



RIDGEWOOD HIGH SCHOOL

DISTRICT 234
7500 WEST MONTROSE AVENUE - NORRIDGE, ILLINOIS 60706-1196
708-456-4242 FAX 708-456-0342
www.ridgenet.org

ENROLLMENT APPLICATION

To be completed upon initial enrollment or at any time upon the request of the District into the District by parent, guardian, or other person with whom the student currently lives and who is presenting the student for enrollment.

NOTE: Any person who knowingly enrolls or attempts to enroll in the schools of a school district on a tuition-free basis a student known by that person to be a non-resident of the school district and any person who knowingly or willfully presents to any school district any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that district on a tuition-free basis shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information on this form shall be referred for criminal prosecution. In addition, if it is determined that a student has been attending a school within the District on a tuition-free basis, but is a non-resident, the person who enrolled the student will be charged tuition for each day of the student's attendance at a rate of 110% of the previous school years per day per student tuition cost plus all of the District's fees and costs associated with investigating and determining the student to be a non-resident of the school District.

1. Name of student: _____

2. Student's date of birth: _____

Place of birth: _____

3. Student's home address: _____

Does the student have an additional household? If so, please list the address below:

4. Name of student's father: _____

5. Father's home address: _____

6. Father's work address: _____

7. Father's home phone: _____

Father's work phone: _____

Father's cell phone: _____

Father's email address: _____

8. Name of student's mother: _____

9. Mother's home address: _____

10. Mother's work address: _____

11. Mother's home phone: _____

Mother's work phone: _____

Mother's cell phone: _____

Mother's email address: _____

12. Name of person completing enrollment application: _____

13. Your relationship to the student: _____

If you are not the parent, provide the following information:

Your home address: _____

Your work address: _____

Your home phone: _____

Your work phone: _____

Your cell phone: _____

Your email address: _____

14. Where did the student attend school during the last school year?

15. Where did the student reside during the last school year?

16. Has the student attended any other schools during the past five years?

_____ Yes _____ No

If yes, please list the name, location and dates of attendance of every school the student has attended during the last five years:

Location	Dates of Attendance
_____	_____
_____	_____
_____	_____
_____	_____

17. Are student's parents divorced or separated?

_____ Yes _____ No

If yes, which parent has legal custody of the student?

_____ Mother _____ Father

If yes, which parent has physical custody of the student?

_____ Mother _____ Father

18. Are there any agreements, judgments, decrees or other documents awarding or giving legal and/or physical custody of the student to any person?

_____ Yes _____ No

If parents/guardians/custodians share joint custody of student, please answer the following:

How many nights does the student spend with each parent/guardian/custodian?

Where does student spend holidays and vacation?

Who claimed the student as a dependent for income tax purposes last year?

Who will claim the student as a dependent for income tax purposes this year?

Who provides the student's living expenses (clothing, food, insurance, school, etc.)? (If living expenses and costs were shared, please indicate the arrangements for sharing such expenses.)

19. Does a protective order, divorce decree, parenting agreement, or other court order prevent either parent/guardian/custodian from receiving student records?

_____ Yes _____ No

Does any such court order prohibit either parent from having contact with the student?

_____ Yes _____ No

If yes to either question, please forward a copy of such court order to the District office.

20. Are you someone other than one of the student's parents and do you exercise legal and/or physical custody of the student?

_____ Yes _____ No

If yes, please answer the following:

Does the student live with you full-time?

_____ Yes _____ No

If no, please describe when the student lives with you. _____

How long has the student lived with you? _____

How long will the student continue to live with you? _____

When did the student begin living with you? _____

Why does the student live with you and not one of the student's parents? _____

Who is responsible for the discipline and control of the student? _____

Who is financially responsible for any damages caused by the student?

21. Indicate below the times the student has visited either or both parents at their present address(es) during the past year? (Mark here if parents are both deceased or if student lives with both parents: _____)

Approximately how many nights each week? _____
Approximately how many weekends during the year? _____
Winter vacation? _____
Spring vacation? _____
Other school holidays? _____
Summer vacation? _____
Other times? _____

22. Indicate the times the parents have visited the student during the past year at the student's address? (Mark here if parents are both deceased or if student lives with both parents: _____)

Approximately how many nights each week? _____
Approximately how many weekends during the year? _____
Winter vacation? _____
Spring vacation? _____
Other school holidays? _____
Summer vacation? _____
Other times? _____

23. In the event of an accident or other emergency, who may direct and consent to medical treatment and sign any releases required?

24. Name and address of person who is to receive all school notices, report cards, progress reports and other school materials:

Name: _____

Address: _____

Phone No.: _____

25. Under whose medical insurance is the student covered? _____

26. Emergency Contact Information:

Emergency Contact Number 1

Name: _____

Relationship to Student or Legal Custodian: _____

Primary Phone: _____

Secondary Phone: _____

Emergency Contact Number 1

Name: _____

Relationship to Student or Legal Custodian: _____

Primary Phone: _____

Secondary Phone: _____

27. Does the student have any brothers and sisters?

_____ Yes _____ No

If yes, please answer the following:

How many brothers and sisters does the student have?

What are the names and ages of the student's brothers and sisters?

Where and with whom do each of the other children live?

Who pays the living expenses and costs of the other children?

Where do the other children attend school?

28. Are you occupying your present place of residence:

_____ as a tenant _____ as the owner _____ neither.

29. If you rent, give the name, address and phone number of your landlord:

Name: _____

Address: _____

Phone No.: _____

30. If you do not own or rent your residence, describe the arrangement you have with the person who owns or rents the residence:

31. What was the reason for moving into your current residence?

32. How long do you intend to reside at the place where you are presently living?

33. Proof of Residency:

You must submit one (1) document from Category 1, and three (3) documents from Category 2:

Category 1 – One (1) document required:

- Most recent property tax bill and proof of most recent payment (e.g. cancelled check or Form 1098)
- Mortgage document or statement and proof of last month's payment (e.g. cancelled check or receipt)
- Signed, current lease with expiration date and proof of last month's payment (e.g. cancelled check or receipt)
- Letter of residence from landlord in lieu of lease, dated within the previous six (6) months.

Category 2 – Three (3) documents required:

- Gas bill
- Electric bill
- Water/sewer bill
- Cable bill
- Vehicle registration
- Auto insurance policy
- Home/renters insurance policy
- Medicaid card
- Credit card statement
- Paycheck stub
- City sticker receipt
- Driver's license/State ID

*The District may require additional proof of residency, interviews of the person(s) enrolling the student and the student's parent(s) and/or home visits to verify a student's residency within the District.

You may provide any additional information which may help to establish the student's residency or which is otherwise relevant to the question of the student's residency.

The information provided to the District on this application will be maintained as confidential student information and will not be disclosed except as authorized or required by law or with consent. Please note, however, that the District maintains its right to verify any information provided by you on this form through contact with third parties, if necessary.

PRINTED NAME

SIGNATURE

DATE