New Trier Township High School **New Student Registration Form**

1. STUDENT INFORMATION

Year of Graduation: _____ **Enrolling As: ___Freshman ___Sophomore ___Junior ___Senior**

Student Legal Name: _____
Legal Last *Legal First* *Legal Middle*

Preferred Name: _____ **Gender: _____ Male _____ Female**

Date of Birth: _____/_____/_____ **Birthplace (if other than US):** _____ **Date of US Entry:** _____
Month Day Year *Country*

Student's Home Address: _____ _____ _____
Street *City* *Zip Code*

Name & Address of Current or Previous School(s) Attended:

_____

_____

Do you currently have a child attending New Trier? ____Yes ____ No
If you answered YES, please list their name(s) and grade(s):

_____

_____

Does your student have a 504 plan or IEP? _____

2. PARENT(S)/GUARDIAN(S) of HOUSEHOLD 1(You will have the opportunity to submit additional guardian(s) later):

Student resides with this Parent/Guardian _____yes _____no _____

Name *(first and last):*		**Name *(first and last):***	
Relationship to Student: ***(mother, father, step-parent, etc.)***		**Relationship to Student:** ***(mother, father, step-parent, etc.)***	
Home Phone Number		**Home Phone Number**	
Work Phone Number		**Work Phone Number**	
Cell Phone Number		**Cell Phone Number**	
Mailing Address: ***(Include if different from above)***		**Mailing Address:** ***(Include if different from above)***	
E-mail Address:		**E-mail Address:**	

3. AFFIRMATION OF LEGAL RESIDENCY:

This child will be residing at this address during the _____ school year.

I understand that if the information above is determined to be false or misleading, resulting in the child/children named above not being legally entitled to attend New Trier High School, the school district will take legal action to recoup tuition costs and legal fees.

4. SIGNATURE

I authorize the Registrar to release all school records to other schools and for previous schools to send all records to District 203 for admission purposes. This signature verifies I am a resident of New Trier Township High School District 203 and all the information on this card is accurate.

X_____ _____
Parent/Guardian Signature Date

Office Use:
ID#: _____ *Residency Proof: ____ ISBE Form: ____*
Entry Date_____ *Health records ____ Birth Certificate____*
Transcript Requested: _____ *IEP/540 _____*
Re-Entry: No _____ Yes _____