



1235 Oak Street • Winnetka, IL 60093
 phone 847-446-9400 • fax 847-446-9408
 www.winnetka36.org

BUILDING FILE

Student ID# _____

School: Crow Island Greeley Hubbard Woods Skokie Washburne

Grade: K 1 2 3 4 5 6 7 8

Child's Name _____ Male
 Female
(Last) (First) (MI)

Date Of Birth _____ Place Of Birth _____ Present Age _____
Month/Day/Year

Primary Address _____ Primary Phone# _____

	Parent/Guardian 1	Parent/Guardian 2
Name		
Relationship		
Address <small>(if different from primary)</small>		
Email		
Cell Phone		
Work Phone		

Is English your child's primary language? (Circle one) YES NO

Ethnicity Choices

<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	American Indian or Alaska native
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	White
<input type="checkbox"/>	Multiracial (if checked, please check all ethnicities that apply)		

Has the student ever been enrolled in the Winnetka Public Schools? (Circle one) YES NO

Do we have your permission to share your contact information with the PTO? (Circle one) YES NO

FOR OFFICIAL USE ONLY

Verification of birth date: (circle one) Birth Certificate Transfer Passport Other _____

Date of Enrollment: _____

Teachers / Advisors

JK	_____	4	_____
SK	_____	5	_____
1	_____	6	_____
2	_____	7	_____
3	_____	8	_____