

Student Emergency Contact

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

- Male
 Female
 Non-binary

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

- Plainfield Central Plainfield South Plainfield North
 Bolingbrook Romeoville Plainfield East
 Reed-Custer Wilmington Lemont
 Lockport Plfd. Academy Phoenix
 Other: _____

Student Email

Student 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.

- Alaskan Native / American Indian Academically Disadvantaged
 Asian America / Pacific Islander Economically Disadvantaged
 Black - Non Hispanic 504 Accommodation
 Hispanic This student has an IEP
 White - Non-Hispanic

Year of Graduation:

- 2024
 2025
 2026

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: _____