

**STUDENT PERSONNEL RECORD  
URBANA SCHOOL DISTRICT 116**

(To be completed and signed by parent or guardian)

STUDENT LAST NAME	FIRST	MIDDLE	GENDER (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)			
LIVES WITH CIRCLE ONE: Mother    Father    Legal Guardian    DCFS    CCHS    Relative    Both Parents    Other			
PARENT 1/LEGAL GUARDIAN INFORMATION		PARENT 2/LEGAL GUARDIAN INFORMATION	
Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other <input type="checkbox"/>		Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other <input type="checkbox"/>	
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
<b>FOR OFFICE USE ONLY</b>			
Proof of Residency: <input type="checkbox"/> Mortgage or Lease or 2 of the following: <input type="checkbox"/> Driver's License <input type="checkbox"/> Utility Bill <input type="checkbox"/> Voter's Registration <input type="checkbox"/> Other			Local ID: _____
Residency Verified by: _____			Entry Date: _____
Grade or Assignment: _____			Code: _____
Building Code: _____ Teacher: _____ Transportation: Yes    No			
English Language Assessment Needed:      Yes      No			If yes, schedule: (date and time)