



# 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 |
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### 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)

- Mortgage Papers
- Landlord Rental Letter
- Current Lease
- Letter from Manager of Trailer Park
- Property Tax Statement
- Madison County Occupancy Permit

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

- Driver's License
- Recent Utility Bill
- Vehicle Registration
- Credit Card Bill
- Vehicle Insurance Card
- Recent Moving Receipts
- Tri-Township Library Card
- Current Public Aid Card
- Voter Registration
- 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<br>(circle one) | Yes / No<br>(circle one) | Yes / No<br>(circle one) |
| Did the student have a 504 plan at his/her previous school?   | Yes / No<br>(circle one) | Yes / No<br>(circle one) | Yes / No<br>(circle one) |
| Was the student previously enrolled in the Triad School District at any time? If yes, provide enrollment dates and buildings. | Yes / No<br>(circle one) | Yes / No<br>(circle one) | Yes / No<br>(circle one) |
| Are there any custody/legal documents the school should have on file regarding this student? If yes, please explain.          | Yes / No<br>(circle one) | Yes / No<br>(circle one) | Yes / No<br>(circle one) |
| Is the student a Foster child? If yes, provide the name and phone number of his/her caseworker?                               | Yes / No<br>(circle one) | Yes / No<br>(circle one) | Yes / No<br>(circle one) |

**OFFICE USE ONLY**

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