



## Aptakisic-Tripp Community Consolidated School District 102

1231 Weiland Road, Buffalo Grove, Illinois 60089  
 Phone: 847-353-5650 Fax: 847-634-5334 [www.d102.org](http://www.d102.org)

Dr. Theresa Dunkin, Superintendent  
 Stacey Bachar, Asst. Superintendent Business Services  
 Dr. Julie Brua, Asst. Superintendent Curriculum & Instruction  
 Dr. Robert Hudson, Asst. Superintendent Educational Innovation

### New Student Pre-Registration Form 2011-12

Student Name: Legal Last Name:	Legal First Name:	Legal Middle Name:	Also Known As:
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Birth date (Month/Day/Year): \_\_\_\_\_ Gender:  M  F

**Grade:** \_\_\_\_\_ **Pritchett** \_\_\_ **Tripp** \_\_\_ **Meridian** \_\_\_ **Aptakisic Jr. High** \_\_\_\_\_

Is a language other than English spoken in your home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child speak a language other than English? \_\_\_ Yes \_\_\_ No If yes, what language \_\_\_\_\_

#### **Primary Household Information**

Student Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

#### **1. Parent/Guardian Residing with Student:**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
 Mr.  Mrs.  Ms.  Dr.  Miss

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Primary (Daytime) Phone: \_\_\_\_\_  home  cell  work

#### **2. Parent/Guardian Residing with Student:**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_  
 Mr.  Mrs.  Ms.  Dr.  Miss

Relationship to Student: \_\_\_\_\_ Email: \_\_\_\_\_

Primary (Daytime) Phone: \_\_\_\_\_  home  cell  work

By signing below, I verify that all of the statements made on this Pre-Registration Form are true and correct and that the undersigned and the student reside at the stated address and live there on a full-time basis. If this is not the actual residence of the entire family, I accept full responsibility to pay tuition in an amount equal to 110% of the per capita cost of maintaining the schools for the preceding year. I understand that legal action, including criminal prosecution under Illinois law, could be taken if the above information is not true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: New Student  Entered in Powerschool  Birth Certificate on File  Proof of Residency Verified

PS Student ID \_\_\_\_\_ Subdivision \_\_\_\_\_  Eligible for Free Bus

Transfer In:  From within Illinois  From Out of State  From Out of Country