



SCHOOL ENROLLMENT APPLICATION-OFFICIAL DOCUMENT

**SIUE East St. Louis Charter High School
(High School Option Authorized by
East St. Louis School District 189)
601 James R. Thompson Boulevard
East St. Louis, IL 62201-1118
2025-2026 Student Registration Packet**

Once you have collected all of the documents listed below, please drop them off at SIUE East St. Louis Charter High School. You can submit all documents to Mrs. Muhammad, Office Support Specialist, pamcoll@siue.edu, 601 James R. Thompson Boulevard, East St. Louis, Building A (2nd floor), 618-482-8370.

To complete the registration process, the following items must accompany the packet:

_____ Original State Certified Birth Certificate - **No souvenir copy will be accepted.**

_____ Valid Driver's License or Valid State ID

_____ (2) Proofs of Residency (current utility bill, for example, Ameren Illinois, Illinois American Water, Lease, Occupancy Permit, signed Deed, or Mortgage Statement)
Everything must have your name on it.

_____ Current Physical with Immunization Record(s), Dental, Eye Exam
The eye exam must be done by an actual eye doctor.

_____ If a student has an IEP, the parent will have to complete a SPED Transfer Form that is included with this application. Student(s) 12 and older must sign the application too.



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DATE: _____

PLEASE PRINT NEATLY

Please complete the entire application and sign and date ALL areas.

Student Information

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt.: _____ City: _____

State: _____ Zip Code: _____ Sex: _____ Date Of Birth: _____

Phone: # _____ Are you a homeless or displaced family? _____ Yes _____ No

Current Grade: _____ Name of Last School Attended: _____ City & State _____

☐ No Schooling Youth in Care/Foster Care ☐ Yes ☐ No

IEP/Special Services Received: ☐ Yes ☐ No List the Type of Service Received: _____

Does your child have any medical, learning, physical or other special needs of which we should be aware? _____

Does your home have access to the Internet and/or WiFi for Remote Learning? ☐ Yes ☐ No

Military Parent/Guardian - OPTIONAL

Is either of the parent(s)/guardian(s) a member of the armed services and is on active duty deployment or expects to be on active duty deployment during this school year? ☐ Yes ☐ No

Family Information - PLEASE COMPLETE ALL SECTIONS THAT APPLY

Lives With: ☐ Parents ☐ Mom ☐ Dad ☐ Grandparents ☐ Guardian ☐ Foster Parents ☐ Other

Parent 1 (First and Last Name): _____

Relationship to Child: _____ Email: _____

Phone W/Area Code: Home: _____ Cell: _____ Work: _____

Employer: _____

Parent 2 (First and Last Name): _____

Relationship to Child: _____ Email: _____

Phone W/Area Code: Home: _____ Cell: _____ Work: _____

Employer: _____



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Other School Age Children in District 189 or SIUE East St. Louis Charter High School

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Emergency Contacts Will Be Called In The Order Listed

Contact Name: _____ Relationship: _____

Phone: _____ They Can Pick Up Your Child ☐ Yes ☐ No

Contact Name: _____ Relationship: _____

Phone: _____ They Can Pick Up Your Child ☐ Yes ☐ No

Contact Name: _____ Relationship: _____

Phone: _____ They Can Pick Up Your Child ☐ Yes ☐ No

Contact Name: _____ Relationship: _____

Phone: _____ They Can Pick Up Your Child ☐ Yes ☐ No

Is There Anyone Your Child **Should Not** Be Allowed Around

Name: _____

Is There An Order Of Protection In Force Against This Person ☐ Yes ☐ No

Name: _____

Is There An Order Of Protection In Force Against This Person ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____



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East St. Louis School District 189 Registration Form (V6.1) New U.S. Department of Education Race and Ethnicity Data Standards

Student's Name: _____ SIS ID: _____

(Printed in by School District)

Instructions: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

____ No, not Hispanic/Latino

____ Yes, Hispanic/Latino Ethnicity

The question above is about ethnicity, not race. No matter which answers you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? **Choose only one.**

____ American Indian or Alaska Native - A person having origins in any of the original peoples of North and South American, including Central America, and who maintains tribal affiliation or community attachment.

____ Asian - A person having origins in any of the original peoples of the Far East, Southwest Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

____ Black or African American - A person having origins in any of the black racial groups of Africa.

____ Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

____ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

____ Hispanic - A person of Mexican, Puerto Rican, Cuban, Peruvian, or other Spanish-Speaking culture or origin, regardless of race.

____ Multi Racial - A person descended from more than one racial group.

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

Parent/Guardian Signature: _____ Date: _____



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Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name: _____

Name of School: **SIUE East St. Louis Charter High School** Grade: _____

1. What is the primary language used at home, regardless of what the student speaks?

2. What is the language first acquired by the student? _____

3. What is the language most often spoken by the student? _____

4. Is a language other than English spoken in your home? Yes _____ No _____

If the answer to any of the questions is yes, the law requires the school to assess your student's English language proficiency. The test involves a lengthy exam taken outside of the class. It may result in enrollment in English as a Second Language (ESL), which is provided off-campus and limits the course selection.

Parent/Legal Guardian Signature

Date



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Transportation Form

Please fill out the following form indicating how your child will get to school.

Student's Name: _____

How will your child get back and forth to school daily? (Please circle your answer)

A) School Bus Ride to School

B) School Bus Ride Home

C) Walk Home

D) Car Rider

E) Drive Themselves

F) Public Transportation

Does your child need any accommodations for Transportation?

Kindergarten and Special Needs Door to Door Students

If your child is Kindergarten, or a Special Needs student with door-to-door transportation someone must be at the stop to meet the child. Please list who can pick up your child from the stop. Please list as many people as you need that will meet your child.

NAME	RELATIONSHIP TO CHILD	PHONE NUMBER
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NAME	RELATIONSHIP TO CHILD	PHONE NUMBER
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NAME	RELATIONSHIP TO CHILD	PHONE NUMBER
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NAME	RELATIONSHIP TO CHILD	PHONE NUMBER
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NAME	RELATIONSHIP TO CHILD	PHONE NUMBER
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Medication(s) - REQUIRED

Please list all daily Prescription Medication(s) and/or Over the Counter and Dosages:

Will the Medication(s) be administered during school hours: ☐ Yes ☐ No

***If yes, you are required to complete a Medication Authorization Form with the School Nurse.**

Does your child have any Health Restriction(s): ☐ Yes ☐ No If yes, please list them below:

Name of Family Physician: _____ Phone: _____

Address of Physician: _____

City/State/Zip: _____

Important: In an extreme medical emergency your child will be taken to the nearest trauma center.



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SIGN-UP FORM FOR SKYWARD FAMILY ACCESS

Electronic Signature Agreement and Consent to Submit and Obtain Information Via the Internet

The School District has implemented an online registration process via Skyward Family Access. In addition, the School District makes student information available to parents/guardians via Skyward Family Access. The purpose of this form is to obtain the information, agreements, and consents necessary to implement and maintain your Family Access account. Please note that you must complete this form even if you already have a Family Access account.

This Agreement and Consent is specific to the individual parent/guardian named below, and the assigned user ID and password may only be used by that individual. Any parent/guardian who wishes to have access to the account must complete a separate form and obtain a separate user ID and password.

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone#: _____ Email: _____

Child's Name	Name of School

By signing below, I acknowledge and agree as follows:

I certify that I am the parent or legal guardian of the student(s) identified above.

I understand that I will be issued a user ID and password for Skyward Family Access, and I hereby authorize the School District to issue the user ID and password to me. I agree to keep the user ID and password confidential. I agree that I will not share the user ID and password with anyone else, that I will maintain the security of the user ID and password, and that I will take appropriate steps to prevent disclosure of the user ID and password. If the user ID and/or password are disclosed, I agree to notify the School District of the disclosure immediately. I hereby release the School District from any and all claims relating to any inadvertent disclosure of student information resulting from my failure to maintain the security of my user ID and password.

I agree to submit an electronic signature, when requested, in connection with any form or information that I submit online.

For any and all forms/information submitted with my electronic signature, I agree that I will be legally bound, obligated, and responsible for the submission as if I had submitted the information in hard copy form with my handwritten signature.

I understand and agree that I will have access to student record information via my Family Access account and that the information may include attendance records, student schedules, food services records, discipline records, grades, homework, activities, events, contact, and demographic information, health records, and/or account/fee information.

I understand and agree that correspondence regarding my Family Access account will be communicated to me via email or other electronic means, and maybe automatically generated or sent by authorized staff.

I understand and agree that inappropriate or unauthorized use of the Family Access system may result in civil or criminal penalties, and that access may be suspended for delinquent accounts.

Signature of Parent/Guardian: _____ Date: _____



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East St. Louis Area Joint Agreement, School Districts 188 & 189
Department of Special Education
1005 State Street
East St. Louis, IL 62201
Phone: 618-646-3160 Fax: 618-646-3015

SIUE East St. Louis Charter School works in collaboration with the district to provide the full continuum of services.

SPECIAL EDUCATION STUDENT TRANSFER FORM

STUDENT NAME	DATE OF BIRTH	AGE	GRADE	SEX
GUARDIANSHIP STATUS: <ul style="list-style-type: none">• NATURAL PARENT• FOSTER PARENT• DCFS- Ward of the State• OTHER				
ADDRESS		CITY	ZIP CODE	
HOME PHONE	CELL PHONE	WORK PHONE	TEACHER	
PREVIOUS DISTRICT:				
ETHNIC CODE (CHECK ONE) <ul style="list-style-type: none">• AMERICAN INDIAN• BLACK• WHITE• ASIAN• HISPANIC/LATINO				
LANGUAGE SPOKEN IN HOME:		LANGUAGE USED BY STUDENT:		
STUDENT MODE OF COMMUNICATION:				

I give consent for District 188 and 189 to request the following records:

- Eligibility and IEP reports
- Psychological assessment results and report
- Social Development and adaptive behavior reports
- Other

Permission received: ☐ YES ☐ NO

Parent(s)/Guardian(s)/Foster Parent/Signature

Date

Student must sign if 12 years or older

Date



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Please select all or any reasons you are enrolling your child at SIUE East St. Louis Charter High School:

- ☐ Smaller school size
- ☐ School's Reputation
- ☐ School's Curriculum and Instruction
- ☐ Sibling(s) enrolled
- ☐ Other

Please explain below: