AFFIDAVIT OF ENROLLMENT AND RESIDENCY

This affidavit form may be used if you are an adult who has assumed responsibility for a pupil and provide the pupil with a fixed, nighttime abode, for reasons other than access to the educational programs of the school district.

This form should *not* be used, however, if you are the natural or adoptive parent of the pupil, have been granted court-ordered custody or guardianship, or are receiving public aid on behalf of the pupil. For these situations, you are only required to provide documentation (such as a birth certificate or court order), without the need of an affidavit like this one.

This form is also *not* required for pupils who are sharing the housing of others due to lack of housing, economic hardship, or similar reason, or are otherwise homeless as defined in state and federal law. Homeless pupils must be enrolled immediately.

If you have any questions about residency, including homelessness, please contact the Illinois State Board of Education's Accountability Division at (217) 782-2948.

I, _____, reside at _____
Name of Adult Address

which is located within the boundaries of Mendota Township High School District 280.
School District

Provide the appropriate information and check each of the following:

I am at least 18 years of age.

I have provided proof in the form(s) of _____
Proof of Residency

that I am a resident of Mendota Township High School District 280.
School District

I have assumed and exercise responsibility for _____
Name of Pupil

I provide a fixed, night-time abode for _____
Name of Pupil

_____ is not living with me for the purpose of having access to the
Name of Pupil
educational programs of the school district.

I understand that knowingly or willfully providing false information to a school district regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of nonresident tuition is a Class C misdemeanor.

I understand that knowingly enrolling or attempting to enroll a pupil in the school of a school district on a tuition free basis when I know that pupil to be a nonresident of the school district, unless the nonresident pupil has a lawful right to attend, is a Class C misdemeanor.

Date Signature of Adult Adult (Print Name)

Date School District Employee (Signature) School District Employee (Print Name)

Please complete this form and return it to school on registration day.

Only one illness/emergency sheet per family is required. Please list all students' names on one sheet.

Mendota High School
Illness/Emergency Procedure Data
2007-2008

Student Name(s) _____

Father/Guardian name _____
Home Phone # _____
Cell Phone # _____
Name of Work Place _____
Work Phone # _____

Mother/Guardian name _____
Home Phone # _____
Cell Phone # _____
Name of Work Place _____
Work Phone # _____

Family Doctor _____

In the event a parent cannot be reached, I authorize the school to call the contacts listed below:

Contact #1 _____
Relationship _____
Home phone # _____
Cell Phone # _____

Contact #2 _____
Relationship _____
Home phone # _____
Cell Phone # _____

In the event that none of the above contacts can be made, your student will be required to stay at school.

Parent/Guardian Signature _____

MENDOTA TOWNSHIP HIGH SCHOOL DISTRICT 280 LANGUAGE SURVEY

Informacion Sobre la Lenguaje del Estudiante

Full Student Name _____ I.D. # _____
 Nombre y Apellido _____ I.D. # _____

Circle the best answer, please.

Por favor, ponga un circulo alrededor de la mejor repuesta para cada pregunta.

- | | | | |
|----|---|------------|---------------|
| 1. | Was the first language you learned English?
Era Ingles la idioma que Ud. aprendio primero? | YES
SI | NO
NO |
| 2. | Can you speak a language other than English?
If yes, which language? _____
Puede Ud. hablar otra idioma ademas de Ingles?
Si puede, cual idioma? _____ | YES
SI | NO
NO |
| 3. | Which language do you use most often with friends?
Cual idioma usa Ud. con mas frecuencia con sus amigos? | ENG
ING | SPAN
ESPAN |
| 4. | Which language do you use when you speak with parents?
Cual idioma usa Ud. cuando habla con sus padres? | ENG
ING | SPAN
ESPAN |
| 5. | Does anyone in your home speak a language beside English?
Hay alguien en casa que habla una idioma ademas de Ingles? | YES
SI | NO
NO |
| 6. | Were you born outside of the United States of America? | YES
SI | NO
NO |
| 7. | Have you been in public education in the United States less than 3 years? | YES
SI | NO
NO |

TRANSITIONAL PROGRAM PERMISSION FORM

Students who come from a home where a language other than English is spoken and who fall below the district average on achievement test scores are eligible to receive services from our Bilingual Transitional Program of Instruction. By signing below, I permit the student named to participate in the Mendota Township High School District #280 Transitional Program of Instruction.

Alumnos que vienen de un hogar donde se habla otra idioma ademas de Ingles, y caen mas abajo del promedio del distrito en resultados de pruebas son eligibles de recibir servicios de nuestro Programa Bilingue. Si firma debajo, el (la) estudiante tiene su permiso de participar en al Programa Bilingue en el Distrito #280 de Mendota.

Date / Fecha

Parent / Guardian

Padre / Tutela

STUDENT NAME: _____ ID #: _____

The following signature(s) are the only signatures to be accepted on notes from home concerning this student. Sign below...*PLEASE DO NOT PRINT.*

Mother _____

Father _____

Other _____

To contact someone during the day for this student, the school should call...

_____ and ask for _____

STUDENT NAME: _____ ID #: _____

Please check any of the activities below that may interest you.

FALL SPORTS

- Football
- Cross Country
- Golf
- Girls' Tennis
- Volleyball
- Boys' Soccer

WINTER SPORTS

- Boys' Basketball
- Girls' Basketball
- Wrestling

SPRING SPORTS

- Baseball
- Boys' Tennis
- Track
- Softball
- Girls' Soccer

ANY SPORT SEASON

Student Manager for: _____

EXTRA-CURRICULAR ACTIVITIES/CLUBS & STUDENT SERVICE OPPORTUNITIES

- Student Council
- Drama Club/plays
- Enviroclub
- Office Helper
- Other

- Yearbook (Atodnem)
- Spanish Club
- Scholastic Bowl
- Library Helper

- Cheerleading
- Trojanettes
- FFA
- Math/Science/JETS

Mendota High School
Computer Account

****Each student must turn in this completed page at registration****

1. In order to use computers at Mendota High School, each student must have an active account on the school's network server.
2. Each student account password **MUST** be kept **SECRET**. This will insure that no student can gain access to another account and erase or change files.
3. If any improper use of school computers is traced to a specific student account, the owner of that student account will be held responsible.
4. Network administrators will create a separate student account for each student. In general, students will be identified with up to the first 7 letters of their last name plus the first initial of their first name.
5. In picking a password, use the following guidelines: A password must be a least 5 characters long. A password should not be a pet's name, a favorite sports team, a car name, or anything personal that is easily guessed by other students. It is a good idea to include a number and/or a symbol as part of your password.

Examples: Bob Smith (smithb) could have a password of santa3.

Mary Poindexter (poindexm) could have a password of reindeer8.

6. **IMPORTANT: EACH STUDENT MUST PICK A PERMANENT PASSWORD AND MEMORIZE IT FOR FUTURE USE.** Please note that the password you create below is different from the account name that will be assigned to you.

Graduation Year _____

Last Name (*print*) _____ First Name _____

DESIRED PASSWORD _____

