



# Registration Application

Important information and required documents

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All students will be enrolled at the Student Services Office located at:

Granite City, CUSD #9 Administration Offices  
3200 Maryville Rd, Granite City, IL 62040.

Please contact Student Services for any additional information, (618) 451-5800.

## **\*Documents needed to complete registration\***

### **\* Proof of Identification**

Child must be 5 years old on or before September 1 in the year the student is to begin kindergarten to be eligible for admittance. School board policy does not allow for any exceptions to this date. **Please provide :**

- **Social Security Number**
  - **Original State Certified Birth Certificate**
  - **Valid Passport**
  - **Baptismal Certificate**
- \*\*Also one of the following

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### **\* Proof of Residency**

- **Photo ID of parent/guardian registering student(s)** - (current driver's license, current government issued photo ID or passport)

PLUS 2 different items from the following list **They MUST BE Current:**

- |                              |                               |                                  |  |
|------------------------------|-------------------------------|----------------------------------|--|
| • <b>Electric / Gas bill</b> | • <b>Phone bill (No Cell)</b> | • <b>Occupancy permit</b>        | • <b>Section 8 letter</b>                  |
| • <b>Sewer bill</b>          | • <b>Trash bill</b>           | • <b>Military housing letter</b> | • <b>Signed lease</b>                      |
| • <b>Water bill</b>          | • <b>Cable bill</b>           | • <b>Real estate tax bill</b>    | • <b>Mortgage document or payment book</b> |

**If you live with someone in our district, you and the person responsible for the residence will be required to present a photo ID and two (2) bills/documents pertaining to service at the residence along with a completed affidavit.**

(A recently signed agreement of sale or settlement document may be used in lieu of any of the above.)

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### **\* Special Education Paperwork (If Applicable)**

- Individualized Education Program (I.E.P).
- Psychological Evaluation Report.
- Notice of Recommended Educational Program.

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### **\* Student Immunization Records/Physicals** (forms available on the District website [www.gcsd9.net](http://www.gcsd9.net) )

School Name \_\_\_\_\_

**GRANITE CITY COMMUNITY UNIT SCHOOL DISTRICT #9  
VERIFICATION OF RESIDENCY AND ENROLLMENT**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

I, \_\_\_\_\_, live at \_\_\_\_\_  
Name of Adult Address

which is located within the boundaries of Granite City Community Unit School District #9.

**Step 1: Residency Verification (Part A)**

Do you:  Own your own home  Rent  Other: \_\_\_\_\_

You must provide documentation showing you live at the address listed above. Please check and attach a copy of two (2) of the following documents. You should black out account and social security numbers on the documents. If you cannot produce two (2) documents, skip to Residency (Part B).

You must provide photo ID. (Driver's License/State ID)

**All documents must be current (per the type of bill) and show your name and address.**

<input type="checkbox"/> Gas bill	<input type="checkbox"/> Military housing letter
<input type="checkbox"/> Electric bill	<input type="checkbox"/> Section 8 letter
<input type="checkbox"/> Water/Sewer Bill	<input type="checkbox"/> Signed lease
<input type="checkbox"/> Phone bill (no cell)	<input type="checkbox"/> Mortgage document or payment book
<input type="checkbox"/> Real estate tax bill	<input type="checkbox"/> Trash bill
<input type="checkbox"/> Occupancy Permit	<input type="checkbox"/> Cable bill
<input type="checkbox"/> Other: _____	

Please contact the registration staff if you are having trouble collecting two (2) documents. The District may require a home visit and/or additional documentation to verify residency: Affidavits are required for (1) Parent/Guardian & Student living with district resident; (2) No Lease/Bills available - In Lieu of Lease Letter and (3) Non-Custodial Parent/Guardian enrolling student.

**Step 1: Residency Verification (Part B)**

I am unable to provide two (2) of the above documents because: (check all that apply)

Our family has not had a permanent residence since \_\_\_/\_\_\_/\_\_\_  
Address of last permanent residence: \_\_\_\_\_  
Last school attended: \_\_\_\_\_

Living in a shelter  Sharing housing with others due to loss of housing, economic hardship, or similar reason  
 Living at a train or bus station, park or in a car;  Living in a hotel, motel, campground, or other similar situation;  
 Abandoned apartment/building;  Disaster victim;  Unaccompanied youth;  The child is temporarily housed, awaiting DCFS permanent foster care placement.

Other: \_\_\_\_\_

Your child may qualify for additional services – please ask the registration staff for more information or contact the District's McKinney –Vento Liaison at 618-451-5800.

Please indicate any social service agency you are currently working with: \_\_\_\_\_

**If individual is living with a district resident, please have them complete the affidavit of residency form.**

School Name \_\_\_\_\_

**GRANITE CITY COMMUNITY UNIT SCHOOL DISTRICT #9  
VERIFICATION OF RESIDENCY AND ENROLLMENT**

Child's Name: \_\_\_\_\_ Date of birth: \_\_/\_\_/\_\_

**Step 2: Relationship to Student**

You must provide a certified, original birth certificate. A copy will be made and the original returned to you. Information on how to obtain a birth certificate can be provided. No hospital or baptismal certificates are accepted.

Check one below:

- I am the natural or adoptive parent listed on the birth certificate. Please provide custody agreement, if applicable.
- I was granted court-ordered guardianship (provide copy of court document).
- I receive public aid on behalf of the child (provide copy of documentation showing receipt of aid).
- I have assumed and exercise responsibility for the child and provide him/her with a fixed, nighttime abode. Please check each of the following boxes to be true and accurate.
  - The child is living with me because \_\_\_\_\_
  - I am at least 18 years of age
  - The child eats and sleeps at my residence on a regular basis.
  - The child is not living with me for the sole purpose of having access to the educational program of the school district.

**Step 3: Affirmation and Warning (Must be completed in the presence of a District employee and the person signing the form must have proper identification)**

Please read the following statements and initial each:

\_\_\_\_ I affirm that the information presented in this verification form, in connection with any investigation of my residency or the residency and custody of the student, is true, complete and accurate.

\_\_\_\_ I understand that knowingly or willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school in that district without the payment of nonresident tuition is a Class C misdemeanor.

\_\_\_\_ I understand that knowingly enrolling or attempting to enroll a child in the school of a school district on a tuition-free basis when I know the child to be a nonresident of the school district, unless the nonresident child has a lawful right to attend, is a Class C misdemeanor and I will be liable for payment of tuition, fees, and all other applicable fines.

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Date Adult (Signature) Adult (Print Name)

**FOR OFFICE USE ONLY**

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Date Enrollment Personnel (Signature) Enrollment Personnel (Print Name)

- Form Complete  Form Incomplete

Date of Verification \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Residency Officer: \_\_\_\_\_

Form revised 5.25.2016 for school registration.



# Enrollment Form

Part A

**Has your child ever been in the Granite City School District?** Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been suspended or expelled from another school? Yes \_\_\_\_\_ No \_\_\_\_\_

## Student Service

Does your child have a current IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have a 504 Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your Child Identified as gifted? Yes \_\_\_\_\_ No \_\_\_\_\_

## Child's Information:

\_\_\_\_\_ (Legal First Name as reflected on the Birth Certificate)

\_\_\_\_\_ (Legal Middle Name)

\_\_\_\_\_ (Legal Last Name)

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: M\_\_F\_\_

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Family Information

**\*\*Please INDICATE if there is any custody arrangement/court order. We require the official stamped court paperwork for our file \*\***  
YES \_\_\_\_\_ NO \_\_\_\_\_

**\*\*Office use ONLY: GIVEN AND COPIES MADE \_\_\_\_\_ Staff Initial \_\_\_\_\_**

Relationship to Student \_\_\_\_\_

Child Lives with: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Legal Guardian \_\_\_ Foster Parents \_\_\_ Emancipated Youth \_\_\_

Check any that apply: Mother Deceased \_\_\_\_\_ Father Deceased \_\_\_\_\_ Parents Separated \_\_\_\_\_ Parents Divorced \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Father /Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please list any Step-Parent or other Guardian who is allowed to pick up your student:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_



# Enrollment Form

Part B

## Siblings Living in Home: Yes No

Name: \_\_\_\_\_ M/F Age: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ M/F Age: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ M/F Age: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ M/F Age: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ M/F Age: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ M/F Age: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ M/F Age: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

## Residents in Home Other Than Immediate Family: Yes No

Name: \_\_\_\_\_ M/F Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ M/F Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Band Information

Is your child in band? \_\_\_\_\_

If yes what instrument? \_\_\_\_\_

### **\*\*\*HEALTH ALERTS\*\*\***

Please indicate if there is any serious health concerns that staff should be alerted to.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify on this date that the information is correct and complete and that I am the custodial parent. I understand that any changes in the above information must be reported to the student services office. I further understand that falsifying this information could result in the immediate removal of my child from the Granite City Community School District #9.

\_\_\_\_\_  
Parent/Guardian (Print Name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Official Signature

\_\_\_\_\_  
Date



# Authorization For Release of School Records

Consent for Release of Confidential Information

## Granite City School District #9

3200 Maryville Rd.  
Granite City, IL 62040

Phone (618) 451-5800

Fax (618) 451-7703

Email: [recordsrequest@gcsd9.net](mailto:recordsrequest@gcsd9.net)

The student/guardian has requested the following records for this student be released to:

The Office of Student Services and Special Education to the Attention of : \_\_\_\_\_

### Student Information

\_\_\_\_\_ is enrolling in our school district  
(Legal Name as Reflected on the Birth Certificate)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Grade)

\_\_\_\_\_  
(Attending School)

### Former School Information

School Name \_\_\_\_\_

School Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

### Please release the following records and information:

Transcripts (grades, credits, cumulative grades)

Health Records

Special Education  
(Include current IEP, Re-Evaluation and Psychological Records)

Test Scores

Legal Birth Certificate

Illinois State Transfer Form

I, \_\_\_\_\_ as the parent/guardian of the above named student, do hereby consent to the release and exchange of confidential information as listed above to the aforementioned agency and the Granite City School District #9. I understand that such consent permits the exchange of both verbal and written information between the agency listed above and the Granite City School District with such information being solely and exclusively used in assisting the District in providing educational services the student.

I acknowledge that I had the right to inspect, copy or challenge the educational records of the Granite City School District #9 prior to the exchange, and I had the right to limit the extent of the inspection or disclosure.

I understand that my refusal to sign will result in the documents or information not being released. Prior to the disclosure, I further understand I have the right to revoke this consent at any time if the revocation is provided in writing.

\_\_\_\_\_  
(Name of Parent/Legal Guardian) **PRINT**

\_\_\_\_\_  
(Name of Parent/Legal Guardian) **SIGNATURE**

\_\_\_\_\_  
(Date of Request)

\*\*\*OFFICE USE ONLY  
Staff Initials \_\_\_\_\_

\*\*\*This Release Expires one year from the date signed above.\*\*\*



# Ethnicity/Language Survey

Part A

The Granite City School District, pursuant to Illinois School Code 105 ILCS 5/14C-3, must conduct an annual language survey. Cumulative data will be used to provide additional language services as deemed necessary. In addition, student demographic data, for the purposes of the federal and state enrollment reports, must include the race/ethnicity group for each child enrolled. If an individual indicates that they are of mixed race, both races must be identified. This information is maintained as part of the student record. This form should be completed at initial enrollment into GCSD#9.

The form should be completed by student’s parents or guardians. Please respond to all questions. If the parents or guardians decline to respond to the questions, school district staff is required to provide the missing information by observer identification.

**Student Name:** \_\_\_\_\_

**Circle One:** GCHS Coolidge Grigsby Frohardt Maryville Mitchell Prather Prather – ECC Wilson

1. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. **Choose only one.**

\_\_\_\_\_ NO, not Hispanic/Latino                      \_\_\_\_\_ YES, Hispanic/Latino

**The question above is about ethnicity, not race, No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student’s race to be.**

2. Please indicate the race of your child: (check one or more)

\_\_\_\_\_ **(1) White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

\_\_\_\_\_ **(2) Black or African American** (A person having origins in any of the black racial groups of Africa.)

\_\_\_\_\_ **(3) American Indian or Alaskan Native** (A person having origins in any of the original peoples of North and South America, including Central American, and who maintains tribal affiliation or community attachment.)

\_\_\_\_\_ **(4) Asian** (A person having origins in any of the original peoples of the Far East, Southwest Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

\_\_\_\_\_ **Native Hawaiian or other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM.**



# Ethnicity/Language Survey

Part B

3. Is a language other than English spoken in your home?

Yes \_\_\_\_\_ No \_\_\_\_\_

What language? \_\_\_\_\_

4. Does your child speak a language other than English?

Yes \_\_\_\_\_ No \_\_\_\_\_

What language? \_\_\_\_\_

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

GCSD#9 Form Language, Revised 4.06.17

NOTE: Data collected on this form must be maintained by the school district until the student graduates. However, when there is litigation, a claim, an audit or another action involving this record, the original responses must be retained until the completion of the action.

For Office Use Only:

Student SIS ID: \_\_\_\_\_

Scanned into Skyward: \_\_\_\_\_

Entered by: \_\_\_\_\_

Verified by: \_\_\_\_\_

Date Entered in Computer: \_\_\_\_\_





# Authorization for Electronic Network Access

6:235-E2

## Complete this page and submit at registration

### Student

I understand and will abide by the above *Authorization for Electronic Network Access*. I understand that the District and/or its agents may access and monitor my use of the Internet, including my E-mail and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use of, or inability to use the Internet.

DATE: \_\_\_\_\_

\_\_\_\_\_  
STUDENT NAME (Printed)

\_\_\_\_\_  
USER SIGNATURE  
(Required if the user is a student)

### Parent/Guardian

I have read this *Authorization for Electronic Network Access*. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of this *Authorization* with my child. I hereby request that my child be allowed access to the District's Internet.

DATE: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN NAME (Please Print)

\_\_\_\_\_  
SIGNATURE:

Adopted: 11/9/04



# Student Request For Loan Of Textbooks

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I hereby request the loan of secular textbooks in accordance with Public Act 79-961 of 1975. I understand that this request will remain valid as long as my child is enrolled in Granite City Community Unit School District #9  
I understand that I may withdraw this request at any time.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Student, Parent, Guardian

FOR OFFICE USE ONLY

Date of Student Transfer

Date of Student Graduation