



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

School District 69 Early Childhood Enrollment Form 21-22

☐ PFA ☐ Tuition

PLEASE PRINT USING BLACK INK

Student Last Name		Student First Name		Student Middle Name		Sex (M/F)	Birth Certificate No. Or Passport No.	
Street Address				City	State	Zip Code	Telephone Number ()	
Date Of Birth		Place of Birth						
Parent One Last Name		Parent One First Name		Date of Birth	Relationship to Student			
Parent One Business Phone			Name of Employer					
Parent One Cell Phone Number			Parent One E-Mail Address					
Parent Two Last Name		Parent Two First Name		Date of Birth	Relationship to Student			
Parent Two Business Phone			Name of Employer					
Parent Two Cell Phone Number			Parent Two E-Mail Address					
In what language would you like the school district to communicate you? (i.e. Parent emails, newsletters, school updates, etc.) <input type="checkbox"/> English <input type="checkbox"/> Other Language Language: _____								
What is your preferred mode of communication? <input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Mobile App Notification								
List Members of Household			Relationship		Birth Date		If Student, Name of School	
Emergency Information (List names other than parents/guardians)					Relationship to Student		Daytime Telephone Number	
					<input type="checkbox"/> Emergency Only			
					<input type="checkbox"/> Drop Off & Pick Up Only			
					<input type="checkbox"/> Both			
					<input type="checkbox"/> Emergency Only			
					<input type="checkbox"/> Drop Off & Pick Up Only			
					<input type="checkbox"/> Both			

Who does the student live with?

- ☐ Both Parents in home
- ☐ Single Parent Family
- ☐ Lives with an adult other than guardian
- ☐ Youth in care
- ☐ Parents have joint custody
- ☐ Other: _____

Madison Elementary School
5100 Madison St
Skokie, IL 60077

Edison Elementary School
8200 Cross Point Rd
Morton Grove, IL 60053

Lincoln Jr High School
7839 Lincoln Ave
Skokie, IL 60077



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Date Family Moved to District 69:	Is Student a U.S Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, provide date student first entered a US school:	
Name of Non-Custodial Parent:	Address of Non-Custodial Parent:	Phone Number of Non-Custodial parent: Home / Cell ()	
If there are custody restrictions, please describe and present legal documents for the student's file.			
If student does not live with either parent, identify with whom the student lives:			
Doctor's Name	Hospital of Birth:	Doctor's Telephone Number	
Dentist Name	Dentist Phone Number		
Has the student ever received any transitional language service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ESL (English as a Second Language) <input type="checkbox"/> Bilingual Education <input type="checkbox"/> Currently in a program at this time <input type="checkbox"/> Released from program			
Has student ever received any special education or early intervention services or attended a development screening? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type of service(s):			
Does student currently have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Does student currently have a 504? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list medical problems or food restrictions, if any including life threatening food allergies:			
Would you like information about Homeless resources or services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you have children under the age of 3, would you like to receive information about Early Childhood Opportunities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Day Care / Preschool Experience			
0-3 Years Old	3 Years Old	4 Years Old	5 Years Old
<input type="checkbox"/> Family Child Care <input type="checkbox"/> Center Based <input type="checkbox"/> Preschool / Day Care Facility Name: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day # Days per week	<input type="checkbox"/> Family Child Care <input type="checkbox"/> Center Based <input type="checkbox"/> Preschool / Day Care Facility Name: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day # Days per week	<input type="checkbox"/> Family Child Care <input type="checkbox"/> Center Based <input type="checkbox"/> Preschool / Day Care Facility Name: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day # Days per week	<input type="checkbox"/> Family Child Care <input type="checkbox"/> Center Based <input type="checkbox"/> Preschool / Day Care Facility Name: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day # Days per week
Preschool Enrollment Options (Preferences cannot be guaranteed)			
Preferred Session		Preferred Learning Option	
<input type="checkbox"/> (AM) 8:00 a.m. - 10:40 a.m. <input type="checkbox"/> (PM) 11:45 a.m. - 2:25 p.m. <input type="checkbox"/> NO Preference		<input type="checkbox"/> Full Remote <input type="checkbox"/> In-Person <input type="checkbox"/> NO Preference	

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