



New Student Intake Form

Student's Full Legal Name: _____ Nickname: _____

Gender: Male Female Grade: _____ Date of Birth: _____ Country of Birth: _____

Primary Phone Number: _____ Student's Primary Address: _____

Siblings' Names & Schools Attending: _____

Family 1 (Student's Primary/Residential Family)

Guardian 1 Name: _____ Relationship: _____

Cell: _____ Email: _____ Legal Guardian: Yes No Pick-Up: Yes No

Guardian 2 Name: _____ Relationship: _____

Cell: _____ Email: _____ Legal Guardian: Yes No Pick-Up: Yes No

Family 2 (Student's Secondary Family)

Guardian 1 Name: _____ Relationship: _____

Cell: _____ Email: _____ Legal Guardian: Yes No Pick-Up: Yes No

Guardian 2 Name: _____ Relationship: _____

Cell: _____ Email: _____ Legal Guardian: Yes No Pick-Up: Yes No

Address: _____

Residency:

- Own Rent Other

Will student be bused from home location (if available)?

- Yes No Bus from alternate location

Home Language:

- Another language is spoken in the home:

Services Received:

- IEP 504 Speech ELL/ESL OT PT Social Work Other

Completed By: _____ Relationship: _____ Date Completed: _____

Office Use Only

Date Intake Form received _____ Received by _____

Birth Certificate received SIS check complete Entered in Skyward Name matches BC
Data Collection Form received Home Language Survey received HLS to ELL staff Verification of Residency complete
Authorization for Release of Records received Records Release faxed Records received Online registration complete
New Student Health Questionnaire ISBE Student Transfer Form received (students transferring from another IL public school only)

F/U 1 Date: _____ Via: _____ F/U 2 Date: _____ Via: _____ Admin F/U Date: _____ Via: _____