



# Triad Community Unit School District #2

## 2018-19 Returning & New Student Certificate of Residence & Contact Information Form

Please list all siblings enrolling or enrolled at Triad CUSD #2

Student Legal Name (as it appears on birth certificate)	DOB	Grade	Gender	Building
Student Legal Name (as it appears on birth certificate)	DOB	Grade	Gender	Building
Student Legal Name (as it appears on birth certificate)	DOB	Grade	Gender	Building

### Certificate of Residence

\_\_\_\_\_  
Student's Street Address City, Zip

\_\_\_\_\_  
Students Household Phone Number

I certify that I am the parent(s) or legal guardian(s) of the above named student(s) and that the child's residence has not been established solely for the purpose of attending Triad District schools. I further certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Parent or Legal Guardian Signature Date

#### Category I (One required with current address)

- |   |  |
|---|--|
| <input type="checkbox"/> Mortgage Papers        | <input type="checkbox"/> Landlord Rental Letter              |
| <input type="checkbox"/> Current Lease          | <input type="checkbox"/> Letter from Manager of Trailer Park |
| <input type="checkbox"/> Property Tax Statement | <input type="checkbox"/> Madison County Occupancy Permit     |

#### Category II (Three required with current address)

- |  |  |
|--|--|
| <input type="checkbox"/> Driver's License          | <input type="checkbox"/> Recent Utility Bill     |
| <input type="checkbox"/> Vehicle Registration      | <input type="checkbox"/> Credit Card Bill        |
| <input type="checkbox"/> Vehicle Insurance Card    | <input type="checkbox"/> Recent Moving Receipts  |
| <input type="checkbox"/> Tri-Township Library Card | <input type="checkbox"/> Current Public Aid Card |
| <input type="checkbox"/> Voter Registration        | <input type="checkbox"/> Home/Rental Insurance   |

**Completed and Attached**  RS 100 Form  RS 200 Form

### Contact Information

\_\_\_\_\_  
Mother/Guardian Name Resides w/ Child Yes / No

\_\_\_\_\_  
Mother/Guardian Address Home Phone

\_\_\_\_\_  
Mother/Guardian Mobile Phone Work Phone

\_\_\_\_\_  
Mother/Guardian Primary Email Address

\_\_\_\_\_  
Mother/Guardian Alternate Email Address

\_\_\_\_\_  
Father/Guardian Name Resides w/ Child Yes / No

\_\_\_\_\_  
Father/Guardian Address Home Phone

\_\_\_\_\_  
Father/Guardian Mobile Phone Work Phone

\_\_\_\_\_  
Father/Guardian Primary Email Address

\_\_\_\_\_  
Father/Guardian Alternate Email Address

<b>New Student Questionnaire</b>	<b>Student Name:</b>	<b>Student Name:</b>	<b>Student Name:</b>
Did the student receive special education services or have an IEP at his/her previous school?	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)
Did the student have a 504 plan at his/her previous school?	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)
Was the student previously enrolled in the Triad School District at any time? If yes, provide enrollment dates and buildings.	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)
Are there any custody/legal documents the school should have on file regarding this student? If yes, please explain.	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)
Is the student a Foster child? If yes, provide the name and phone number of his/her caseworker?	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)

**OFFICE USE ONLY**

Certified birth certificate provided?	Yes / No (circle one)	Yes / No (circle one)	Yes / No (circle one)
What is the student's birthplace? (city & state)			
What is the student's mother's maiden name?			