

2016 – 2017 School Year

Forms and information to complete and bring to registration for

***NEW* to the SC District (NOT currently enrolled at of the end of last school year)**

Grades ECE, Pre-K, & Kindergarten - 5th grade

***NEW* Elementary Student to the District Grade ECE, Pre-K, K -5th**

SC Elementary Information Sheet
Request for Records
Home Language Survey
Ethnicity & Race Data Collection
Verification of Residency & documents
Yearly Health History
Parent Authorization
Transportation Policy & Form
Title I Parent/Student/Teacher/Principal Contract

Required Documentation Needed for Kgtn, ECE, & Pre-K Students that must be brought to registration

Updated School Physical
Updated vaccination record
2 Varicella Vaccines
Vision and dental exam (Kgtn. only)
PCV ACIP Vaccine (1 dose or required schedule) (ECE & Pre-K only)
Lead screening or questionnaire
Copy of **certified** birth certificate from the courthouse
Child's Social Security Number

For your information:

Tuesday, August 9 - Registration at the Middle School (all students including Pre-K) 11:00 a.m. - 7:00 p.m.
(Pre-K Registration will be 1 day only on Tuesday, Aug. 9)
Wednesday, August 10 - Registration at the Middle School 9:00 a.m. - 12:00 p.m.
Friday, August 19 – Students 1st Day of Attendance. Dismissal at 1:00 p.m.
Friday, August 19 - Kindergarten Orientation 9:00 a.m. – 10:00 a.m.
Monday, August 22 – 1st Day of Attendance for all students including Kindergarten, Pre-K, & ECE
Tuesday, August 23 – Elementary Open House 6:00 – 7:00 p.m.

SOUTH CENTRAL ELEMENTARY INFORMATION SHEET

Name: _____
(First) (Complete Middle Name) (Last)
Address: _____ P.O. Box (if any): _____ Township: _____
City: _____ Zip: _____ Grade Level (2015-2016) _____
Student's **BIRTH** City: _____ State: _____
Social Security #: _____ Birthdate: _____ Sex: Male: _____ Female: _____
Home Phone: _____

Please list at least 2 emergency contacts:

Child will only be released to those names listed. Please list both names (Tom & Sue) if either can pick up.

1. Emergency Person (other than yourself) _____
Daytime
Phone: _____
2. Emergency Person (other than yourself) _____
Daytime
Phone: _____

Please circle one

Child lives with: Both Mother Father Legal Joint Custody Other (g'parent?) _____

Father's name: _____	Mother's name: _____
Address: _____ (if different from child)	Address: _____ (if different from child)
City: _____ Zip: _____	City: _____ Zip: _____
Home phone (if different): _____	Home phone (if different): _____
Cell #, if any _____	Cell #, if any _____
Employer: _____ Phone: _____	Employer: _____ Phone: _____

Birth Mother's Maiden Name: _____
(Required to assign State ID number)

List Names & Birthdates of Brothers & Sisters:

<u>Name</u>	<u>Birthdate</u>	<u>Grade Level</u>	<u>Male</u>	<u>Female</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does the student live more than 1 ½ miles from the elementary school? YES _____ NO _____

PHONE NUMBERS TO BE LISTED IN SCHOOL REACH: (no more than three #'s)

If applicable (separation/divorce), to whom should additional copies of student's information be mailed?

Name: _____

Address: _____

City: _____ **Zip:** _____

Signature of Parent/Guardian

Date

REQUEST FOR STUDENT RECORDS

School Name: _____

Address:_____

City/State/Zip_____

Phone:_____

Parental permission is no longer required when records are requested by authorized school personnel.
(FAMILY EDUCATION AND PRIVACY ACT. FINAL RULE ON EDUCATION RECORDS, FEDERAL REGISTER, JUNE 17, 1976. VOL.41, NO. 188, PG. 24673)

The following student(s) have entered our school:

_____ Grade_____

_____ Grade_____

Please send us the following information: health (medical/dental/vision), academic records, special education, a copy of the birth certificate, social security card and any other information which you feel would be of benefit to us in working with this (student(s)).

Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students that need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name: _____

1. Is a language other than English spoken in your home?

Yes _____ No _____

What language? _____

2. Does your child speak a language other than English?

Yes _____ No _____

What language? _____

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent/Legal Guardian Signature

Date

**Illinois State Board of Education
U.S. Department of Education Race and Ethnicity Data Standards**

ETHNICITY AND RACE DATA COLLECTION FORM

Student's Name: _____

SIS ID: _____
(completed by school)

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

By mandate of the Illinois State Board of Education, the Board of Education of South Central Schools is required to be able to prove that the students attending its schools are truly residents of this School District or are paying tuition. The only exception is for homeless children as defined by law. If parents/guardians wish to challenge the District's determination of non-residency, they may do so in accordance with the policies adopted for such challenges which determination is final. Therefore, it is required that you provide the following residency verification.

VERIFICATION OF IN-DISTRICT RESIDENCY

I/We, the undersigned parent/guardian of the student provide the following information to South Central CUSD 401 (hereinafter the District) to support our representation that the student is a legal resident of the District, and is entitled to attend the school as a resident without charge for tuition, but with a charge for certain fees.

Student's Name: _____

Student's Address: Street _____

City & ZipCode _____

Telephone _____

Names of Adult(s) with whom student resides in District: _____

Relationship of adult(s) named above to student (mark one and explain if necessary):

_____ Parent (includes natural and adoptive parents)

_____ Legal Guardian with Court Order (attach Court Order)

_____ Other (explain in detail why student is living with adult, and attach all relevant Documentation)

Please submit the following required documentation from Categories I and II:

Category I (one document establishing property within the District)

- a. Most recent property tax bill (homeowners)
- b. Mortgage papers (homeowners)
- c. Deed
- d. Signed and dated lease and proof of last 2 months' payments if lease is not at its inception (canceled check or receipts required) (renters)
- e. Housing letter (military personnel)
- f. Letter from manager and proof of last two months' payments (canceled checks or receipts required) (renters or trailer park residents)
- g. An agreement of sale for a residential property located within the District, signed by the seller and parent/custodian as buyer, which recites a closing date prior to the first day of attendance (new residents)
- h. Notarized affidavit of residency from the resident owner of property within the District where the parent/custodian of the child is living with the owner at no cost (those living with relatives or others)

- OVER -

Category II (one document establishing an address within the District)

- a. Driver's license
- b. Vehicle registration
- c. Current Public Aid card
- d. Current library card
- e. Voter registration
- f. Most recent gas, electric, water, cable television and/or credit card bill
- g. Current homeowners/renters insurance policy and premium payment receipt

If student does not live with parent/guardian, please list parents'/guardians' residence.

If the student's parents/guardians are not residing together, where does the other parent/guardian reside?

Attach any court order, decree, or other document establishing the custody and/or residency of the student.

If this student's parents/guardians have students enrolled in other districts, please list those districts.

Certificate of Residency

I/We certify that the above information is accurate, and that the student is a resident of the South Central School District. I/We understand that the District may request additional information from us. I/We agree to notify the District within 7 days of any change of residence or address. I/We understand that should any information on this form, or any information otherwise provided the District be wrong, or if it is determined that the student is not a resident of the District, the student may be dismissed immediately from the District's school and the student and responsible adults shall reimburse the District for costs, including tuition for the time during which the student attended the District's schools. I/We recognize that any person who knowingly registers or attempts to register a student known by that person to be a non-resident of the District shall be subject to criminal prosecution.

Dated: _____

Signatures of Student's Parents/Guardians

South Central Schools Unit #401 Health History Information

Student's Name _____ DOB _____ Grade _____

Please answer the following yes/no questions. If you answer yes explain in area provided.

ADD/ADHD Medications	YES NO	<u>Comments:</u>	Diabetes Insulin	YES NO	<u>Comments:</u>	Female/Reproductive Problems Pain PMS Medications	YES NO	<u>Comments:</u>
Allergies Environmental Food Insect Medication	YES NO		Dietary needs Dietary restrictions FOOD ALLERGIES	YES NO		Heart Problems Heart Murmur High Blood Pressure	YES NO	
Asthma Wheeze Cough Exercise	YES NO		Ear/ Hearing Problems Tubes Hearing Aides	YES NO		Mental Health Concern Depression Bipolar	YES NO	
Birth Defect Developmental Delay; Neurological Disorder	YES NO		Eye problems Vision problems Glasses	YES NO		Seizure? What are they like? How long do they last?	YES NO	
Bone/Joint Problems	YES NO		Head Injury Concussion Skull Fracture	YES NO		Bowel/ Urinary Problems? Wets Clothing?	Yes NO	
Blood Disorder	YES NO		Headaches Migraines Medications	YES NO		Serious illness/ Injury?	YES NO	

LIST ALL MEDICATIONS: (if we would ever need an Ambulance, they will need to know all of student's medication)

DOCTOR: _____ Phone#: _____

DENTIST: _____ Phone#: _____

I, Parent/Guardian of above named student, give consent to the South Central School District to provide emergency care to my child in my absence. I understand if an ambulance is medically necessary, I accept financial responsibility.

I hereby authorize the South Central Schools to disclose my child's health information to teachers, substitute teachers, and cafeteria staff at the school or at school events and field trips to the extent necessary for the protection of my child.

I hereby authorize South Central School's Nurse or Principal to contact the above listed physicians regarding my child for the purpose of providing information or treatment medically necessary for my child's well being.

Parent/Guardian Signature: _____ Date: _____

SOUTH CENTRAL COMMUNITY UNIT DISTRICT #401 2016-2017

Parent Authorization – PLEASE FILL OUT 1 FORM PER FAMILY

Directions: After reading each statement, place a check mark on the line to the left of the statement. Please sign your child's name and your name on the appropriate lines at the bottom, and fill in the date.

_____ STUDENT INSURANCE

I have received information concerning the availability of insurance. I understand the school district does not provide any type of health or accident insurance for injuries incurred by my child at school. A student accident insurance policy is available to purchase. Failing to return the insurance policy envelope will be accepted by the school as rejection since parents are required to pay to receive for insurance for their child.

_____ STUDENT ABSENCE

I understand that if my child is ill, or absent for any reason, I am to notify the school **by 9:00 a.m.** If a phone is not available, I will send a note with my child on the day they return.

_____ STUDENT MEDICATION

I have received a form in my handbook to be completed by the licensed prescriber authorizing student medication at school.

_____ TRANSPORTATION

I understand that students may only be transported to one designated destination. If that destination is to change, a note signed by a parent should be sent to the office.

_____ AUTHORIZED INTERNET USE AGREEMENT

I have received a copy of the policy on internet use and agree to abide by the terms and conditions of the policy.

_____ FIELD TRIP CONSENT AUTHORIZATION

I give my permission for my student to attend special events for the upcoming school year. Notification of each particular event, with specific details, will be sent by the teacher. Cancellation of my child's participation may be made for any particular event by sending a written note.

_____ PICTURE RELEASE

I grant consent to South Central School District to identify a picture of my child by full name and/or the school he or she attends in any school sponsored material, publication, videotape, or website.

HIGH SCHOOL ONLY

_____ I have received a copy of the Parking Agreement for all high school student drivers. I will review the agreement with my child and agree to pay the parking fee as required.

_____ I give my permission for my student to leave school early if attending OKAW Area Vocational Center when Vandalia Schools are not in session.

Student's Name/Grade

Student's Name/Grade

Student's Name/Grade

Parent's Signature/Date

South Central CUSD 401 Transportation Pick-up and Drop-off policy

The goal of the South Central School District is to provide the students of the District with a safe and secure transportation program. This goal can only be achieved through the combined efforts of our schools, bus garage, students, and parents.

The District has adopted the following policies:

Students will be allowed one pick-up address and one drop-off address. These pick-up and drop-off locations may be different, but must be consistent every day of the week. In the case of an emergency, students will be allowed an additional location which will be used in cases of emergencies only. Both the primary and emergency locations need to be completed at registration prior to the start of school. Preferably when using the emergency address, a note needs to be turned into the building office by 8:30 A.M. These situations will be considered on a case by case basis. No phone calls for bus changes will be taken during the day except in an emergency situation.

For purposes of consistency and to avoid overcrowding of buses, the matter of students switching buses is strictly regulated. For example, students may not switch busses for such reasons as going to another student's house to spend the night, slumber parties, etc. Parents will be responsible for transportation in such cases.

In the case of split custody, each parent will be allowed one pick-up and drop-off location, these must be consistent.

If a student misses three consecutive days without a call from the parent, the bus service will not resume at that address until the parent makes contact with the bus garage.

Because of the danger associated with students being left unattended, the following guidelines will be followed. In the circumstance that there is no one at the drop-off location; the student will be returned to the school district, a verbal conference with the parent or guardian will be held, if this continues parents may be referred to local authorities.

Student can be picked up from school by a parent or designee at the close of the school day. The parent or designee must come to the office to pick up the student.

In summary, student transportation options are as follows:

1. Primary pick-up and drop-off location
2. Emergency pick-up and drop-off location
3. Students can be picked up any day at the close of the school day in each building. Please send a note or call so that we can prepare the student. (This is not considered a bus change).
4. Have an emergency contact meet your child at the primary pick-up or drop-off location.
5. Have an emergency contact meet your child at the emergency pick-up or drop-off location.

**SOUTH CENTRAL SCHOOLS
TITLE I
PARENT*STUDENT*TEACHER*PRINCIPAL COMPACT**

Student Name (Print)_____ Grade_____

Parent Agreement

I want my child to achieve. Therefore, I will encourage my child by doing the following:

- see that my child is punctual and attends school regularly and has the necessary supplies
- support the school in its efforts to maintain proper discipline
- establish a time and place for homework and see that it is completed daily
- attend all classroom and Title parent conferences

Parent's Signature_____

Student Agreement

It is important that I work to the best of my ability. Therefore, I will strive to do the following:

- come to school every day with my classroom supplies
- obey the school rules
- ask my teacher questions when I do not understand
- complete and turn in my daily assignments and homework

Student's Signature_____

Title I School Wide Teacher Agreement

It is important that students achieve. Therefore, I will strive to do the following:

- provide relevant homework assignments for students
- provide information about student progress to students and parents
- communicate with each parent to ensure the best education possible for the student
- provide motivating and interesting learning experiences in my classroom
- explain my expectations and instructional goals to students and parents
- strive to discover what techniques and materials work best for the student

Teacher's Signature_____

Principal Agreement

I support this form of parent involvement. Therefore, I will strive to do the following:

- create a welcoming environment for students and parents
- communicate to students and parents the school's mission and goals
- reinforce the partnership between parent, student, and staff
- act as an instructional leader by supporting teachers in their classrooms

Principal's Signature_____

