



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 _____