

# 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: _____       |   |   |

Student E-mail \_\_\_\_\_

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, age, sex, pregnancy, sexual orientation, gender identity, national origin, handicap, religion, status as a parent, or genetic information.

**INFORMATION** (Parent/Guardian or Counselor, any important information we may need to know about your student):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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.

1<sup>st</sup> Emergency Contact Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> 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: \_\_\_\_\_