



FAMILY INFORMATION CENTER REGISTRATION CHECK LIST

Student Name _____ Telephone # _____

Parent(s) Name _____

Address _____

City _____ State _____ Zip Code _____

TO BE COMPLETED BY SCHOOL DISTRICT PERSONNEL:

✓ ALL INFORMATION COMPLETE:

- Certified Copy of Birth Certificate or Passport
- Proof-of-Residency Form
- Proof-of-Guardianship*
- Physical Exam
- Immunization Records
- Vision Exam
- Dental Exam
- IEP*
- Home Language Survey
- ESL Waiver*
- Request for Records
- Illinois Transfer Form
- Private/Parochial/Out-of-State Transfer Form
- Other _____

✓ PARENT WILL RETURN THE FOLLOWING:

Please return the following information to your student's assigned school.

- Certified Birth Certificate
(due within 30 days of enrollment)
- Physical/ Immunization
(due by September 1st)
- Dental Exam
- Vision Exam
- Other _____

- ESL Exam - Date/Time: _____

I understand that I must return the items indicated above if applicable.

Parent/Guardian Signature _____ Date _____

Choice Staff Signature _____ Date _____

*If Applicable

White Copy-Cum Folder

Yellow Copy-FIC File

Pink Copy - Parent