

Student Registration

Wilco Area Career Center

500 Wilco Blvd. • Romeoville, IL 60446 • 815.838.6941 • Fax: 815.838.1163

PLEASE PRINT IN BLACK INK. All information is Required

Female

Male

Student's Name (Last) _____ (First) _____

Student's Home Address _____ Student's Program Choice _____

City _____ Zip Code _____ Primary Language spoken in the home? _____

Student lives with: Mother/Guardian Father/Guardian

Student's Home School

- | | | |
|---|---|---|
| <input type="checkbox"/> Plainfield Central | <input type="checkbox"/> Plainfield South | <input type="checkbox"/> Plainfield North |
| <input type="checkbox"/> Bolingbrook | <input type="checkbox"/> Romeoville | <input type="checkbox"/> Plainfield East |
| <input type="checkbox"/> Reed-Custer | <input type="checkbox"/> Wilmington | <input type="checkbox"/> Lemont |
| <input type="checkbox"/> Lockport | <input type="checkbox"/> Plfd. Academy | <input type="checkbox"/> Phoenix |
| <input type="checkbox"/> Other: _____ | | |

Social Security Number _____

Birth Date _____/_____/_____

Home Phone (_____) _____

Cell Phone (_____) _____

Mother / Guardian Information

Name _____

Address _____

City _____ Zip _____

Home Phone (_____) _____

Place of Employment _____

Business Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Father / Guardian Information

Name _____

Address _____

City _____ Zip _____

Home Phone (_____) _____

Place of Employment _____

Business Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

Nondiscrimination Statement: It is the policy of the Wilco Area Career Center not to discriminate in its educational programs, activities, or employment policies with regard to race, color, sex, national origin, or handicap.

TO BE COMPLETED BY COUNSELOR FROM HOME SCHOOL (Please check all that apply.)

The State requires the following information for program funding purposes.

- | | |
|---|---|
| <input type="checkbox"/> Alaskan Native / American Indian | <input type="checkbox"/> Academically Disadvantaged |
| <input type="checkbox"/> Asian America / Pacific Islander | <input type="checkbox"/> Economically Disadvantaged |
| <input type="checkbox"/> Black - Non Hispanic | <input type="checkbox"/> 504 Accommodation |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> This student has an IEP |
| <input type="checkbox"/> White - Non-Hispanic | |

Year of Graduation:

- 2019
 2020
 2021

Session Preference

- Session I
 Session II
 Session III

Has Student had a career assessment? NO YES - If yes, which one? _____

Counselor's Name: _____

Counselor's Signature: _____

EMERGENCY INFORMATION (NOTE: Parents/Guardians are always first contact in case of illness or emergency.)

Please list two additional contacts in the event we are unable to contact the parent/guardian.

1st Emergency Contact Name: _____ Daytime Phone: (_____) _____

2nd Emergency Contact Name: _____ Daytime Phone: (_____) _____

Is your student allergic to any medication? NO YES If yes, which ones? _____

Does your student wear contact lenses? NO YES

Does your student have any physical disabilities? NO YES If yes, please list them: _____

Doctor's Name: _____ Phone Number: (_____) _____

I authorize Wilco Area Career Center to take action in case of emergency - Parent/Guardian's Signature: _____