



NEW STUDENT ENROLLMENT CHECKLIST
For CCSD59 District / School Office Use only

Registered by: _____ Date: _____

Forms due when packet is turned in - Verify all forms are completed, signed, and dated:

Form #	Form Name	ELC	K	1 - 5	JH
SR-13 OR SR-5	Verification of Student Residence and Copies of 3 Proofs				
SR-39	New Student Registration/Emergency Contact				
SR-11	Permanent Birth Record and Birth Certificate				
SR-12	Home Language Survey*** (completed only once)				
SR-36	Data Collection Form				
H-29	Status of Physical/Immunization Records				
H-103	Annual Student Health Form				
H-115A	Parent Consent for Athletics/Proof of Medical Insurance				
T-42	Transportation Request Form				
SR-37	Student Photo Permission Form				
SR-38A/B	Annual Authorization for Internet Access				
SR-42	New Form: Discipline Policy Agreement Form				
SR-9	Request for Student Records				
EC-6	Household Income Eligibility App for ECE Program				
None	Young Athletes Permission Form				
None	Fees Form - No Fees for 17-18 SY				
ILC-1	Google Apps for Education Permission Form	Will not be included in 17-18 spring packets			
ILC-2	Student Device Responsible Use Form	Will not be included in 17-18 spring packets			

Forms due later:

Form #	Form Name	ELC	K	1 - 5	JH
H-11	IL Dept of Health Dental Exam Form				
H-67	State of IL Eye Exam Report				
IL-444-4737	State of IL Cert of Child Health Exam				
ILC-3	Student Device Protection Plan (optional)	Will not be included in 17-18 spring packets			

***Home Language (SR-12 form): If another language besides English is spoken, enter student on state database check. If required, enter date and time of testing appt: _____

(See reverse side to complete checklist)

Other Additional Considerations:

Did child attend ELC? Yes No

Does child have an IEP or Special Needs? Yes No

If yes, date requested and name of organization: _____

Does parent qualify for Free/Reduced Meals? Yes No

Is parent interested in Dual Language Program? Yes No

Is parent interested in Ridge (Choice)? Yes No

Additional Notes or Follow-Up Needed:



COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59

2123 S. Arlington Heights Road * Arlington Heights, IL 60005 #847-593-4300 (Phone), #847-593-4352 (Fax)

PARENT/GUARDIAN VERIFICATION OF STUDENT RESIDENCE

All students attending District 59 schools must be legal residents of the District.

Generally, Illinois law provides that the residence of a student is the same as the person who has legal custody of the student.

STUDENTS ENTERING 3rd & 6th GRADE MUST PROVE RESIDENCY AT THE SCHOOL BETWEEN AUGUST 1 - AUGUST 10

STUDENTS WILL NOT BE ALLOWED TO BEGIN SCHOOL UNTIL RESIDENCY IS PROVEN

NOTICE: Registration of a student who is not a legal resident is a fraudulent act. Illinois law has made it a crime, punishable by imprisonment and fine, to knowingly or willfully present any false information regarding the residency of a student for purposes of enabling that student to attend on a tuition-free basis or to knowingly enroll or attempt to enroll a student on a tuition-free basis when the student is known to be a non-resident of the District. Board of Education policy authorizes the investigation of residency before or after enrollment in accordance with Illinois law and may require additional information to be considered in determining residency. Parents/guardians who fraudulently register a student will be charged tuition for the period the student had been in attendance. The District will seek prosecution to the full extent of the law of any person who the District believes has committed any residency-related crime. Additionally, a civil lawsuit may be initiated by the District.

Student Name:		School Name:	
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A total of three (3) original documents from the categories below are required to prove residency (If Unable to Provide Use Form SR-5).

Category A: One (1) Document Required	Category B: Two (2) Documents Required		Military Personnel must provide one of the following within 60 days after the date of student's initial enrollment:
<input type="checkbox"/> Most recent Real Estate Tax Bill	<input type="checkbox"/> Driver's License or State ID	<input type="checkbox"/> Current Homeowners/Renters Insurance Policy and Premium Payment Receipt	<input type="checkbox"/> Postmarked Mail Addressed to Military Personnel <input type="checkbox"/> Lease Agreement for Occupancy <input type="checkbox"/> Proof of Ownership of Residence
<input type="checkbox"/> Mortgage Papers	<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/> Most Recent Gas, Electric and/or Water Bill	
<input type="checkbox"/> Signed and Dated Lease or Letter from Manager or Proof of Last Month's Payment	<input type="checkbox"/> Voter Registration	<input type="checkbox"/> Mail Received at District Residence	
IMPORTANT: District 59 reserves the right to evaluate the evidence present and merely presenting the items listed below does not guarantee admission.	<input type="checkbox"/> Most Recent Cable or Credit Card Bill	<input type="checkbox"/> Receipt for Moving Company Services Showing Current Address	
	<input type="checkbox"/> Current Public Aid Card	<input type="checkbox"/> Other _____	

Category C: None of the Documents in Categories A & B are Applicable Because:	<input type="checkbox"/> 1. The student is homeless and eligible for enrollment under the Illinois Education for Homeless Children Act <input type="checkbox"/> 2. The student is enrolling based on the determination of the Department of Children & Family Services (<i>Attach DCFS Documentation</i>)
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I affirm that I am a resident of Community Consolidated School District 59 and that the information presented in this form is true, complete and accurate.

Printed Name of Parent / Guardian	Signature of Parent / Guardian	Date
Residency Materials Received By:	<input type="checkbox"/> All Materials Supplied	
<input type="checkbox"/> Referred for Further Review to:	<input type="checkbox"/> Principal <input type="checkbox"/> Homeless Liaison	



NEW STUDENT REGISTRATION and EMERGENCY CONTACT FORM - CCSD59

Directions: Print & Complete Both Sides. Shaded Section at Top is for Office Use Only.

Student Other ID:	Student State ID:	School:	Grade:

Student Last Name:		Student First Name:			Student Middle Name:		Birth Date: ___/___/___		
							Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Street Address:						Apt. / Lot / Unit #:			
City & Zip Code:						Complex / Mobile Home Park Name:			
Primary Phone Number:						Has Your Student Been Enrolled in District 59 Before? :		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Your Student Entered a U.S. School:		Name of Last School Attended & State:			Is Your Child Receiving Any Special Services?		If Yes, Which D59 School/s and What Year/s?		
(Month / Year) ___ / _____					<input type="checkbox"/> Bilingual <input type="checkbox"/> ESL <input type="checkbox"/> Special Education <input type="checkbox"/> Other:				
Country of Birth:		9 Digit Medicaid Number:			(Voluntary & Optional) Military Service Information:		<input type="checkbox"/> I am a member of the United States Armed Forces		
State of Birth:									
City of Birth:									

Custodial Parent / Guardian Information

Title:		First Name:		Last Name:			Work Phone & Extension:		Cell Phone:					
Relationship to Student:		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian					Email Address:							
Language Preference:		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Polish <input type="checkbox"/> Gujarati <input type="checkbox"/> Other: _____					Custody:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Lives With:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Title:		First Name:		Last Name:			Work Phone & Extension:		Cell Phone:					
Relationship to Student:		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian					Email Address:							
Language Preference:		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Polish <input type="checkbox"/> Gujarati <input type="checkbox"/> Other: _____					Custody:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Lives With:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Office Use Only

Title:		First Name:		Last Name:			Work Phone & Extension:		Cell Phone:					
Relationship to Student:		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian					Email Address:							
Language Preference:		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Polish <input type="checkbox"/> Gujarati <input type="checkbox"/> Other: _____					Custody:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Lives With:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Local Persons to Call in an EMERGENCY if Parents/Guardians Cannot Be Reached - List at least Two (2) People

	First and Last Names:	Relationship:	Language Spoken:	Phone Number:
1				
2				
3				
4				

List ALL other Student's Siblings (Brother/s or Sister/s) in immediate family enrolled in District 59

	First Name:	Last Name:	Name of School Attending:	Grade:	Age:
1					
2					
3					
4					
5					

Parent/Guardian Name (Please Print):

Parent/Guardian Signature:

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ANNUAL STUDENT HEALTH FORM

20 ___ - 20 ___ SCHOOL YEAR

Student: _____ Birth date _____
(last) (First)
Grade _____ Sex _____ School _____

Annual Health History Update	YES	NO
1. Does this child have: Allergies to food, medications or insect stings	_____	_____
Asthma	_____	_____
Any chronic illness	_____	_____
A seizure disorder	_____	_____
Any physical limitations	_____	_____
Diabetes	_____	_____
Glasses	_____	_____

Explain: _____

2. During the past 12 months has this child been:	YES	NO
Hospitalized (include surgery)	_____	_____
Seriously injured	_____	_____

Explain: _____

3. Does this child take medication on a regular basis?	YES	NO
	_____	_____

Explain: _____
(If medications, inhaler or glucose monitoring, etc., needs to be done at school, please refer to the appropriate forms "Medication Guidelines" H-24; "School Medication Authorization" H-25; "Hold Harmless and Indemnification for the Self-Administration of Asthma Medication and/or Possession of an Epinephrine Auto-Injector (Epi-Pen®)" H-26. Complete proper form(s) and return it to the school nurse.)

4. Are there any other health concerns that the nurse/teacher should be aware of?	YES	NO
	_____	_____

Explain: _____

Physician Contact Information

Physician Name: _____ Phone: _____

Name of Practice: _____

Physician Address: _____

Parent(Guardian) Name (please print): _____

Parent (Guardian) Signature _____ Date _____



Community Consolidated School District 59
TRANSPORTATION REQUEST FORM
School Year 20__/__

IMPORTANT: Complete this form if you require transportation services that are different from your assigned bus stops. Any changes require a minimum of 3 days notice; changes at the beginning of the school year require 2 weeks notice. These instructions will remain in place for the entire program listed below and cannot be changed without further written authorization.

Submit this signed form to CCSD59 Transportation Dept., 2123 S. Arlington Heights Rd., Arlington Heights, IL 60005 or fax to 847-593-4410. For questions, please contact us at 847-593-4379.

This request is being made for the following District 59 program:

Regular School Year Summer School Program (Specify): _____

Student Name (Please Print): _____ School Program: _____

_____ Grade Level _____ Kindergarten/PreK AM _____ Kindergarten/PreK PM

Home Address: _____ City: _____

Home Phone: _____ Language (if other than English): _____

*Check only **ONE** option for Pick-up and **ONE** option for Drop-off. All pick-up and drop-off sites must be located within District 59 boundaries. Alternating days of the week or multiple locations for pick-up or drop-off are not allowed.*

<u>Pick-up Information</u>	<u>Drop-off Information</u>
<input type="checkbox"/> No Bus Required, Parent will transport	<input type="checkbox"/> No Bus Required, Parent will transport
<input type="checkbox"/> Closest stop to home address	<input type="checkbox"/> Closest stop to home address
<input type="checkbox"/> Other: Please complete detailed information below:	<input type="checkbox"/> Other: Please complete detailed information below:
Site Address: _____	Site Address: _____
_____	_____
Site Phone Number: _____	Site Phone Number: _____
Relationship to Student: _____	Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____

This section is for IEP (504) Students only: To be completed by District 59 Authorized Coordinators only. The following information must be based on IEP (504) requirements.

Date for service to begin: _____ Type of bus authorized: Lift: _____ Able to ride Gen Ed bus: _____

Type of service authorized: Curb to curb: _____ Curb to curb, no escort required: _____ Aide: _____

Special requirements: Child Securement: _____ Child's weight: _____ Other: _____

LEA Coordinator Authorization Signature: _____ Date: _____

Transportation Department Use Only:

Date received: _____ Route Assignment: _____ Effective Date: _____

Contractor notification date: _____ Parent/school notification date: _____

Processed by: _____



Students

Exhibit - Using a Photograph or Video Recording of a Student

Student Name _____ **School year** _____

Photographs, Videos or Digital Images of Students

Photographs, videos, or digital images used for informational or news-related purposes (whether by a media outlet or by the school) of a student participating in school or school-sponsored activities, organizations, and athletics that appear in school publications, such as yearbooks, newspapers, or sporting or fine arts program are considered "directory information" under the *Illinois School Student Records Act* and 23 Illinois Administrative Code Section 375.80. "Directory Information" may be released to the general public unless a parent/guardian requests that any or all the directory information not be released on his/her child. In the absence of parent/guardian request that such information not be released, the school may use such photographs, videos, or digital images in various publications, including the school yearbook, school newspaper, and school website. No consent or notice is needed or will be given before the school uses photographs, videos, or digital images of students taken while they are at school or a school-related activity.

Request to Exclude Child from Release of Directory Information

- I do NOT allow the school to release or publish my child's voice, image, works, photographs or audio or video recordings as directory information. I further understand that this means my child will not be featured in publicity about the achievements or activities of my child or my child's classmates or school.

Parent/Guardian Name _____

Parent/Guardian signature _____ Date _____

Pictures of Students Taken By Non-School Agencies

While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student.



Annual Authorization for Internet and Electronic Network Access

INTRODUCTION

The District's Electronic Network provides Internet and other electronic access in support of education and/or research. The goal in providing this access is to promote educational excellence by facilitating resource sharing, innovation, productivity, and communication. Parents (guardians) must annually grant permission for their student(s) to access these resources. Students must also agree to abide by the District's and school's electronic network rules and regulations. Violation of applicable policies, regulations or procedures may result in the loss of the privilege to use this resource, District disciplinary action, and/or referral to law enforcement.

The District takes precautions to prevent access to materials that may be defamatory, inaccurate, offensive, or otherwise inappropriate in the school setting. Each District computer with Internet access has a filtering device when on the district network that blocks entry to visual depictions that are (1) obscene, (2) pornographic, or (3) harmful or inappropriate for students, as defined by the Children's Internet Protection Act and as determined by the Superintendent or designee. However, it is impossible to control all material and a user may discover inappropriate material. Ultimately, staff members and/or parent(s)/guardian(s) are responsible for setting and conveying the standards that their students, children, or wards should follow. To that end, the District supports and respects each individual's right to decide whether or not to authorize electronic network access. Parents are responsible for filtering home internet access.

Parents (guardians) and students are required to read Board Policy 6.235 and Administrative Regulation 6.235R2, and are required annually to authorize a student's use of this resource.



Availability of Student Disciplinary Policies and Procedures

STUDENT'S NAME _____ SCHOOL YEAR _____

SCHOOL _____

Parent/Guardian Release

I have been informed that student disciplinary policies and procedures are available online through the [District 59 Family Reference Guide](http://ccsd59.org/family-reference-guide/) at ccsd59.org/family-reference-guide/ or in hard copy per my request. I have also been informed that I can obtain a paper copy of this document at the District 59 Administrative Office or my child's school.

I understand that it is my parental responsibility to review these policies and procedures with my child. I also understand that assistance will be made available to me if I am unable to read or understand these policies and procedures by contacting the District 59 Administrative Office or my child's school.

Parent/Guardian's Name (Please Print)

Parent/Guardian's Signature

Date