



ORION COMMUNITY UNIT SCHOOL DISTRICT #223

SCHOOL REGISTRATION FORM



STUDENT INFORMATION

Name: (First, Middle, Last)

Date of Birth:

Birth Place (City and State):

Home Address:

City:

State:



Zip Code:

Gender: ☐ Male ☐ Female

Previous School (if any):

Grade Level:

Mother's Maiden Name:

County (Please check one):

☐ Henry

☐ Rock Island

GUARDIAN INFORMATION - WILL BE CONTACTED FIRST

Guardian #1 Name:

Relationship to Student:

Email Address:

Phone Number:

Work Number:

Home Address (if different from student):

GUARDIAN INFORMATION

Guardian #2 Name:

Relationship to Student:

Email Address:

Phone Number:

Work Number:

Home Address (if different from student):

LIVING SITUATION

Who does the student live with (check one):

☐ Guardian #1

☐ Guardian #2

☐ Both

SIBLINGS

Sibling #1:

Grade:

Sibling #2:

Grade:

Sibling #3:

Grade:

Sibling #4:

Grade:

EMERGENCY CONTACT #1 INFORMATION		
Emergency Contact Name:		
Relationship to Student:	Phone Number:	

EMERGENCY CONTACT #2 INFORMATION		
Emergency Contact Name:		
Relationship to Student:	Phone Number:	

DEMOGRAPHIC INFORMATION		
Birth Country:		
Race: ☐ Asian ☐ Black or African American ☐ American Indian		
☐ White ☐ Hawaiian or Other Pacific Islander		
Primary Home Language:		

MEDICAL INFORMATION		
Physician Name:	Phone Number:	
Dentist Name:	Phone Number:	
Hospital In Case of Emergency:		
Does the student have asthma?	☐ Yes	☐ No
If yes, please explain:		
Does the student have any food allergies?	☐ Yes	☐ No
If yes, please explain:		
Does the student have any other allergies?	☐ Yes	☐ No
If yes, please explain:		
Does the student have any medical conditions we should be aware of?	☐ Yes	☐ No
If yes, please specify:		

PERMISSIONS		
Do you give permission for your child to:	Please check Yes or No	
Have their photo taken?	☐ Yes	☐ No
Will you view the Handbook online?	☐ Yes	☐ No
Does a member of your immediate family currently serve in the military?	☐ Yes	☐ No

PERMISSIONS – HIGH SCHOOL ONLY		
SAT Release: Parent gives permission for OHS to send scores to colleges when requested.	☐ Yes	☐ No
Special Event Release: Parent gives permission for OHS to release student contact information for special events such as After-Prom.	☐ Yes	☐ No
Military Release: Release information to military recruit	☐ Yes	☐ No