



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 _____

Services Received:

- IEP
- 504
- Speech
- ELL/ESL
- OT
- PT
- Social Work
- 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: _____

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: _____