430 W. North Street, Warrensburg, Illinois 62573 Phone: (217)672-3514 Fax: (217)672-8468



Warrensburg-Latham Elementary School Phone:(217) 672-3612 Fax: (217) 672-8614		Warrensburg-Latham Middle School Phone: (217) 672-3321 Fax: (217) 672-3770		Warrensburg-Latham High School Phone: (217) 672-3531 Fax: (217) 672-3261	
		REGISTRATIO	ON FORM		
Student Name					
Street Address	First	Middle		Last	
	Street		City	Zip Code	
Mailing Address (if differ	rent) Street		City	Zip Code	
			0.1)		
Who Does the Student					
Both Parents	□Mother □ Fa	ther 🗆 Fost	ter 🗆 Guardian	With Family/Friends	
Where is the student c	urrently living? (check o	ne)			
House/apartment	Motel/car/campsit	g			
 Loss of Housing Provide care for a fa Other, please explain Date of Birth Race (check all that apply American Indian/Alas Ethnicity (check one) 	mily member	onomic Hardship rent/guardian is d e Level Asian Non-Hispa	□ Temporari eployed □ Living with Sex: □ M □ F □ Native Hawaiian of anic	ily waiting for house/apartment h boyfriend/girlfriend Bus Rider: □ Yes □ No r Other Pacific Islander	
		etes, epitepsy, and			
Are there any medicat	ions your student must t	take during the sc	hool day? 🗆 No 🗆 Ye	es, please describe	
Does your student hav	e an IEP (special educati	i on)? □ No	□ Yes		
Does your student hav	••	-			
•	•			be	

PARENT/GUARDIAN INFORMATION ON THE NEXT PAGE

Mother/Guardian Name		Home #	Cell Phone #		
Address (if different than student)					
	Street		City		
Email	Employer		Daytime Phone#		
her/Guardian Name Home #_		Home #	Cell Phone #		
Address (if different than student)					
	Street		City	Zip Code	
Email	Employer		Daytime Phone#		
Emergency Contact (if parent, Phone Number			ionship to Student		
Please list all siblings enrolled	in the district and their grad	de levels			
Parent/Guardian Signature _			_ Date		