



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:	Pre-School:	Kindergarten:	Grade:
			<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> FULL DAY & <input type="checkbox"/> 4 Day <input type="checkbox"/> 5 Day	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> FULL DAY	

First Name:		Last Name:			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:		If Yes, Which School/s and What Year/s?		Name of Last School Attended & State:		Is Your Child Receiving Any Special Services?	
(Month/Day/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:						<input type="checkbox"/> I am on active duty / expected to be deployed to active duty during the school year	
City of Birth:							

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 <input type="checkbox"/> Other		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 <input type="checkbox"/> Other		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
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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 <input type="checkbox"/> Other		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 <input type="checkbox"/> Other		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

EMERGENCY Contact and Sibling Information - CCSD59

Student First Name:	Student Last Name:	Student Middle Name:
Student ID:	School Name:	Date:

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, Sister/s, Step-Brother/s, Step-Sister/s)

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

Parent/Guardian Name (Please Print):	Parent/Guardian Signature :	Date:



PERMANENT BIRTH RECORD

Dear Parent/Guardian:

In accordance with Illinois law (325 ILCS 50/5, *Missing Children’s Record Act*) students enrolling in the district for the first time, must provide within 30 days either:

- a) a certified copy of the student’s birth certificate, ***or***
- b) other reliable proof of the student’s identity and age (i.e. passport or visa) ***and*** an affidavit explaining the inability to produce a copy of the birth certificate.

Upon the failure of the person enrolling the student to provide the required evidence, the District will notify the local law enforcement agency of such failure, and notify the person enrolling the student in writing that he/she has 10 additional days to comply, or the case will be referred to the local law enforcement agency for investigation. Any affidavit presented which appears to be inaccurate or suspicious in form or content will immediately be reported to the local law enforcement agency.

Student’s Last Name First Middle Date of Birth

Place of Birth (City, State, Country)_____

Proof of Birth and Age (mark one and attach copy of document to this form):

Birth Certificate State _____
Number _____

Passport Country _____
Number _____

Visa Country _____
Number _____

Other _____

I am unable to provide a certified copy of a birth certificate for the above named student because:

Name of Parent/Guardian (PRINTED) Signature of Parent/Guardian Date

(for office use only)

Documentation Requirement: Met Not Met

Verified by: _____ School _____ Date _____



HOME LANGUAGE SURVEY

All students new to the district must have this survey completed and signed by a parent/guardian in accordance with state regulations (23 Illinois Administrative Code Part 228). 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 who need to be assessed for English language proficiency.

_____ Male Female
Student's Last Name First Middle Date of Birth
School _____ SIS ID # _____

Has your child attended a District 59 Pre-school program?
a. Yes School: _____
b. No

If you answered yes, **do not continue as you have already completed this form upon entering Pre-school.** If your answer was no, please proceed to answer the following questions below.

1. Is a language other than English spoken in your home?
a. Yes What language? _____
b. No

2. Does your child speak a language other than English?
a. Yes What language? _____
b. No

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

Parent/Guardian (Print) _____ Relationship to Student _____ Date _____

Parent/Guardian Signature _____ Staff Member who Registered Child _____

(For Office Use Only)

Language _____ Language Code # _____ Grade Assignment _____

Request for Language Assessment from ELL Personnel: Yes No Date _____



Community Consolidated School District 59
U.S. Department of Education Race and Ethnicity Data Standards

DATA COLLECTION FORM

Student's Name: _____ School _____

IMPORTANT INFORMATION: The U.S. Department of Education requires this form to be completed upon a student's enrollment into a school district. The data is used in reporting and analyzing State-required test results by race and ethnicity. The information will not be used to check immigration status, and the confidentiality of the individual student information will be protected.

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 (refers to culture and language) and Part B asks about the student's race (refers to geographic or national origin). PLEASE NOTE: 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 to 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.)

Parent/Guardian Signature

Date



COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59
2123 S. Arlington Heights Rd. | Arlington Heights, IL 60005
Phone: 847-593-4300 | Fax: 847-593-4352

**STATUS OF PHYSICAL & IMMUNIZATION RECORDS
FOR INCOMING STUDENTS**

Date: _____

Dear Parent(s)/Guardian(s) of _____

In accordance with District 59 policy, students who enter District 59 are given a 30-day period to show evidence of a current physical examination and immunizations are up-to-date.

Your student who is named above, is being admitted to school on a provisional basis until his/her current physical examination and immunization records are received from the parent(s)/guardian(s) or the previous school of attendance.

The district is required by the Illinois State Board of Education to use a standard form furnished by the state to record and verify the physical examination and immunization data. This form, entitled "Certificate of Child Health Examination" is available at the school office.

Failure to comply with the 30-day timeline will result in exclusion from school.

Sincerely,

School Nurse/Health Care Assistant

Parent/Guardian Completes This Section

I understand my child's current physical examination (including immunization data) is to be submitted to _____ School by _____ which is 30 days from the above enrollment date. Failure to comply with the 30-day timeline will result in exclusion from school.

Previous School of Attendance: _____

Address of Previous School _____

Signature of Parent/Guardian _____



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 _____

Return to your child's school health office.



INTERSCHOLASTIC ATHLETICS PARENT CONSENT and the PARENT and STUDENT UNDERSTANDING OF CONCUSSION INFORMATION

The student and his/her parent/guardian must read and sign this form each year before trying-out and participating in interscholastic athletics or sports. This completed *Consent Form* must be returned to the School Nurse.

STUDENT NAME (Print) _____ **Date of Birth** _____

To be read by the Student and Parent/Guardian:

1. I wish to participate in interscholastic athletics.
2. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
3. I understand that I must maintain academic eligibility and proper behavior standards as set by School District 59 in order to participate in interscholastic athletics.
4. I understand that Board Policy, 7:305 *Student Athlete Concussions and Head Injuries*, requires among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer. I have read the information about Student Athlete Concussions and Head Injuries in this document.

To be read by the Parent/Guardian:

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in the interscholastic athletics or sport(s).
2. I understand that students who participate in interscholastic athletic programs, in tryouts, or regularly scheduled games, matches, and/or meets, must have a physical examination from a licensed physician, an advanced practice nurse, or a physician assistant in the last twelve months, and a "Certificate of Child Health Examination" form on file in the school's Health Office prior to participation. The cost of the physical examination is the responsibility of the parent/guardian.
3. I understand I must show proof of accident insurance coverage for the student.
4. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature wherever that may arise by or in connections with my participating in the school-sponsored interscholastic sport(s) or intramural athletics. The terms hereof shall serve as a release and

assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

5. I understand that my child must maintain academic eligibility and proper behavior standards as set by School District 59 in order to participate in interscholastic athletics.

6. I acknowledge having received and reviewed the following *Concussion Information* with my child.

CONCUSSION INFORMATION (Ref. 105 ILCS 5/10-20.53, P.A. 97-204)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

<ul style="list-style-type: none">● Headaches● “Pressure in head”● Nausea or vomiting● Neck pain● Balance problems or dizziness● Blurred, double, or fuzzy vision● Sensitivity to light or noise● Feeling sluggish or slowed down● Feeling foggy or groggy● Drowsiness● Change in sleep patterns	<ul style="list-style-type: none">● Amnesia● “Don’t feel right”● Fatigue or low energy● Sadness● Nervousness or anxiety● Irritability● More emotional● Confusion● Concentration or memory problems (forgetting game plays)● Repeating the same question/comment
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Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none">● Appears dazed● Vacant facial expression● Confused about assignment● Forgets plays● Is unsure of game, score, or opponent● Moves clumsily or displays incoordination● Answers questions slowly● Slurred speech	<ul style="list-style-type: none">● Shows behavior or personality changes● Can’t recall events prior to hit● Can’t recall events after hit● Seizures or convulsions● Any change in typical behavior or personality● Loses consciousness
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What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a

period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

HEALTH INSURANCE INFORMATION

Health Insurance Provider _____

Group No. _____ Identification No. _____

Parent/guardian and student must sign to indicate agreement to these conditions and that you have both read the Concussion Information.

School _____

Grade _____

Signature of Student

Date

Name of Student (Please Print)

Date

Signature of Parent/Guardian

Date

RETURN THIS SIGNED FORM TO THE NURSE AT THE SCHOOL HEALTH OFFICE.



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.



Annual Authorization for Internet and Electronic Network Access

STUDENT'S NAME _____ **STUDENT I.D.** _____

SCHOOL _____ **SCHOOL YEAR:** _____ **GRADE LEVEL** _____

Student (or Parent on Behalf of the Student) Release

I have read and will abide by Student Use of the District's Electronic Network Administrative Regulation 6.235-R2. . I understand that use of the Internet is a privilege and it may be revoked at any time. I also understand should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's Internet connection and having access to public networks, I hereby release the Community Consolidated School District 59 and its Board of Education members, employees, and agents from any claims and damages arising from my use or inability to use the Internet.

Student's Name (Please Print)

Student's Signature (student or parent on behalf of the student)

Date

Parent/Guardian Release (Required in Addition to Student Release)

I have read this Authorization for Internet and Electronic Network Access. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless Community Consolidated School District 59, its employees, agents, or Board of Education members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of this Authorization with my child. I hereby request that my child be allowed access to the District's Internet and Electronic Networks.

Parent/Guardian's Name (Please Print)

Parent/Guardian's Signature

Date



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



Junior High School Fee Payment Form - 2018/2019 School Year

PLEASE READ THE IMPORTANT FOLLOWING INFORMATION:

Only Required Fees will be waived for families who have qualified for a Waiver of School Fees. Please reference Board Policy 4:140 and Administrative Procedures 4140AP and 4140-E2 for specific information. Optional School Fees cannot be waived. Consequences are applicable for non-payment of fees. Refunds are issued on a semester basis if student is enrolled for less than 10 days.

Please list each student who attends this school	Child 1		Child 2		Child 3	
	Student Name					
	Student I.D. Number					
	Grade					
Required School Fees	Instructional Materials Fee	Required	\$65.00			
	PE Uniform - Shirt	Required one-time upon enrollment.	\$8.00			
		Optional after that.	\$7.00			
	Outdoor Education Fee	6th Grade only	\$25.00			
	Graduation Fee	8th Grade only	\$25.00			
Optional School Fee	Textbook	Pre-order price only thru 1/31/19	\$25.00			
	Technology Protection Plan	Optional	\$25.00			
	TOTAL DUE \$					

Returned checks will be assessed a \$25 fee. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day your payment is received, and you will not receive your check back from your financial institution. Call 847-593-4348 if you have questions about electronic check collection or do not want your payments collected electronically.

OFFICE USE ONLY	
School: _____	Cash _____
	Check _____
	Check # _____



CCSD59 STUDENT DEVICE PROTECTION PLAN 2018 - 2019

Dear Parent/Guardian,

CCSD59 is providing and administering a Protection Plan for students and parents as part of our provision of student devices to all K-8 students. Enrollment in the Protection Plan is optional with the understanding that parents/students carry the full liability without the Protection Plan.

PLEASE KEEP A COPY OF THIS DOCUMENT FOR FUTURE REFERENCE.

ANNUAL FEE

- Non-refundable fee: K-1 Students (Acer Tab 10 Tablet) \$15
2-8 Students (C751T Chromebook) \$25
- Checks should be made payable to: Community Consolidated School District 59
- Credit card payments are accepted via PaySchools **online payment** system on the Skyward Family Access page at www.ccsd59.org

EFFECTIVE COVERAGE/EXPIRATION DATES

- Effective Date: Upon full payment
- Expiration Date: Last day of school year or date of enrollment withdrawal

WHAT IS COVERED IF YOU PAID THE PROTECTION PLAN FEE?

- Accidental damage (student demonstrating due care) when device is at home or school
- Fire
- Electrical surge
- Natural disasters
- Cracked screen
- Cosmetic repairs (i.e. cracked outer shell, scratched screens)

WHAT IS NOT COVERED EVEN IF YOU PAID THE PROTECTION PLAN FEE?

- Loss or damage of device accessories (i.e. bag, cords, chargers)
- Theft or loss
- Damage caused by negligence:
 - Intentional damage
 - Dishonest, fraudulent actions
 - Failure to demonstrate responsible care, including liquid damage

WHO DECIDES WHAT IS COVERED WHEN DAMAGE IS INCURRED?

The school administrator, in consultation with teachers and technicians, makes the final determination as to what is considered covered.

PRICE LIST FOR REPAIRS NOT COVERED BY PROTECTION PLAN OR IF THE PLAN FEE HAS NOT BEEN PAID

C751T Chromebook Service Cost		Acer Tab 10 Tablet Service Cost	
Keyboard	\$20.00	Screen	\$147.00
Screen	\$129.00	Device	\$313.00
Key	\$5.00		
Device	\$315.00		

___ **YES**, I would like to purchase the optional protection plan for my K-1 grade student's device for \$15.

___ **YES**, I would like to purchase the optional protection plan for my 2-8 grade student's device for \$25.

Student Name: (Print): _____ Student ID#: _____ Grade: _____ Amount Paid: _____

School: _____ Parent/Guardian Signature: _____ Date: _____

Return this form and your payment to your child's school

Office Use Only: Cash _____ Check _____ Check Number _____