



CCSD59

## COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59

1001 Leicester Road | Elk Grove Village, IL 60007 Ph: (847) 593-4300 | Fax: (847) 593-4352

### PARENT/GUARDIAN VERIFICATION OF STUDENT RESIDENCE

All students attending CCSD59 schools must be legal residents of the District. Generally, IL law provides that the residence of a student is the same as the person who has legal custody of the student.

**PARENTS OF NEW STUDENTS & TRANSFERRING STUDENTS MUST PROVE RESIDENCY AT TIME OF REGISTRATION. RETURNING STUDENTS ENTERING 3rd & 6th GRADE MUST PROVE RESIDENCY AT THE SCHOOL BETWEEN JULY 29 - AUGUST 11. 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:
---------------	--------------

**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"/> 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 (effective 1st day of school) or proof of last month's payment	<input type="checkbox"/> Voter registration	<input type="checkbox"/> Mail received at District residence
<b>IMPORTANT:</b> 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:	Category D: Military Personnel must provide one of the following within 60 days after the date of student's initial enrollment:
<input type="checkbox"/> 1. The student is homeless and eligible for enrollment under the Illinois Education for Homeless Children Act	<input type="checkbox"/> Postmarked mail addressed to military personnel
<input type="checkbox"/> 2. The student is enrolling based on the determination of the Department of Children & Family Services (Attach DCFS Documentation)	<input type="checkbox"/> Lease Agreement for occupancy
	<input type="checkbox"/> Proof of ownership of residence

*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

*Please Print and Complete Both Sides*

Student ID	School	Grade

*Office Use Only*

Student Name: \_\_\_\_\_  
Last First Middle

Gender of Student: Male \_\_\_\_ Female \_\_\_\_ Student Birthdate: (mm/dd/yyyy) \_\_/\_\_/\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Apt./ Lot/ Unit #: \_\_\_\_\_ Complex/Mobile Home Park Name: \_\_\_\_\_

Date Your Student Entered a U.S. School/Pre-School/Day Care: (mm/dd/yyyy) \_\_/\_\_/\_\_

Name of Last School/Pre-School/Day Care Attended & State: \_\_\_\_\_, \_\_\_\_\_

Is Your Student Receiving any Special Services? Special Education \_\_\_\_ English Learner \_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_  
Mr. Mrs. Ms. Miss. Dr. Last First

Relationship to Student: Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_

Custody: Yes \_\_\_\_ No \_\_\_\_ Lives With: Yes \_\_\_\_ No \_\_\_\_ Pick Up: Yes \_\_\_\_ No \_\_\_\_

Primary Parent Email: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Secondary Parent/Guardian Name: \_\_\_\_\_  
Mr. Mrs. Ms. Miss. Dr. Last First

Relationship to Student: Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_

Custody: Yes \_\_\_\_ No \_\_\_\_ Lives With: Yes \_\_\_\_ No \_\_\_\_ Pick Up: Yes \_\_\_\_ No \_\_\_\_

Secondary Parent Email: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**I am a member of the United States Armed Forces or Full Time National Guard: Yes\_\_\_\_ No\_\_\_\_**

**I am on active duty / expected to be deployed to active duty during the school year: Yes\_\_\_ No\_\_\_**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name	School Name	Birthdate	Grade

**Parent Printed Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

--

**COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59**

1001 Leicester Road | Elk Grove Village, IL 60007

Phone: (847) 593-4300

**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.)

**YES****NO**

4. Are there any other health concerns that the nurse/teacher should be aware of? \_\_\_\_\_

Explain: \_\_\_\_\_

**Physician Contact Information**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Parent(Guardian) Name (please print): \_\_\_\_\_

Parent (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to your child's school health office.

H-103 (Rev. 11/19) Distribution: health file



Community Consolidated School District 59

**Transportation Request Form**

School Year 20\_\_ - 20\_\_

**INSTRUCTION TO PARENT OR GUARDIAN:** Please complete this form **ONLY** if the requested pick-up or drop-off location for your student is **DIFFERENT than the closest stop to your home address or if no transportation is required for drop-off and/or pick-up**. If this form is not completed, the default location will be assigned, which is the stop closest to your home address.

Any changes require a minimum of 3 days notice; changes at the beginning of the school year require 2 weeks' notice. These instructions will remain in place for the entire program listed below and cannot be changed without further written authorization.

Submit this signed form to your child's school.

This request is being made for the following CCSD59 Program: ☐ Regular School Year ☐ Summer School Program (specify): \_\_\_\_\_

Please print: Student Name: \_\_\_\_\_ ID # \_\_\_\_\_

School Name: \_\_\_\_\_ Program \_\_\_\_\_

Grade Level: \_\_\_\_\_ Kindergarten/PreK: ☐ Full Day Program ☐ AM Program ☐ PM Program

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Language Spoken (if not English): \_\_\_\_\_

**Check only ONE option for pick-up and ONE option for drop-off. All pick-up and drop-off sites must be located within CCSD59 and School boundaries. Alternating days of the week or multiple locations for pick-up or drop-off are not allowed.**

**Pick-up Information**

- ☐ No bus is required, parent will transport
- ☐ Other: Please provide detailed information below:  
Site Address: \_\_\_\_\_  
City and Zip: \_\_\_\_\_  
Phone # for this location: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

**Drop-off Information**

- ☐ No bus is required, parent will transport
- ☐ Other: Please provide detailed information below:  
Site Address: \_\_\_\_\_  
City and Zip: \_\_\_\_\_  
Phone # for this location: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is for IEP (504) students only: To be completed by CCSD59 authorized coordinators only.  
The following information must be based on IEP (504) requirements.**

Date for service to begin: \_\_\_\_\_ Type of bus authorized: ☐ Lift ☐ Able to ride gen ed bus

Type of service authorized: ☐ Curb to curb ☐ Curb to curb (no escort required) ☐ Aide

Special Requirements: ☐ Child Securement Child's Weight: \_\_\_\_\_ Other: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

LEA Coordinator Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is to be completed by Transportation Department Only**

Date received: \_\_\_\_\_ Route Assignment: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Contractor notification date: \_\_\_\_\_ Parent/School notification date: \_\_\_\_\_

Processed by: \_\_\_\_\_



## COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59

1001 Leicester Rd. | Elk Grove Village, IL 60007

Phone: 847-593-4300 | Fax: 847-593-4352

# 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 programs 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.

SR-37 Updated 1/8/20

7:340-AP1, E2

Page 1 of 1



## **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](https://ccsd59.org/family-reference-guide/) at [ccsd59.org/family-reference-guide/](https://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