

# Illini West High School District #307

## Student Verification

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Did the Student attend Illini West during the 2010-2011 school year?

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

If you answered Yes and have no changes you have completed this application.

In No, complete all items.

If only some information has changed complete the items with changes.

**New Students MUST answer all question.**

### Physical Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

### Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

### Mother:

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### Father:

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Guardian:**

Relationship to Student: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Day Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

**Emergency Contact 1:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Emergency Contact 2:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Medical Professionals:**

Doctor: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Medical Alerts:**

Medical Considerations: \_\_\_\_\_  
Dentist: \_\_\_\_\_  
Phone: \_\_\_\_\_