



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

PG 1 OF 2

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				
EC-10	Proof of Family Income (ELC all students)				
YAF	Young Athletes Permission Form (ELC New Students)				
ILC-1	CCSD59 Software Application Permission Form				
ILC-2	Student Device Responsible Use Form				
ILC-3	Student Device Protection Plan Form (Optional but due no later than 30 days from the start of the school year)				
Fee Form	Fees Form (for applicable grade only)				
SR-9	Request for Student Records				
RR Form	Ready Rosie Registration Form (ELC New Students)				

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 (H12)	State of IL Cert of Child Health Exam				

***Home Language (SR-12 form): If another language besides English is spoken, enter student on state database check. Parents of kinder students who went to ELC should not complete this form (as noted on the form).

If required, enter date and time of testing appt: _____

(SEE OTHER SIDE FOR ADDITIONAL QUESTIONS)

ILC-5

New Student Enrollment Checklist

Revision 12/1/20

Other Additional Considerations (please note, info may not be available at time of registration):Did child attend ELC? ☐ Yes ☐ NoDoes 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 ☐ NoIs parent interested in Dual Language Program? ☐ Yes ☐ NoIs parent interested in Ridge (Choice)? ☐ Yes ☐ No

Additional Notes or Follow-Up Needed:

Registered by: _____ Date: _____

BIRTH DATES BY GRADE LEVEL					
BIRTH DATE					
FROM	TO	2020/2021	2021/2022	2022/2023	
9/2/2006	9/1/2007	8			
9/2/2007	9/1/2008	7	8		
9/2/2008	9/1/2009	6	7	8	
9/2/2009	9/1/2010	5	6	7	
9/2/2010	9/1/2011	4	5	6	
9/2/2011	9/1/2012	3	4	5	
9/2/2012	9/1/2013	2	3	4	
9/2/2013	9/1/2014	1	2	3	
9/2/2014	9/1/2015	K	1	2	
9/2/2015	9/1/2016		K	1	
9/2/2016	9/7/2017			K	



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 AUGUST 2 - AUGUST 13. 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"/> 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	
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>)			

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) __/__/____ Place of Birth _____

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. 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. 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	Language Spoken

Name	School Name	Birthdate	Grade

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. 12/20 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 week's 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

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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 12/20

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/ 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



The state of Illinois requires the following information be collected and reported in the student information system for every child entering the preschool program.

Child's full name:

Date of birth:

Number of people living in your home:

ANNUAL household income (This includes any income from any individual living in the home):

\$

Does your child attend daycare? ☐ Yes ☐ No

If YES, which type (choose only one)?

☐ **Licensed daycare center** ☐ **Licensed in home daycare 4 to 12 children attend)**

☐ **Family/babysitter**

My family/child receives the following public benefits (check all that apply):

☐ **Women Infants & Children (WIC)**

☐ **Medicaid**

☐ **Supplemental Nutrition Assistance Program (SNAP/Food Stamps)**

☐ **Temporary Assistance for Needy Families (TANF)**

☐ **Child Care Assistance Program (CCAP)**

☐ **Housing Subsidy**

1900 Lonquist Blvd. - Mount Prospect, IL 60056

P: (847) 593-4306 | **F:** (847) 593-7199 | elc.ccsd59.org

EC-10 (rev. 10/2020) Distribution: district file, team file



FOR OFFICE USE ONLY

Method of Verification: *(Mark all that apply.)*

Public benefits:

- ☐ WIC (185% FPL) ☐ Medicaid Card (138%, **must** be in parent(s)' name) ☐ SNAP (165% FPL)
- ☐ TANF (50% FPL) ☐ CCAP (200%)

Proof of Income (required only if no proof of public benefits above):

- ☐ Paystubs (two most recent, consecutive) ☐ SSI ☐ Tax return (most recent)
- ☐ W-2 (most recent) ☐ Verification/letter from employer

I verified the applicant's income eligibility. I have indicated which artifact I used for proof of income above.

Staff Signature: _____ **Date:** _____

1900 Lonquist Blvd. - Mount Prospect, IL 60056

P: (847) 593-4306 | **F:** (847) 593-7199 | elc.ccsd59.org

EC-10 (rev. 10/2020) Distribution: district file, team file



CCSD59 SOFTWARE APPLICATIONS PERMISSION FORM 2021-22

CCSD59 utilizes various technology resources to support student learning, including but not limited to third-party online and cloud-based service providers. These resources include third-party software applications, commonly known as “apps”. CCSD59 Board policies govern the use of third-party apps with students, including Policy 6:60 (Curriculum Content) and Policy 6:235 (Access to Electronic Networks). CCSD59 also has an approval process for using third-party apps. Your child’s personally identifiable information that is input into these apps by your child and/or school staff (for example, student name, school e-mail address, class work) may be accessed by the third-party providers that run the apps. This permission form must be completed and returned before your child will be granted access to any CCSD59-approved apps.

BY SIGNING BELOW, I, THE PARENT/GUARDIAN OF THE STUDENT NAMED BELOW, CONFIRM THAT I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. I have had the opportunity to review CCSD59’s Board Policy 6:235 (Access to Electronic Networks). I understand that my child must comply with Policy 6:235 and all other District policies and rules concerning the use of CCSD59-approved applications.
2. I understand that my child is responsible for his/her use of CCSD59-approved applications at all times. I accept full responsibility for supervision if and when my child uses CCSD59-approved applications outside of school.
3. I understand that my child’s failure to follow all CCSD59 policies and rules for using third-party applications may result in the loss of privileges, disciplinary action (which may include suspension or expulsion), and/or appropriate legal action.
4. I understand CCSD59 has an approval process for third-party applications, and, once approved, the third-party provider is a CCSD59 “school official” that may access my child’s personally identifiable information that is available within the third-party provider’s application without my prior consent or prior notice given to me.
5. I understand that when my child uses CCSD59-approved applications, information about my child that has been input into the third-party provider’s application by my child and/or CCSD59 employees will be collected and stored electronically by the third-party provider. I understand that such stored information may be accessible to someone other than my child, me and CCSD59 employees or school officials by virtue of this online environment.
6. I understand that CCSD59 employees and school officials may access and monitor my child’s use of CCSD59-approved applications, including accessing and searching any material stored, transmitted, or received through the applications.
7. I understand that access to CCSD59-approved applications is designed for educational purposes and that CCSD59 takes precautions to eliminate controversial material. However, I also recognize that it is

impossible for CCSD59 to restrict access to all controversial and inappropriate materials. I will hold harmless CCSD59, its employees, agents, or Board members for any harm caused by materials obtained via CCSD59-approved applications.

8. I understand that I may revoke my consent for my child to access and use CCSD59-approved applications at any time in writing.

9. I understand that I may ask for my child's account/information to be removed from third-party application providers at any time.

____ **YES**, I understand and agree with the above terms and give permission for my child to use any CCSD59-approved applications during this school year.

____ **NO**, I do not give permission for my child to use any CCSD59-approved applications during this school year.

Student Name: (Print) _____ Grade: _____

Student ID # (if known): _____ School: _____

Parent/Guardian Signature: _____ Date: _____

Please sign and return this form to your child's classroom teacher.



CCSD59 1:1 STUDENT DEVICE RESPONSIBLE USE CONTRACT 2021-2022

CCSD59 is providing digital access to each student to advance the opportunity to learn in a 21st century context. In grades PK-1, students will have access to an Acer Chromebook Tab 10 tablet to be used while at school. Students in grades 2-8 will have access to a C751T Chromebook (Spin 11) to be used while at school for grade 2, and at school and home for grades 3-8. As part of this program, students are expected to maintain a level of responsible use with the devices that support the mission and purpose of the program. The following is a list of expected responsible behaviors for students to engage when using their device.

RESPONSIBLE USE EXPECTATIONS:

- All aspects of the district's Acceptable Use Policy apply when using the devices.
 - Students in grades 3-8 will be allowed to take their devices home in the evening and weekends. Students are responsible for any damage that occurs while the device is off the district premises.
 - Parents are responsible for filtering home internet access.
 - The devices are an educational tool and should be used in that capacity. Once issued, students are responsible for taking excellent care and caution in the protection, care and use of the devices.
 - If a device malfunctions or is in need of repair, students will not attempt repair, but will return it to the school's Learning Resource Center for repair.
 - The devices are property of CCSD59, and as such, all content (software, email, internet use, etc.) will be monitored. Messages and/or internet content relating to or in support of illegal activities will be reported to the authorities.
 - Students have no expectations of privacy and can expect teachers and administrators to conduct checks of their internet history, documents, etc.
 - The identification tags on the devices and cases must remain on the devices at all times.
 - Passwords should be kept confidential.
 - "Cyberbullying" will not be tolerated. Cyberbullying is bullying by use of any electronic communication device using, but not limited to, email, instant messaging, text messages, blogs, mobile phones, pagers, online games, websites, etc.
 - Students are expected to notify a staff member whenever they come across information or messages that are inappropriate, dangerous, threatening, or make them feel uncomfortable.
 - Enjoy the use of your device and take advantage of the opportunity it offers to help you in your learning.
-

GENERAL USAGE PRACTICES:

- Do not eat or drink near the devices.
- Do not place items on the Chromebook keyboard as accidentally closing the device with items on the keyboard can damage the screen.
- Do not mark the bags or cases in any way with markers, stickers, etc.
- Do not download, copy, or share copyrighted material. This includes music files, images, or software.
- Students are prohibited from attempting to bypass the district filter.
- Presence of weapons, pornographic materials, inappropriate language, alcohol, drug, gang-related symbols or activity, or inappropriate images are not allowed on the device and will result in disciplinary actions.
- Conduct yourself in a socially acceptable and positive manner at all times when using the device, the network, and the Internet.

The use of a CCSD59 Acer Tab 10 tablet and Chromebook is a privilege, not a right. As such, CCSD59 reserves the right to discipline, assess fees, and/or revoke access to the devices as deemed necessary for any action in violation of this responsible use contract or violation of the district’s Acceptable Use Policy.

CCSD59 DEVICE FINES

All technology materials, including but not limited to Acer Tab 10 tablets and Chromebooks, issued to students during the school year are property of CCSD59 and are checked periodically for damages. If a device is lost or damaged to the point it cannot be reused or repaired, the student will be responsible for the full replacement cost. Please note: devices will not be repaired until payment has been received. Depending on the circumstances, a loaner may be given as needed.

C751T Chromebook Service Cost		Acer Tab 10 Service Cost	
Keyboard	\$20.00	Screen	\$150.00
Screen	\$129.00	Device	\$313.00
Key	\$5.00		
Device	\$315.00		

2021 - 2022

CCSD59 RESPONSIBLE USE CONTRACT

Student

I have read and agree to the CCSD59 Responsible Use Contract. I understand my responsibilities as a student. If I violate the items in this contract, I will be subject to loss of use of the devices as well as other potential disciplinary consequences.

Printed Student Name

Student SignatureDate

Parent/Guardian

I have read and agree to the CCSD59 Responsible Use Contract. I understand my student will be held to the expectations listed above. I understand if there is negligent damage, intentional damage, or multiple occurrences of damage to the devices, I could be held responsible for the total cost of repair or replacement. I agree to return the device/equipment to the school immediately if my child is withdrawn and is no longer a student of District 59. I understand that our failure to return the device/equipment in a timely manner upon request of the District and/or the continued use of the device/equipment for non-school/educational purposes without the written consent of the District may be considered unlawful appropriation of the District’s property and will be pursued accordingly.

Printed Parent/Guardian Name

Parent/Guardian SignatureDate

CCSD59 STUDENT DEVICE PROTECTION PLAN 2021-2022

CCSD59 is providing and administering a Protection Plan for students and parents as part of our provision of student devices to all PK-8 students. Enrollment in the Protection Plan is optional with the understanding that parents/students carry the full liability without the Protection Plan. Enrollment in the Protection Plan is due no later than 30 days after the first day of school. Please keep a copy of this form for your records.

ANNUAL FEE

- Non-refundable fee: PK-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 e~Funds for Schools **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	\$150.00
Screen	\$129.00	Device	\$313.00
Key	\$5.00		
Device	\$315.00		

____ **YES**, I would like to purchase the optional protection plan for my PK-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.

____ **NO**, I would like to decline the optional protection plan for my student's device.

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 _____



PLAN DE PROTECCIÓN DE DISPOSITIVOS PARA ESTUDIANTES DE CCSD59 2021-2022

CCSD59 está proporcionando y administrando un Plan de Protección para los estudiantes y los padres como parte de nuestro programa para proporcionar dispositivos a todos los estudiantes de los grados PK-8. La inscripción en el Plan de Protección es opcional, en el entendido de que los padres y los estudiantes corren con la responsabilidad completa por los daños si no cuentan con el Plan de Protección. La inscripción en el Plan de Protección se debe realizar a más tardar 30 días después del primer día de clases. Conserve una copia de este formulario para sus registros.

CUOTA ANUAL

- Cuota no reembolsable: Estudiantes de grados PK-1 (Tableta Acer Tab 10) \$15
Estudiantes de grados 2-8 (C751T Chromebook) \$25
- Los cheques deben hacerse a nombre de "Community Consolidated School District 59".
- Se aceptan pagos con tarjeta de crédito a través del sistema de pago en línea de e~Funds for Schools, en Skyward Family Access (www.ccsd59.org).

FECHAS DE VIGENCIA Y VENCIMIENTO DE LA COBERTURA

- Fecha de vigencia: Al recibirse el pago completo
- Fecha de vencimiento: Último día del año escolar o fecha de retiro de la escuela

¿QUÉ COSAS ESTÁN CUBIERTAS SI PAGÓ LA CUOTA DEL PLAN DE PROTECCIÓN?

- Daño accidental (estudiante que demuestre su cuidado) cuando el dispositivo está en casa o en la escuela
- Fuego
- Oleada eléctrica
- Desastres naturales
- Pantalla rota
- Reparaciones cosméticas (es decir, cubierta externa agrietada, pantallas rayadas)

¿QUÉ COSAS NO ESTÁN CUBIERTAS POR EL PLAN DE PROTECCIÓN INCLUSO SI PAGÓ LA CUOTA?

- Perder o dañar los accesorios del dispositivo (es decir, bolsas, cordones, cargadores)
- Robo o pérdida
- Daños causados por negligencia:
 - Daño intencional
 - Acciones fraudulentas y deshonestas
 - Falta de demostrar cuidado responsable, incluyendo daño de líquido

¿QUIÉN DECIDE LO QUE ESTÁ CUBIERTO CUANDO SE INCURRE EN DAÑO?

El administrador de la escuela, en consulta con los maestros y técnicos, toman la determinación final en cuanto a lo que se consideran daños cubiertos o no cubiertos.

LISTA DE PRECIOS DE LAS REPARACIONES NO CUBIERTAS POR EL PLAN O SI NO SE HA PAGADO LA CUOTA DEL PLAN

COSTOS DE REEMPLAZO DE CHROMEBOOK C751T	COSTOS DE REEMPLAZO DE LA TABLETA ACER TAB 10
Reemplazo de teclado \$20.00	Reemplazo de pantalla \$150.00
Reemplazo de pantalla \$129.00	Reemplazo de aparato \$313.00
Reemplazo de aparato \$315.00	
Reemplazo de tecla \$5.00	

____ **Sí**, deseo comprar el plan de protección opcional para el dispositivo de mi estudiante de PK-1 grado por \$15.

____ **Sí**, deseo comprar el plan de protección opcional para el dispositivo de mi estudiante de 2-5 grado por \$25.

____ **NO**, me gustaría rechazar el plan de protección opcional para el dispositivo de mi estudiante.

Estudiante: (Letra de molde) _____ I.D. Del Estudiante: _____ Grado: _____ Cantidad pagada: _____

Escuela: _____ Firma del padre/tutor: _____ Fecha: _____

Por favor, firme y devuelva este formulario, junto con el pago, a la oficina de la escuela de su estudiante.

Office Use Only: Cash _____ Check _____ Check #: _____