



REGIONAL
OFFICE OF EDUCATION
Champion our community.
Fulton • Hancock • McDonough • Schuyler

For Office Use/SID # _____
Enrollment Date: _____

John Meixner
Regional Superintendent of Schools

Tel: (309) 575-3226 Fax: (309) 837-2887
jmeixner@roe26.net

Enrollment Form to be completed by student/parent 2022-2023

Name of Home School District: _____ Name of ROE26 Program: _____

STUDENT INFORMATION

Last _____ First _____ M.I. _____ Phone Number _____ email address _____

Address (mailing) _____ City _____ State _____ ZIP _____

Birth Date _____ Age _____ Gender _____ Ethnicity _____ Current Grade _____

To best meet student needs, please describe the current housing for the student. Student **presently** lives:

_____ in a home with his/her parent or parents _____ In a shelter _____ with more than one family in a home for financial reasons
_____ in a motel, car or campsite _____ alone with no adults _____ with a relative, friend or other adults
_____ other: _____

LIVES WITH: _____
Name(s) _____ Relationship _____

PARENT/GUARDIAN INFORMATION

Last _____ First _____ Relationship _____ Day Time Phone _____ Email Address _____

Street Address, if different than above _____ City _____ State _____ ZIP _____

Additional parent/guardian information: _____

When we need to contact a parent/guardian who should we call?

1st contact name and best number/other details _____

2nd contact name and best number/other details _____

ALLERGIES _____

LUNCH Free _____ Reduced _____ Pay _____

TRANSPORTATION Bus (arrival/pick-up) _____ Parent _____ Student _____

Reason for joining this program: _____

Other information Safe School/Academy staff should be aware of: _____

I would like my child to attend Face-to-Face sessions as available. _____

I would like my child to work Full Remote/Work from home _____

I would like my child to work have some Face-to-Face contact and some work from home/hybrid _____