



NEW STUDENT ENROLLMENT CHECKLIST
For CCSD59 Office Use only (Parents/Guardians, do not complete)

Registration Staff - Please complete both sides of this form!

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	Discipline Policy Agreement Form				
None	Fees Form (for applicable grade only)				
ILC-3	CCSD59 Student Device Protection Plan Form (JHS)				
SR-9	Request for Student Records				
EC-6	Household Income Eligibility App for ECE Program				
None	Young Athletes Permission Form				
ILC-1	Google Apps for Education Permission Form	Will not be included in 18-19 spring packets- distribute upon start of SY			
ILC-2	Student Device Responsible Use Form				

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) Distributed at start of SY for grades K-5 for SY 18-19				

***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: _____

Other Additional Considerations (please note, info may not be available at time of registration):

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:

Registered by: _____ Date: _____



We welcome you and your child to the Community Consolidated School District 59 kindergarten program. We recognize that this is an exciting time in your child's life, and we feel fortunate to contribute to the development of these formative years. Our program will have a strong literacy and social emotional emphasis and a focus on 21st century teaching and learning. As you will see, kindergarten will build a foundation for social, emotional, physical, and intellectual growth for your child.

Preparing students to be successful for life is a primary goal and focus in CCSD59. Kindergarten teachers in Community Consolidated School District 59 are well trained in early education; they know, understand and apply best practice training in order to meet the needs of young children. Your child's teacher will create a warm, caring atmosphere that will be conducive to learning.

The following information will answer questions you might have and to help prepare you and your child for a successful entry to CCSD59. We hope you find this resource to be helpful as you become acquainted with our kindergarten program. If you have other questions, please feel free to contact your child's principal or teacher.

Yours for better schools,

Dr. Art Fessler
Superintendent



Le damos la bienvenida a usted y a su estudiante en el programa de kindergarten del CCSD59 (Distrito 59). Reconocemos que este es un momento emocionante en la vida de su hijo(a), y nos sentimos afortunados de contribuir a su desarrollo durante sus años de formación. Nuestro programa pone especial énfasis en la lectoescritura, el desarrollo socio-emocional, y la enseñanza y el aprendizaje del siglo XXI. Como verá, en el kindergarten se construye la base para el crecimiento social, emocional, físico e intelectual de su hijo(a).

Preparar a los estudiantes para tener éxito en la vida es el principal objetivo y enfoque del CCSD59. Los maestros de kindergarten del CCSD59 tienen capacitación en educación temprana; y conocen, comprenden y aplican las mejores prácticas con el fin de satisfacer las necesidades de los niños pequeños. El maestro de su estudiante creará un ambiente placentero, asegurándose que sea propicio para el aprendizaje.

La siguiente información responderá sus preguntas y le ayudará a prepararle a usted y su hijo(a) para una entrada exitosa al CCSD59. Esperamos que este recurso le sea útil para familiarizarse con nuestro programa de kindergarten. Si tiene preguntas, puede comunicarse con el director de la escuela o el maestro de su hijo(a).

Quedo de usted,

Dr. Art Fessler



Welcome to Kindergarten

Please mark your calendars with these important start of school dates*

*For traditional calendar students only - does not pertain to students on balanced calendar (Ridge)

Wednesday, August 15, 2018

- Students and parents will be invited to attend a short orientation session that is designed to help acquaint you to the school, teacher, and classroom
 - Schedule information will be sent directly to families
 - Parents will be able to bring school supplies to the orientation session

Thursday, August 16, 2018

- First day of school for kindergarten - regular full day schedule





Bienvenidos a Kindergarten

Por favor, apunte estas fechas importantes en su calendario*

*solamente para estudiantes del calendario tradicional, no es para estudiantes del calendario equilibrado (Ridge)

Miércoles, 15 de agosto de 2018

- Se invita a los estudiantes y sus padres a una corta sesión de orientación para familiarizarse con la escuela, el maestro(a) y el salón de clases.
 - El horario se enviará directamente a las familias.
 - Los padres podrán traer los útiles escolares a la sesión de orientación.

Jueves, 16 de agosto de 2018

- Primer día de clases para kindergarten - día completo (horario regular)



IMPORTANT INFORMATION ABOUT REGISTERING YOUR STUDENT

The enrollment of your student is not final until all required paperwork has been completed. You will be contacted by your assigned school if your paperwork or information is incomplete. Therefore, it is important your contact information is accurate and is kept current.

Remember: Only students who are residents of the District may attend a District 59 school without a tuition charge, except as otherwise provided by law. A student's residence is the same as the person who has legal custody of the student.

Please be advised, Board of Education Policy authorizes verification and investigation of residency for new students and returning 3rd and 6th graders, which includes the services of a private investigation service.

We encourage you to become familiar with District 59 and our schools by visiting our website at www.ccsd59.org or contacting your school.

Brentwood School (847) 593-4401
260 Dulles Rd, Des Plaines

Admiral Byrd School (847) 593-4388
265 Wellington Ave, Elk Grove Village

Clearmont School (847) 593-4372
280 Clearmont Dr, Elk Grove Village

Devonshire School (847) 593-4398
1401 S. Pennsylvania Ave, Des Plaines

Early Learning Center (847) 593-4306
1900 Lonquist Blvd, Mt. Prospect

Forest View School (847) 593-4359
1901 Estates Dr, Mt. Prospect

Robert Frost School (847) 593-4378
1308 Cypress Dr, Mt. Prospect

John Jay School (847) 593-4385
1835 Pheasant Trail, Mt. Prospect

Juliette Low School (847) 593-4383
1530 Highland Ave, Arlington Hts

Ridge Family Center for Learning (847) 593-4070
650 Ridge Ave, Elk Grove Village

Rupley School (847) 593-4353
305 East Oakton St, Elk Grove Village

Salt Creek School (847) 593-4375
65 Kennedy Blvd, Elk Grove Village

Friendship Jr. High (847) 593-4350
550 Elizabeth Ln, Des Plaines

Grove Jr. High (847) 593-4367
777 Elk Grove Blvd, Elk Grove Village

Holmes Jr. High (847) 593-4390
1900 Lonquist Blvd, Mt. Prospect

INFORMACIÓN IMPORTANTE SOBRE LA INSCRIPCIÓN DE LOS ESTUDIANTES

La inscripción de un estudiante no es definitiva hasta que se hayan completado todos los trámites necesarios. Si la documentación o información que usted presentó está incompleta, la escuela donde su hijo(a) ha sido asignado(a) se comunicará con usted. Por lo tanto, es importante que su información de contacto esté correcta y se mantenga actualizada.

Recuerde: Sólo los estudiantes que residen en el Distrito pueden asistir a una escuela del Distrito 59 sin que tengan que pagar matrícula, excepto en los casos dispuestos por ley. El domicilio del estudiante es el mismo que el de la persona que tiene la custodia legal del estudiante.

Le recordamos que la política de la Junta de Educación autoriza la verificación e investigación del domicilio, para estudiantes nuevos y estudiantes de tercer y sexto grado que regresan que puede incluir la contratación de los servicios de una organización de investigación privada.

Le exhortamos a familiarizarse con nuestras escuelas y el Distrito 59 visitando nuestro sitio en la web (www.ccsd59.org) o comunicándose con su escuela.

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Kindergarten Registration - Frequently Asked Questions

Community Consolidated School District 59 offers the following kindergarten programs:

- o School District 59 offers full-day kindergarten programs at all elementary schools.
- o While we fully expect all students to attend their home school, if enrollment at any individual site exceeds space available in that particular school, some kindergarten students may be assigned to one of the other local school sites. This would be for the kindergarten year only, with the student returning to his/her home school for 1st Grade.
- o Parents still have the option of choosing a half-day (AM) program at their home school. Half-day programs are not available in the District Choice Programs (see below).

At what age is my child eligible to attend kindergarten?

- o In accordance with Illinois School Code guidelines, your child must be 5 years old on or before September 1st to be eligible for kindergarten.
- o You will need to provide an original, official government issued (not a hospital issued) birth certificate or passport as required by Illinois law (325 ILCS 50/5, Missing Children's Record Act).

Can my child go to any school in District 59?

- o All residents in District 59 are assigned to a school based on established boundaries.
- o Some programs, such as the English Language Learner Program or Educational Life Skills Program, are only available at specific sites. Parents should still register their child at their assigned school or the Administration Center.
- o District 59 offers two Choice Programs. One is the school choice program at the Ridge Family Center for Learning which operates on the balanced calendar. The other is the Spanish Two-way Dual Language program with locations at Salt Creek, Juliette Low, and John Jay. The Spanish Two-way Dual Language programs operate on the traditional school calendar. Students attending Choice Programs receive transportation to the choice site, provided they are eligible for transportation.

How can I find out more about the Choice Programs?

- o Information about the choice programs, including application instructions, is available in all elementary school offices and on the district website.
- o Applications for the Two-way Dual Language and Ridge Family Center for Learning Choice Programs are due on March 14. If the number of applicants on March 14 exceeds the space available in the program then a lottery will be held on March 16. If space remains after March 16, the application process will be ongoing.
- o Parents who wish to apply for the Two-way Dual Language Choice Program should go to their home school to register. Parents who wish to apply for the Ridge Choice Program should go to Ridge Family Center for Learning to register.

- o If your child does not receive a place in a Choice Program, your registration materials will be transferred to your home school. This will not impact your class placement at your home school.

When and where can I register my child?

- o Registration for the 2018-19 school year begins February 22, 2018 from 5:00 PM to 8:00 PM. This evening event is the best time to register, as it provides adequate opportunity to complete the registration process.
- o If you are unable to register on that evening, you may also register beginning February 26, 2018 between the hours of 9:30 – 11:00 a.m. and 1:00 - 3:00 p.m. Monday through Friday.
- o During the summer, registrations will be accepted during regular business hours at the Administration Center (2123 Arlington Heights Road in Arlington Heights) on Monday – Thursday.

When I come to register my student, what do I need to bring to prove I am a resident of CCSD59?

Please note, a total of THREE documents are required:

Category A (1 document required)	
Most recent real estate tax bill	
Mortgage papers	
Signed and dated lease or letter from manager or proof of last month's payment	

Category B (2 documents required)	
Driver's license	Current homeowner's/renter's insurance policy and premium payment receipt
Vehicle registration	Most recent gas, electric and/or water bill
Voter registration	First Class mail received at District residence
Most recent cable or credit card bill	Receipt for moving company services showing current address
Current public aid card	

If I choose to have my child attend a half-day program, may I request morning (AM) or afternoon (PM) kindergarten placement?

- o Due to the kindergarten curriculum program design, all students whose families choose a half-day program will be assigned to the morning session. Afternoon sessions will not be available to half-day students.

What if I need day care before and/or after school?

- o District 59 offers no day care provisions. The local park districts offer before and after school programs at many of our school buildings. In addition, many local area day care centers provide transportation to and from school.

What happens if a language other than English is spoken in the home?

- o In accordance with Illinois School Code guidelines, if a language other than English is spoken in the home, your child will be tested for English language services. A certified teacher will administer the test and the results will be discussed with you before any placement decision is made.

Can my child ride a school bus?

- o Bus transportation will be provided if you live more than one and half miles from school or if the route your child would walk is considered to be hazardous as defined by the Illinois Department of Transportation.
- o If your child qualifies for transportation, he/she will be expected to ride the bus on their first day of school.

Will my child need a physical?

- o Yes, all kindergarten students are required by Illinois School Code to have a current (within the last 12 months) Illinois physical, as well as up-to-date immunizations *before* starting school.
- o Dental examinations are required by May 15th.
- o Vision examinations are required by October 15th.
- o All examination forms are available in the school office and on the District's web site.

What happens on the first day of school?

- o Your school will notify you of what to expect on your child's first day of school.

Whom do I call with questions?

- o The best place to call is your school.
- o If your school is not in session, please contact the Administration Building at 847.593.4300.
- o You may also find additional information at the District 59 website: www.ccsd59.org.

Inscripción de kindergarten - Preguntas más frecuentes

El Distrito Escolar 59 ofrece los siguientes programas de kindergarten:

- o El Distrito Escolar 59 ofrece programas de kindergarten de día completo en todas las escuelas primarias.
- o Aunque esperamos que todos los estudiantes asistan a la escuela de su comunidad, si la matrícula en una escuela en particular excede el espacio disponible en dicha escuela, algunos estudiantes de kindergarten podrían ser asignados a alguna de las otras escuelas del área. Esto sería únicamente durante el kindergarten, ya que el estudiante regresaría a la escuela de su comunidad para cursar el 1^{er} grado.
- o Los padres tienen aún la opción de escoger el programa de medio día (por la mañana) en la escuela de su comunidad. La opción de medio día no está disponible para los programas de elección que ofrece el distrito (véase abajo).

¿A qué edad es mi hijo(a) elegible para asistir al kindergarten?

- o Según el Código Escolar de Illinois, para asistir al kindergarten, el niño debe tener los 5 años cumplidos en o antes del 1^o de septiembre.
- o Usted debe presentar un acta de nacimiento original emitida por el gobierno (no por el hospital) o el pasaporte, según lo requiere la ley de Illinois (325 ILCS 50/5, *Missing Children Records Act* o Ley de los archivos de los niños desaparecidos)

¿Puede mi hijo(a) asistir a cualquiera de las escuelas del Distrito 59?

- o Todos los residentes del Distrito 59 son asignados a una escuela basada en los límites de asistencia establecidos.
- o Algunos programas, tales como el Programa de Aprendices del Inglés o el Programa de Habilidades Educativas de Vida, solo están disponibles en escuelas específicas. Los padres deben inscribir al estudiante en su escuela asignada o en el Centro Administrativo del distrito.
- o El Distrito 59 ofrece dos programas de elección. Uno es el programa de elección de escuela en el Centro Ridge de Aprendizaje Familiar el cual sigue el calendario balanceado. El otro es el Programa de Lenguaje Dual Bidireccional en Español (conocido en inglés como *Two-way Dual Language Program*) con localidades en la Escuela Primaria Salt Creek, Juliette Low y John Jay. El Programa de Lenguaje Dual Bidireccional en Español sigue el calendario escolar tradicional. Los estudiantes que asisten a los programas de elección reciben servicio de transporte a la escuela de su elección, siempre y cuando sean elegibles para recibir servicios de transporte.

¿Cómo puedo aprender más acerca de los programas de elección?

- o La información sobre los programas de elección, incluyendo las instrucciones para solicitar, está disponible en la oficina de todas las escuelas primarias y en el sitio web del distrito.
- o Las solicitudes para el Programa de elección de Lenguaje Dual Bidireccional y el Programa de Elección del Centro de Aprendizaje Familiar Ridge deben entregarse en o antes del 14 de marzo. Si el número de solicitudes recibidas el 14 de marzo excede el número de espacios

disponibles en los programas de elección, se hará un sorteo el 16 de marzo. Si después del 16 de marzo todavía hay espacios disponibles, el proceso de solicitud continuará.

- o Los padres que deseen solicitar ingreso al Programa de elección de Lenguaje Dual Bidireccional deben acudir a la escuela de su comunidad para inscribirse. Los padres que deseen solicitar ingreso al Programa de Elección del Centro de Aprendizaje Familiar Ridge deben acudir al Centro de Aprendizaje Familiar Ridge para inscribirse.
- o Si su estudiante no es seleccionado a uno de los programas de elección, sus materiales de inscripción serán transferidos a la escuela de su comunidad. Esto no impactará la ubicación del estudiante en la escuela de su comunidad.

¿Dónde y cuándo puedo inscribir a mi hijo(a)?

- o La inscripción para el año escolar 2018-19 comienza el 22 de febrero, de 5 a 8 p.m. Esa noche es el mejor momento para inscribirse, ya que proporciona tiempo suficiente para completar el proceso de inscripción.
- o Si no puede inscribirse esa noche, puede hacerlo a partir del 26 de febrero de 2018, de lunes a viernes de 9:30 a 11 a.m. y de 1 a 3 p.m.
- o Durante el verano, las inscripciones pueden hacerse durante el horario regular de trabajo en el Centro Administrativo del Distrito 59 (2123 S. Arlington Heights Road, Arlington Heights) de lunes a jueves.

Quando inscriba a mi hijo(a), ¿qué tengo que traer para probar que soy residente del Distrito 59?

Se requiere un total de TRES documentos para inscribirse:

Categoría A (se requiere un (1) documento)	
Factura más reciente de impuestos de la propiedad	
Documentos hipotecarios	
Contrato de arrendamiento firmado y fechado o carta del administrador y prueba de pago del mes más reciente	

Categoría B (se requieren dos (2) documentos)	
Licencia de conducir	Póliza de seguro de propietario de casa o inquilino y recibo del pago.
Registro del vehículo	Factura de gas, electricidad o agua más reciente
Tarjeta electoral	Correspondencia de primera clase recibida en el domicilio dentro del distrito
Factura de cable o tarjeta de crédito más reciente	Recibo de la compañía de mudanza con la dirección actual
Tarjeta actual de asistencia pública	

Si escojo un programa de medio día, ¿puedo solicitar ubicación en el kindergarten de la mañana o de la tarde?

- o Debido al diseño del currículo de kindergarten, todos los estudiantes cuyas familias escojan el programa de medio día deberán ser asignados a la sesión de la mañana. Las sesiones de la tarde no estarán disponibles para los estudiantes de medio día.

¿Qué tal si necesito servicio de guardería antes y/o después de la escuela?

- o El Distrito 59 no ofrece servicio de cuidado de niños. Los distritos de parques locales ofrecen programas antes y después de la escuela en muchas de nuestras escuelas. Además, muchas guarderías del área ofrecen servicio de transporte desde y hacia la escuela.

¿Qué pasa si en el hogar se habla otro idioma que no es el inglés?

- o Según el Código Escolar de Illinois, si en el hogar se habla otro idioma que no es el inglés, hay que administrarle al estudiante una prueba para determinar si requiere servicios bilingües. Un maestro certificado le administra la prueba al estudiante y discutirá los resultados con usted antes de tomar una decisión relacionada con la ubicación del estudiante.

¿Puede mi hijo(a) viajar en autobús?

- o Si el estudiante vive a más de 1.5 millas de distancia de la escuela o si la ruta por la que debe caminar se considera peligrosa, según lo define el Departamento de Transporte de Illinois, se le proporcionará servicio de transporte en autobús escolar.
- o Si su hijo(a) es elegible para recibir transporte, se espera que él/ella tome el autobús el primer día de clases.

¿Necesita mi hijo(a) hacerse un examen físico?

- o Sí, según el Código Escolar de Illinois, todos los estudiantes de kindergarten deben tener un examen físico vigente (realizado en los pasados 12 meses) en Illinois, así como tener todas sus vacunas al día **antes** de comenzar la escuela.
- o El examen dental debe hacerse antes del 15 de mayo.
- o El examen de la vista debe hacerse antes del 15 de octubre.
- o Todos los formularios de exámenes médicos están disponibles en la oficina de la escuela o en el sitio web del Distrito 59.

¿Qué pasa el primer día de clases?

- o Su escuela le anunciará qué puede esperar el primer día de clases.

Si tengo preguntas, ¿a quién puedo llamar?

- o El mejor lugar para llamar es su escuela.
- o Si su escuela no está abierta, sírvase comunicarse con el Centro Administrativo del Distrito 59, llamando al (847) 593-4300.
- o También, puede encontrar información adicional en el sitio web del Distrito 59: www.ccsd59.org.



Kindergarten Transportation Information

Community Consolidated School District 59 allows kindergarten students free transportation if they reside 1 mile or more from school or reside in an area designated by the Board of Education as a “hazardous area” for walking (i.e. crossing a busy roadway). If you have any questions about eligibility for free transportation please contact Transportation Services at 847/593-4379.

Parents of kindergarten students who are **requesting different bus stops than have been assigned** must complete the enclosed Transportation Request Form (T-42). Completion of this form will assist in accurately assigning your child to the appropriate route. Pick-up and drop-off locations must be within the assigned school boundary and will be limited to the home or one designated location, i.e., home and one babysitter. Alternating days of the week/multiple locations for pick-up and drop-off will not be allowed. There will be no exceptions. This policy is for your child’s safety. **This form must be completed and forwarded to Transportation Services by July 1.**

FULL DAY KINDERGARTEN STUDENTS:

Students who attend full day programs will be assigned a regular bus stop with other students from their school. After school, students will get off the bus at a regular bus stop with other students from their school. It is expected that someone will be there or at home to meet the student, however the bus driver **does not wait** until they see an adult.

HALF DAY KINDERGARTEN STUDENTS:

Kindergarten students will be assigned a regular bus stop with other students from their school except during noon-hour routes. For kindergarten routes that operate during this noon-hour period, a bus stop will be assigned at student’s home or a designated central location within an apartment/mobile home complex. It is expected that an adult will meet the bus. The driver will not leave the student unless an adult is seen or they see the student enter the home. Students without an escort will be returned to the child assigned school.

BUS CHANGES

Your student will be assigned a bus stop based on your home address. Any other pick-up or drop-off location, such as a daycare, babysitter, etc., must be requested by completing the Transportation Request Form and submitting it to the Transportation Department by July 1. These locations **must be within the attending school boundary at an existing stop. No changes will be accepted during the first two weeks of school.** Parents will be expected to provide transportation until changes are effective. Changes after the first two weeks will require a minimum of three attendance days to process.

PAY TRANSPORTATION

Kindergarten students are not eligible to choose to pay for bus service during noon hour routes.

Prior to the start of the new school year, District 59 “Back to School” materials will include more detailed information regarding bus routes and stops. This information will also be available at your home school. If you have any questions, please contact Transportation Services at 847/593-4379.

Información de Transporte de Kindergarten

Community Consolidated School District 59 permite a los estudiantes de kindergarten transporte gratuito si viven 1 milla o más de la escuela o si viven en una zona designada por la Junta de Educación como una “zona peligrosa” para caminar (a saber, cruzando una carretera transitada). Si tiene alguna pregunta acerca de la elegibilidad para el transporte gratuito, sírvase comunicarse con el Departamento de Servicios de Transporte al (847) 593-4379.

Los padres de estudiantes de kindergarten que están **solicitando diferentes paradas de autobús que han sido asignados** deben completar el Formulario de Solicitud de Transporte (T-42). Completar este formulario ayudará a asignar con exactitud a su hijo a la ruta adecuada. Los lugares de recoger y dejar a un estudiante deben estar dentro de los límites de la escuela asignada y se limitará al hogar o a un lugar designado, a saber, hogar y una niñera. Alternando días de la semana/múltiples lugares para recoger y dejar a un estudiante no será permitido. No habrá excepciones. Esta política es para la seguridad de su hijo. **Este formulario debe ser completado y entregado al Departamento de Servicios de Transporte para el 1 de julio.**

ESTUDIANTES DE KINDERGARTEN DE DÍA COMPLETO:

Los estudiantes que asisten al programa de día completo de kindergarten serán asignados a una parada de autobús regular con los demás estudiantes de su escuela. Después de clases, los estudiantes se bajarán del autobús en una parada de autobús regular con otros estudiantes de su escuela. Se espera que alguien este esperando en la parada o en el hogar para encontrarse con el estudiante, sin embargo el conductor del autobús **no esperará** hasta ver a un adulto.

ESTUDIANTES DE KINDERGARTEN DE MEDIODÍA:

Los estudiantes que asisten mediodía a kindergarten serán asignados con los demás estudiantes de su escuela excepto durante las rutas de mediodía. Para las rutas de kindergarten que operan durante la hora de mediodía, una parada de autobús será asignada en el hogar del estudiante o un lugar central designado dentro de un complejo de apartamentos o de casas móviles. Se espera que un adulto este esperando en la parada para encontrarse con el estudiante. El conductor del autobús no dejará al estudiante al menos de que vea a un adulto o si ve que el estudiante entra a su hogar. Si no hay un adulto esperando para encontrarse con el estudiante, el conductor regresará al estudiante a la escuela asignada.

CAMBIOS DE AUTOBÚS

La parada de autobús del estudiante se determina por su domicilio. Cualquier otro lugar para recoger o dejar al estudiante, como una guardería, niñera, etc., debe ser solicitado por medio de llenar el Formulario de Solicitud de Transporte y entregado al Departamento de Servicios de Transporte para el 1 de julio. Estos lugares **deben estar dentro de los límites de la escuela asignada en una parada existente. No se hará ningún cambio durante las primeras dos semanas de clases.** Los padres tendrán que proporcionar el transporte hasta que los cambios sean efectivos. Cambios hechos después de las primeras dos semanas requerirán un mínimo de tres días de asistencia para procesar.

PAGO DE TRANSPORTE

Los estudiantes de kindergarten no son elegibles para optar para pagar para el servicio de autobús durante las rutas de mediodía. Antes del comienzo del nuevo año escolar, los materiales de “Regreso a Clases” del Distrito 59 incluirá más información detallada sobre las rutas y paradas de autobús. Esta información estará disponible en su escuela. Si tiene cualquier pregunta, sírvase comunicarse con al Departamento de Servicios de Transporte al (847) 593-4379.



VISIT OUR WEBSITE TO FIND MORE
INFORMATION ON THE FOLLOWING:

VISITE NUESTRO SITIO WEB PARA ENCONTRAR MÁS INFORMACIÓN ACERCA DE:

CCSD59.ORG/BACKTOSCHOOL

School Supply Lists

Listas de útiles escolares

Family Reference Guide

Guía de Referencia Familiar

Menus

Menús

Transportation Information

Información sobre transporte

**Application for Free and Reduced
Price Meals**

Solicitud para comidas gratis y a precio reducido

**Ability to Pay School Fees and Make
Deposits into Your Student's Meal
Account**

Pago de cuotas escolares y depósitos a la
cuenta de almuerzo



COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59
2123 S. ARLINGTON HEIGHTS RD. | ARLINGTON HEIGHTS IL 60005
Phone: 847-593-4300 | Fax: 847-593-4352

**IMPORTANT INFORMATION REGARDING
ILLINOIS CERTIFICATE OF CHILD HEALTH EXAMINATION FORM**

Dear Parent/Guardian,

The Illinois School Code requires that all children entering kindergarten or the first grade, or enrolling in an Illinois school for the first time, regardless of the student's grade (including early childhood, special education, and students transferring into Illinois), have a physical examination within one year prior to entry into school. There must also be documented evidence that each child has received all required immunizations.

Attached is a Certificate of Child Health Examination form. Please be sure the following information is completed on this form before it is returned to school:

- The student's name and information should be entered on both sides of the exam form.
- **Immunization History** must include specific dates. A health care provider's signature is required to verify the immunization dates.
- The **Health History** (on the back) must be completed and signed by a parent/guardian.
- The **physical exam** must be completed, dated, and signed by a physician, nurse practitioner or physician's assistant.
- Approval to participate in **Physical Education and Interscholastic Sports** near the bottom of the page must be checked by the physician. Modifications must be specified.

The only exception to this requirement is based on religious objection or medical contraindication for your child. However, proper documented evidence must be submitted to your child's school health office.

If, for any reason, you are unable to comply with the state requirement, please contact your child's school health office as soon as possible.

We appreciate your cooperation in this matter.

Denise M. Webster, RN, CSN
Health Coordinator, District #59

Enclosure: Certificate of Child Health Examination



COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59
2123 S. ARLINGTON HEIGHTS RD. | ARLINGTON HEIGHTS IL 60005
Phone: 847-593-4300 | Fax: 847-593-4352

**INFORMACION IMPORTANTE ACERCA DEL
CERTIFICADO DE ILLINOIS/FORMA DE EXAMINACION DE SALUD PARA NINOS**

Estimado Padre/Tutor,

El Código Escolar de Illinois requiere que todos los niños que entran a kindergarten o primer grado, o que se inscriben en una escuela de Illinois por primera vez, independientemente del grado del estudiante (incluyendo educación temprana, educación especial, y el estudiante que se transfiere a Illinois), someterse a un examen físico en el plazo de un año antes de la entrada a la escuela. También deben existir pruebas documentales de que cada niño ha recibido todas las vacunas necesarias.

Se adjunta un formulario para un examen de Certificado de Salud del Niño. Por favor, asegúrese de que la siguiente información se complete en este formulario antes de devolverlo a la escuela:

- El nombre del estudiante y la información debe ser inscrito en ambos lados de la forma del examen.
- El **Historial de Vacunas** debe incluir fechas específicas. La firma del médico es necesaria para verificar las fechas de vacunación.
- El **Historial de Salud** (en la parte posterior) debe ser completado y firmado por un padre/tutor.
- El **examen físico** debe ser completado, fechado y firmado por un médico, enfermera o asistente médico.
- La autorización para participar en Educación Física y Deportes Ínter escolares en la parte inferior de la página debe ser comprobada por el médico. Las modificaciones deben ser especificados.

La única excepción a este requisito se basa en la objeción religiosa o contraindicación médica para su hijo. Sin embargo, la evidencia convenientemente documentada deberá presentarse a la oficina de salud en la escuela de su hijo.

Si, por alguna razón, no pueden cumplir con el requisito del estado, por favor comuníquese con la oficina de salud de la escuela de su hijo tan pronto como sea posible.

Apreciamos su cooperación en este asunto.
Denise M. Webster, RN, CSN
Coordinador de Salud del Distrito 59



State of Illinois Certificate of Child Health Examination

Student's Name				Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle		Month/Day/Year			
Address				Parent/Guardian		Telephone # Home	
Street	City	Zip Code				Work	

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6					
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR			
DTP or DTaP																					
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT					
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV					
Hib Haemophilus influenzae type b																					
Pneumococcal Conjugate																					
Hepatitis B																					
MMR Measles Mumps. Rubella																					
Varicella (Chickenpox)																					
Meningococcal conjugate (MCV4)																					
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																					
Hepatitis A																					
HPV																					
Influenza																					
Other: Specify Immunization Administered/Dates																					

Comments:

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
 *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
 Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title
------------------------	------------------	--------------

3. Laboratory Evidence of Immunity (check one) Measles* Mumps Rubella Varicella Attach copy of lab result.**
 *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
 **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
 Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

Last	First	Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)	Yes No	List:	MEDICATION (Prescribed or taken on a regular basis.)	Yes No	List:
Diagnosis of asthma?	Yes No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	
Child wakes during night coughing?	Yes No		Hospitalizations? When? What for?	Yes No	
Birth defects?	Yes No		Surgery? (List all.) When? What for?	Yes No	
Developmental delay?	Yes No		Serious injury or illness?	Yes No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No		TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.
Diabetes?	Yes No		TB disease (past or present)?	Yes* No	
Head injury/Concussion/Passed out?	Yes No		Tobacco use (type, frequency)?	Yes No	
Seizures? What are they like?	Yes No		Alcohol/Drug use?	Yes No	
Heart problem/Shortness of breath?	Yes No		Family history of sudden death before age 50? (Cause?)	Yes No	
Heart murmur/High blood pressure?	Yes No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Dizziness or chest pain with exercise?	Yes No		Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Parent/Guardian Signature		
Ear/Hearing problems?	Yes No		Date		
Bone/Joint problem/injury/scoliosis?	Yes No				

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE if <2-3 years old HEIGHT WEIGHT BMI B/P

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes No And any two of the following: **Family History** Yes No
Ethnic Minority Yes No **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes No **At Risk** Yes No

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes No **Blood Test Indicated?** Yes No **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm

No test needed Test performed **Skin Test: Date Read** / / **Result: Positive** **Negative** **mm** _____
Blood Test: Date Reported / / **Result: Positive** **Negative** **Value** _____

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)	
Urinalysis			Developmental Screening Tool	

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears		Screening Result:	Gastrointestinal	
Eyes		Screening Result:	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting **DIETARY** Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes No If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)
PHYSICAL EDUCATION Yes No **Modified** **INTERSCHOLASTIC SPORTS** Yes No **Modified**

Print Name _____ (MD,DO, APN, PA) Signature _____ Date _____
Address _____ Phone _____



State of Illinois Certificate of Child Health Examination

Student's Name				Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle		Month/Day/Year			
Address				Parent/Guardian		Telephone # Home	
Street	City	Zip Code					Work

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenzae type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps. Rubella																		
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		

Comments:

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

- Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.**
 *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR
- History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.**
 Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.
Date of Disease **Signature** **Title**
- Laboratory Evidence of Immunity (check one) Measles* Mumps** Rubella Varicella Attach copy of lab result.**
 *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
 **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
 Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

Apellido	Nombre	Inicial	Fecha de Nacimiento Mes / Día / Año	Sexo	Escuela	Grado/Núm. de Ident.
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HISTORIAL MÉDICO- PARA SER COMPLETADO Y FIRMADO POR PADRES/TUTOR Y VERIFICADO POR EL PROVEEDOR DE CUIDADO DE SALUD

ALERGIAS (Alimentos, drogas, insectos, otro)	Sí <input type="checkbox"/> No <input type="checkbox"/>	Anótelas todas:	MEDICINAS (Anote todas las recetadas o tomadas con regularidad)	Sí <input type="checkbox"/> No <input type="checkbox"/>
¿Tiene diagnóstico de asthma? ¿Despierta el niño tosiendo en la noche?	Sí <input type="checkbox"/> No <input type="checkbox"/>		¿Tiene pérdida de funciones en uno de los órganos? (Ojos/Oídos/Riñones/Testículos)	Sí <input type="checkbox"/> No <input type="checkbox"/>
¿Tiene defectos de nacimiento?	Sí <input type="checkbox"/> No <input type="checkbox"/>		¿Ha sido hospitalizado? ¿Cuándo? ¿Para qué?	Sí <input type="checkbox"/> No <input type="checkbox"/>
¿Tiene retrasos del desarrollo?	Sí <input type="checkbox"/> No <input type="checkbox"/>		¿Ha tenido alguna cirugía?(anótelas todas) ¿Cuándo? ¿Para qué?	Sí <input type="checkbox"/> No <input type="checkbox"/>
¿Tiene problemas de la sangre? Hemofilia, Glóbulos Falciformes (Sickle Cell), Otro	Sí <input type="checkbox"/> No <input type="checkbox"/>		¿Ha tenido heridas graves o enfermedades?	Sí <input type="checkbox"/> No <input type="checkbox"/>
¿Tiene diabetes?	Sí <input type="checkbox"/> No <input type="checkbox"/>		¿Prueba positiva de TB (Pasado o Presente)?	Sí <input type="checkbox"/> No <input type="checkbox"/>
¿Tiene heridas en la cabeza/golpe/desmayo?	Sí <input type="checkbox"/> No <input type="checkbox"/>		¿Enfermedad de TB (Pasado o Presente)?	Sí <input type="checkbox"/> No <input type="checkbox"/>
¿Tiene convulsiones? Cómo se manifiestan?	Sí <input type="checkbox"/> No <input type="checkbox"/>		¿Usa tabaco (tipo, frecuencia)?	Sí <input type="checkbox"/> No <input type="checkbox"/>
¿Tiene problemas cardiacos/No respira bien?	Sí <input type="checkbox"/> No <input type="checkbox"/>		¿Toma alcohol/drogas?	Sí <input type="checkbox"/> No <input type="checkbox"/>
¿Tiene soplo en el corazón/presión arterial alta?	Sí <input type="checkbox"/> No <input type="checkbox"/>		¿Historial de familiares de muerte repentina antes de los 50 años? ¿Causa?	Sí <input type="checkbox"/> No <input type="checkbox"/>
¿Tiene mareos o dolor de pecho al hacer ejercicios?	Sí <input type="checkbox"/> No <input type="checkbox"/>		Dental <input type="checkbox"/> Ganchos <input type="checkbox"/> Puente <input type="checkbox"/> Placas <input type="checkbox"/> Otro	
¿Problemas con los ojos/visión? <input type="checkbox"/> Lentes <input type="checkbox"/> Lentes de Contacto <input type="checkbox"/> Último examen <input type="checkbox"/>			La información en este formulario se puede compartir con el personal apropiado para propósitos de salud y educación.	
¿Otras Preocupaciones? (bizco, párpados caídos, parpadear, dificultad cuando lee)			Firma del Padre/Tutor	
¿Tiene problemas de los oídos/no oye bien?	Sí <input type="checkbox"/> No <input type="checkbox"/>		Fecha	
¿Tiene problemas de los huesos/articulaciones/heridas/escoliosis?	Sí <input type="checkbox"/> No <input type="checkbox"/>			

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA
HEAD CIRCUMFERENCE if <2-3 years old **HEIGHT** **WEIGHT** **BMI** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes No And any two of the following: **Family History** Yes No
Ethnic Minority Yes No **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes No **At Risk** Yes No

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes No **Blood Test Indicated?** Yes No **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

No test needed **Test performed** **Skin Test: Date Read** / / **Result: Positive** **Negative** **mm** _____
Blood Test: Date Reported / / **Result: Positive** **Negative** **Value**

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears		Screening Result:	Gastrointestinal	
Eyes		Screening Result:	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	

Currently Prescribed Asthma Medication:
 Quick-relief medication (e.g. Short Acting Beta Agonist)
 Controller medication (e.g. inhaled corticosteroid)
Other

NEEDS/MODIFICATIONS required in the school setting **DIETARY** Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g., safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes **No** If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)
PHYSICAL EDUCATION Yes No Modified **INTERSCHOLASTIC SPORTS** Yes No Modified

Print Name _____ (MD,DO, APN, PA) **Signature** _____ **Date** _____
Address _____ **Phone** _____

**Illinois Department of Public Health
PROOF OF DENTAL EXAMINATION FORM**



To be completed by the parent (please print):

Student's Name: Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address: Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Address (of parent/guardian):		

To be completed by dentist:

Oral Health Status (check all that apply)

Yes No **Dental Sealants Present**

Yes No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

Yes No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

Yes No **Soft Tissue Pathology**

Yes No **Malocclusion**

Treatment Needs (check all that apply)

Urgent Treatment — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

Restorative Care — amalgams, composites, crowns, etc.

Preventive Care — sealants, fluoride treatment, prophylaxis

Other — periodontal, orthodontic

Please note _____

Signature of Dentist _____ Date _____

Address _____ Telephone _____
Street City ZIP Code

Illinois Department of Public Health, Division of Oral Health, 535 W. Jefferson St., Springfield, IL 62761
 217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.idph.state.il.us

Printed by Authority of the State of Illinois
 P.O.#346085 5M 10/05



State of Illinois Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician who provides complete eye examinations be submitted to the school no later than October 15 of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to October 15 of the year the child enters an Illinois school.

Student Name _____ (Last) _____ (First) _____ (Middle Initial)

Birth Date _____ Sex _____ Grade _____
(Month/Day/Year)

Parent or Guardian _____ (Last) _____ (First)

Phone _____ (Area Code)

Address _____ (Number) _____ (Street) _____ (City) _____ (ZIP Code)

County _____

To Be Completed By Examining Doctor

Case History

Date of Exam _____

Ocular History: Normal or Positive for _____

Medical History: Normal or Positive for _____

Drug Allergies: NKDA or Allergic to _____

Other Information _____

Examination

Refraction:	Distance			Near
	Right	Left	Both	Both
Unaided Visual Acuity	20/	20/	20/	20/
Best Corrected Visual Acuity	20/	20/	20/	20/

Was refraction performed with cycloplegic agents? Yes No

	Normal	Abnormal	Not Able to Assess	Comments
External Exam (eye and adnexa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal Exam (media, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological Integrity (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular Function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and Vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
IOP (glaucoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Diagnosis

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other _____



State of Illinois Eye Examination Report

Recommendations

1. Corrective Lenses: No Yes, glasses should be worn for:
 Constant Wear Near Vision Far Vision
 May Be Removed for Physical Education

2. Preferential seating recommended: No Yes

Comments _____

3. Recommend re-examination: 3 months 6 months 12 months
 Other _____

4. _____

5. _____

Print name _____
 Optometrist or Physician who provides eye examinations

Address _____

Phone _____

Signature _____
 Optometrist or Physician who provides eye examinations

<p>Consent of Parent or Guardian</p> <p>I agree to release the above information on my child or ward to appropriate school or health authorities.</p> <p>_____</p> <p>(Parent or Guardian's Signature)</p>

(Source: Amended at 32 Ill. Reg. _____, effective _____)