SIUE EAST SAINT LOUIS CHARTER HIGH SCHOOL
601 JAMES R. THOMPSON BOULEVARD
EAST ST. LOUIS, IL 62201-1129
PHONE 618.482.8370
FAX 618.482.8372
siue.edu/eslc/charterschool

Intent to Return Form

Date _____ ☐ **CHECK IF THERE IS A CHANGE OF INFORMATION**

Student's Name _____ _____
Last *First* *M.I.* *Social Security Number*

Address _____
Street *City* *State* *Zip Code*

Phone _____ Emergency Phone Number _____

Father's Name _____ Work # and ext. _____

Mother's Name _____ Work # and ext. _____

Name of relative or contact in case of emergency:

_____ _____
Name *Relation* *Phone Number*

Please list any health problems. _____

_____

_____

List any prescription medications student is currently taking. _____

_____

Name of Insurance Company _____

Policy or Case Number _____ Phone _____

I, _____, wish to have _____
Parent/Guardian *Name of Student*

remain in the Southern Illinois University Edwardsville East St. Louis Charter High School for the 2012/2013 school year. I further understand that the CODE OF CONDUCT, USE OF TECHNOLOGY, and CLASSROOM RULES remain the same.

_____ _____
Parent/Guardian Signature *Today's Date*

_____ _____
Student Signature *Today's Date*

AN:dmm *8/08*