



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 Transfer Form received (IL public school only) Fees Assessed Chromebook Requested

F/U 1 Date: \_\_\_\_\_ Via: \_\_\_\_\_ F/U 2 Date: \_\_\_\_\_ Via: \_\_\_\_\_ Admin F/U Date: \_\_\_\_\_ Via: \_\_\_\_\_