



Iroquois Community School

Michael Amadei, Principal

1836 East Touhy Avenue
Des Plaines, Illinois 60018-3629
T 847-824-1308 F 847-824-1310
www.d62.org/iroquois

Office Use Only

2017/2018 grade level _____
2018/2019 grade level _____
Sibling grade level (s) _____
Language _____ IEP/504 _____
Date Received _____ Received by _____

STUDENT APPLICATION

**All student applications for the 2018/2019 school year are due by April 27, 2018.
Applications received after this date will be placed on our interest list.**

Please Print:

Student Name: _____
Last First Middle

Birthdate: ____/____/____ Birthplace: _____ Gender: M F
Month / Day / Year City and State

Parent/Guardian Name: _____

Residence Address: _____
Number Street Apt. Zip Code

Home/Cell Phone : _____ Email Address: _____

Home/Cell Phone : _____ Email Address: _____

Is English the main language at home? Yes No

Languages(s) spoken in the home (other than English) _____

Please Circle :

Ethnic Origin:

- 1 White
- 2 Black
- 3 Hispanic
- 4 Asian/Pacific Islander
- 5 American Indian

Person Claiming Custody:

- 1 Both Parents
- 2 Mother Only
- 3 Father Only
- 4 Other _____

Student Lives With:

- 1 Both Parents
- 2 Mother
- 3 Father
- 4 Mother/Stepfather
- 5 Father/Stepmother
- 6 Other



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Please list names of other children living in the home:

Name	Birthdate	School Attending	Grade 2017-2018	Grade 2018-2019	Applying for ICS? (Yes No)
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Name	Birthdate	School Attending	Grade 2017-2018	Grade 2018-2019	Applying for ICS? (Yes No)
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SCHOOL HISTORY

Is your child currently enrolled in District 62? _____
 Yes/No

Current School _____ Current Homeroom Teacher _____

 Grade 2017-2018

 Grade 2018-2019

Other schools attended: _____

Why are you considering ICS? _____

Neighborhood Base School: _____ Closest Middle School: _____



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Describe how your child learns best. What are your child's strengths? What are your child's challenges? How does your child approach academics?

Family participation is a very important expectation at Iroquois Community School. Our parents play a crucial role in helping to create an educational partnership with the school. How do you envision your family belonging to an integral part of the Iroquois Community?

If your child receives special services, please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> gifted resource services | <input type="checkbox"/> occupational therapy |
| <input type="checkbox"/> reading improvement | <input type="checkbox"/> speech and language |
| <input type="checkbox"/> bilingual services | <input type="checkbox"/> social work |
| <input type="checkbox"/> special services | <input type="checkbox"/> physical therapy |
| <input type="checkbox"/> psychologist | |

Please describe:



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Does an IEP or 504 plan guide your child's current education? _____

Does your child work with the Gifted Education (CHIP's)? _____

Are there any physical conditions that prevent your child from participating in physical activities? If yes, please describe:

Does your child take daily medication? _____ Please describe: _____

Are there any other considerations or special circumstances that we should be aware of?

Please Note:

*Lottery drawings will not take place until after we have completed registration for our returning students. You will need to complete the registration process at your **neighborhood base school**. If your student is drawn in the lottery, we will notify the home school and your student's records will be sent over to us.*

All applicants will be notified of their status by email.



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Iroquois Community School Enrollment Policy

Iroquois Community School (ICS) is a school of choice that CCSD 62 offers for those families interested in an alternative school calendar.

While ICS offers many comprehensive services and supports, it does not incorporate extensive programs and services for those students with more significant educational needs. The district will determine whether or not a student's needs can be met at ICS and enrollment may be denied on this basis.

Further, should it become evident after a student has been allowed enrollment to ICS that his/her needs cannot be appropriately met, the district reserves the right to terminate enrollment at ICS and transfer the student to the appropriate school.

I have read and understand the above statement.

Parent Name: _____

Parent Signature: _____

Date: _____