New Student Information Form  
Cass School District 63  

Student Name (Last, First, Middle): ________________________________

Date of Birth (mm/dd/yyyy): ____________________ Gender: ☐ Male ☐ Female

Grade Level: ________________________________

Home Phone: ________________________________

Home Address: ____________________________________________________

(Street) (Apt. Number)

(City) (State) (Zip Code)

Expected Enrollment Date (mm/dd/yyyy): ________________________________

Who Does Student Reside With: ☐ Mother ☐ Father ☐ Both

☐ Other ________________________________

Mother’s Name (Last, First) ________________________________

Mother’s Address __________________________________________

(Street) (Apt. Number)

(City) (State) (Zip Code)

Mother’s Cell Phone ________________________________

Mother’s Email ________________________________

Father’s Name (Last, First) ________________________________

Father’s Address __________________________________________

(Street) (Apt. Number)

(City) (State) (Zip Code)

Father’s Cell Phone ________________________________

Father’s Email ________________________________