

New Student Enrollment Form

1. STUDENT INFORMATION Year of Graduation: _____ Enrolling As: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Student Legal Name: _____

Preferred Name: _____ Gender: ___ Male ___ Female ___ Non-Binary

Date of Birth: ____/____/____ Birthplace (if other than US): _____ Date of US Entry: _____
Month Day Year Country

Student's Home Address: _____
Street (Apt. Unit #) City Zip Code

Name & Address of Current or Previous School(s) Attended: Do you currently have a child attending New Trier? ___ Yes ___ No
*If you answered YES, please list their name(s) and grade(s):

Primary Administrator or Teacher contact at current school: Name, email address and phone number

Does your student have a 504 plan or IEP? _____ If yes, please forward documentation to Registrar@nthhs.net

2. PARENT(S)/GUARDIAN(S) of HOUSEHOLD

| | | | |
|---|--|---|--|
| Name (first and last): | | Name (first and last): | |
| Guardian/Parent's relationship to Student | | Guardian/Parent's relationship to Student | |
| Mobile Phone Number | | Mobile Phone Number | |
| Home Phone Number | | Home Phone Number | |
| Work Phone Number | | Work Phone Number | |
| Mailing Address: (Include if different from above) | | Mailing Address: (Include if different from above) | |
| E-mail Address: (Please print clearly) | | E-mail Address: (Please print clearly) | |

3. AFFIRMATION OF LEGAL RESIDENCY:

This child will be residing at this address during the _____ school year. I understand that if the information above is determined to be false or misleading, resulting in the child/children named above not being legally entitled to attend New Trier High School, the school district will take legal action to recoup tuition costs and legal fees.

4. SIGNATURE

I authorize the Registrar to release all school records to other schools and for previous schools to send all records to District 203 for admission purposes. This signature verifies I am a resident of New Trier Township High School District 203 and all the information on this form is accurate.

X _____
Parent/Guardian Signature

Date

Office Use: ID#: _____ Entry Date: _____ Official Transcript: _____ ISBE Form: _____
Health records _____ Birth Certificate _____ Ethnicity Form _____ IEP/504 _____ Residency: _____