STUDENT PERSONNEL RECORD
URBANA SCHOOL DISTRICT 116

(To be completed and signed by parent or guardian)

STUDENT LAST NAME FIRST MIDDLE		SEX (circle one) Male Female
HOME STREET ADDRESS	TELEPHONE	E-MAIL ADDRESS
Has this student previously attended an Urbana School? Yes No		
If yes, which school?		What year?
BIRTHDATE (Month-Day-Year)		PLACE OF BIRTH (City, State)
SPECIAL EDUCATION: Has student received special education services in another school? Yes No If yes, list services provided: When: Where:		
LAST SCHOOL ATTENDED (include nursery or preschool for elementary students):(city, state, zip)		
CIRCLE ONE: Mother Father Legal Guardian DCFS CCHS Relative Both Parents Other		
FATHER/LEGAL GUARDIAN INFORMATION	MOTHER/LEGAL GUARDIAN INFORMATION	
NAME	NAME	
ADDRESS	ADDRESS	
HOME PHONE	HOME PHONE	
PLACE OF EMPLOYMENT	PLACE OF EMPLOYMENT	
WORK PHONE	WORK PHONE	
In emergencies when parents cannot be reached, who should be contacted?		
Name Phone Relationship Name Phone Relationship		
Parent or Guardian Signature		Date
FOR OFFICE USE ONLY		
Proof of Residency: ☐ Mortgage or Lease or 2 of the following: ☐ Driver's License ☐ Utility Bill ☐ Voter's Registration ☐ Other Residency Verified by:_____ Grade or Assignment:_____ Building Code:_____Teacher:_____Transportation: Yes No		Local ID:_____ Entry Date:_____ Code:_____
English Language Assessment Needed: Yes No		If yes, schedule: (date and time)

Updated 2/13/13 JF