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				
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)

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:_____

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

TO: Parents/Guardians of Students Who Attended The Early Learning Center (ELC)

INSTRUCTIONS FOR ENROLLING YOUR STUDENT IN KINDERGARTEN

Please review the enclosed registration and informational materials carefully.

Although your child has been enrolled at the Early Learning Center (ELC) for preschool, you must still complete the kindergarten registration process. Therefore, the enclosed forms must be completed and returned to your child's home elementary building where your child will be attending kindergarten. If you are unsure of where your child will attend kindergarten, please contact our office staff at (847) 593-4306. Please do not return registration paperwork to the ELC. If you need assistance completing any of the forms, please contact the ELC school secretaries.

Registration begins at all elementary schools beginning on the evening of February 18, 2021, and is currently by appointment only. Please contact the school office where your child will attend kindergarten for additional information and to schedule a date and time that works for you, as no walk-in registrations can be accepted. Please bring your completed kindergarten registration materials with you to your appointment.

Applications for the Two-way Dual Language and Ridge Family Center for Learning Choice Programs are due on Tuesday, April 6th, 2021, at 4:00 pm. If the number of applicants on April 6th exceeds the space available in the program, a lottery will be held on Thursday, April 8th. If space remains after April 8th, the application process will be ongoing.

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.

If your child's elementary (kindergarten) attendance school changes due to moving or receiving English Language or Special Education services, your child's registration paperwork will be transferred to the appropriate building by school staff.

If you have decided not to enroll your child in District 59 kindergarten, please notify the ELC's school secretary as soon as possible.

Thank you,
The Early Learning Center Staff

1001 Leicester Road Elk Grove Village, IL 60007
P: (847) 593-4300 | **F:** (847) 593-4301 | ccsd59.org

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59

Padres y tutores de estudiantes que asistieron al Early Learning Center

INSTRUCCIONES PARA INSCRIBIR A SU HIJO(A) EN KINDERGARTEN

Por favor, revise cuidadosamente la información y los materiales de inscripción adjuntos.

A pesar de que su hijo(a) ha estado asistiendo al Early Learning Center, usted debe completar el proceso de inscripción para el kindergarten. Por lo tanto, llene los formularios adjuntos y devuelvalos a la escuela en la que su hijo(a) cursará el kindergarten. Si no está seguro dónde irá su hijo a kindergarten, comuníquese con el personal de nuestra oficina al (847) 593-4306. Por favor no devuelva la documentación de inscripción al ELC. Si necesita ayuda para completar cualquiera de los formularios, comuníquese con las secretarías de la escuela de ELC.

La inscripción comienza en todas las escuelas primarias a partir de la noche del 18 de febrero de 2021 y actualmente solo se realiza con cita previa. Comuníquese con la oficina de la escuela donde su hijo asistirá al kindergarten para obtener información adicional y para programar una fecha y hora que le convenga, ya que no se pueden aceptar inscripciones sin cita previa. Por favor traiga a su cita los materiales completos de inscripción al kindergarten.

Las solicitudes para el Programa de Lenguaje Dual Bidireccional en Español (conocido en inglés como *Two-way Dual Language Program)* y el Programa de Elección del Ridge Family Center for Learning deben entregarse en o antes de las 4:00 de la tarde el 6 de abril del 2021. Si el número de solicitudes recibidas el 6 de abril excede el número de espacios disponibles en los programas de elección, se hará un sorteo el 8 de abril del 2021. Si después del 8 de abril del 2021 todavía hay espacios disponibles, el proceso de solicitud continuará.

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 de Ridge deben acudir al Ridge Family Center for Learning para inscribirse.

Si la escuela en la que su hijo(a) cursará el kindergarten cambia debido a mudanza o disponibilidad de servicios especiales o lingüísticos, los documentos de inscripción de su estudiante se enviarán a la escuela correspondiente.

Si usted ha decidido que no va inscribir a su estudiante en kindergarten en el Distrito 59, favor de notificar a la secretaria de su escuela tan pronto como sea posible.

Gracias,
Personal del Early Learning Center

1001 Leicester Road Elk Grove Village, IL 60007
P: (847) 593-4300 | **F:** (847) 593-4301 | ccsd59.org

COMMUNITY CONSOLIDATED
SCHOOL DISTRICT 59

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.

COMMUNITY CONSOLIDATED
SCHOOL DISTRICT 59

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).

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59

Kindergarten Registration - Frequently Asked Questions

Community Consolidated School District 59 offers the following kindergarten programs:

- School District 59 offers full-day kindergarten programs at all elementary schools.
- 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?

- In accordance with Illinois School Code guidelines, children must be 5 years old on or before September 1st to be eligible for kindergarten. ** *Children who attend Ridge Family Center for Learning, which operates on a balanced calendar, must turn 5 within 30 days of the start of the Ridge school year.*
- 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?

- All residents in District 59 are assigned to a school based on established boundaries.
- Some programs, such as the English Learner Program or Educational Life Skills Program, are only available at specific sites. Parents should still register their child at the assigned school or at the Administration Center.
- 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?

- Information about the choice programs, including application instructions, is available in all elementary school offices and on the district website.
- Applications for the Two-way Dual Language and Ridge Family Center for Learning Choice Programs are due on Tuesday, April 6, 2021. If the number of applicants on April 6th exceeds the space available in the program, a lottery will be held on Thursday, April 8th. If space remains after Thursday, April 8th, the application process will be ongoing.
- 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.
- 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?

- Registration begins at all elementary schools beginning on the evening of February 18, 2021, and is currently scheduled by appointment only. Please contact your school's office for additional information and to schedule a date and time that works for you, as no walk-in registrations can be accepted. Please bring your completed kindergarten registration materials with you to your appointment. If you have questions, please contact your school's office for additional information,

- During the summer, new student registrations will be accepted by appointment only at the Administration Center (1001 Leicester Road, Elk Grove Village, IL 60007) on Monday – Thursday. Please call (847) 593-4300 to schedule an appointment if you are registering your child while school buildings are closed over the summer.

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 <u>THREE</u> 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 (TWO of these 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?

- Due to the kindergarten 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 daycare before and/or after school?

- District 59 does not offer daycare but the local park districts offer before and after school programs at many of our school buildings. In addition, many local area daycare centers provide transportation to and from school.

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

- 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?

- Bus transportation will be provided if you live more than one and a 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.
- 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?

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

What happens on the first day of school?

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

Whom do I call with questions?

- The best place to call is your school.
- If your school is not in session, please contact the Administration Building at (847) 593-4300.
- You may also find additional information on the District 59 website: www.ccsd59.org.

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59

Inscripción de kindergarten - Preguntas más frecuentes

El Distrito Escolar 59 ofrece los siguientes programas de kindergarten:

- El Distrito Escolar 59 ofrece programas de kindergarten de día completo en todas las escuelas primarias.
- 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?

- De acuerdo con las pautas del Código Escolar de Illinois, su hijo(a) debe tener 5 años de edad antes del 1 de septiembre para ser elegible para el kindergarten. *** Los niños que asisten a Ridge Family Center for Learning, que opera en un calendario equilibrado, deben cumplir 5 años dentro de los 30 días posteriores al comienzo del año escolar de Ridge.*
- 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?

- Todos los residentes del Distrito 59 son asignados a una escuela basada en los límites de asistencia establecidos.
- 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.
- 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?

- 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.
- Las solicitudes para el Programa de elección de Lenguaje Dual Bidireccional y el Programa de Elección del Ridge Family Center for Learning deben entregarse en o antes del martes, 6 de abril. Si el número de solicitudes recibidas el 6 de abril excede el número de espacios disponibles en los programas de elección, se hará un sorteo el jueves, 8 de abril. Si después del 8 de abril todavía hay espacios disponibles, el proceso de solicitud continuará.

- 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.
- 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)?

- La inscripción comienza en todas las escuelas primarias a partir de la noche del 18 de febrero de 2021 y actualmente está programada solo con cita previa. Comuníquese con la oficina de su escuela para obtener información adicional y para programar una fecha y hora que le convenga, ya que no se pueden aceptar inscripciones sin cita previa. Por favor traiga a su cita los materiales completos de inscripción al Kindergarten. Si tiene preguntas, comuníquese con la oficina de su escuela para obtener información adicional.
- Durante el verano, se aceptarán nuevas inscripciones de estudiantes con cita previa en el centro de administración (1001 Leicester Road, Elk Grove Village, IL 60007) de lunes a jueves. Llame al (847) 593-4300 para programar una cita si está inscribiendo a su hijo mientras los edificios escolares están cerrados durante el verano.

Cuando 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?

- Debido al diseño 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?

- El Distrito 59 no ofrece servicio de cuido de niños pero el distrito de parques locales ofrece 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?

- 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?

- 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.
- 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?

- 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.
- El examen dental debe hacerse antes del 15 de mayo.
- El examen de la vista debe hacerse antes del 15 de octubre.
- 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?

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

Si tengo preguntas, ¿a quién puedo llamar?

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

COMMUNITY CONSOLIDATED
SCHOOL DISTRICT 59

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COMMUNITY CONSOLIDATED
SCHOOL DISTRICT 59

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.

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

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Devonshire School (847) 593-4398
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Forest View School (847) 593-4359
1901 Estates Dr, Mt. Prospect

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

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

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

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

COMMUNITY CONSOLIDATED
SCHOOL DISTRICT 59

Kindergarten Transportation Information

Community Consolidated School District 59 allows kindergarten students free transportation if they reside one 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 the 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’s 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. Thank you.

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59

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 limites 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 limites 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.

CCSD59

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

CCSD59

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59
1001 Leicester Road | Elk Grove Village, IL 60007
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 student's 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, BSN,RN, PEL-CSN
Health Coordinator, District #59

Enclosure: Certificate of Child Health Examination

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59
1001 Leicester Road | Elk Grove Village, IL 60007
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, BSN,RN, PEL-CSN
Coordinador de Salud del Distrito 59

State of Illinois
Certificate of Child Health Examination

Student's Name Last First Middle	Birth Date Month/Day/Year	Sex	Race/Ethnicity	School /Grade Level/ID#
Address Street City Zip Code	Parent/Guardian	Telephone # Home		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 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR
DTP or **DTaP**						
Tdap; **Td** or Pediatric **DT (**Check specific type)	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophilus influenza type b						
Pneumococcal Conjugate						
Hepatitis B						
MMR Measles Mumps. Rubella				**Comments:** * indicates invalid dose		
Varicella (Chickenpox)						
Meningococcal conjugate (MCV4)						
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose						
Hepatitis A						
HPV						
Influenza						
Other: Specify Immunization Administered/Dates						

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

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

State of Illinois
Certificate of Child Health Examination

Student's Name Last First Middle	**Birth Date** Month/Day/Year	**Sex**	**Race/Ethnicity**	**School /Grade Level/ID#**
Address Street City Zip Code	Parent/Guardian	Telephone # Home		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** MO DA YR	**DOSE 2** MO DA YR	**DOSE 3** MO DA YR	**DOSE 4** MO DA YR	**DOSE 5** MO DA YR	**DOSE 6** MO DA YR
DTP or **DTaP**						
Tdap; **Td** or Pediatric **DT (**Check specific type)	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophilus influenza type b						
Pneumococcal Conjugate						
Hepatitis B						
MMR Measles Mumps. Rubella				**Comments:**		
Varicella (Chickenpox)						
Meningococcal conjugate (MCV4)						
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose						
Hepatitis A						
HPV						
Influenza						
Other: Specify Immunization Administered/Dates						

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.

Apellido	Nombre	Inicial	Fecha de Nacimiento Mes / Día / Año	Sexo	Escuela	Grado/Núm. de Ident.

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

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		☐ 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**

State of Illinois
Illinois Department of Public Health

PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten and the second, sixth and ninth grades of any public, private or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that need attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

To be completed by the parent or guardian (please print):

Student's Name: Last First Middle			Birth Date: (Month/Day/Year)
Address: Street City ZIP Code			
Name of School: ZIP Code		Grade Level:	Gender: ☐ Male ☐ Female
Parent or Guardian: Last Name First Name			
Student's Race/Ethnicity: ☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ Asian ☐ Native American ☐ Native Hawaiian/Pacific Islander ☐ Multi-racial ☐ Unknown ☐ Other_____			

To be completed by dentist:

Date of Most Recent Examination:_____ (Check all services provided at this examination date)

☐ Dental Cleaning ☐ Sealant ☐ Fluoride treatment ☐ Restoration of teeth due to caries

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present on Permanent Molars**

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

Treatment Needs (check all that apply). For Head Start Agencies, please also list appointment date or date of most recent treatment completion date.

☐ **Restorative Care** — amalgams, composites, crowns, etc. Appointment Date:_____

☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis Appointment Date:_____

☐ **Pediatric Dentist Referral Recommended** Treatment Completion Date:_____

Additional comments: _____

Signature of Dentist _____ License #:_____ Date:_____

Illinois Department of Public Health, Division of Oral Health
217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.dph.illinois.gov

Estado de Illinois
Departamento de Salud Publica

FORMULARIO COMPROBANTE DEL EXAMEN DENTAL ESCOLAR

La ley de Illinois (Child Health Examination Code, 77 III. Código Administrativo 665) índice que todos los niños en kínder, segundo, sexto, y noveno grados en escuela pública, privado, o parroquial adquieran examinación dental. La examinación se tiene que haber hecho entre 18 meses antes de 15 Mayo del año escolar. Un dentista licenciado tiene que hacer el examen, firmar y ponerle fecha a esta Formulario Comprobante de Examen Dental Escolar. Si no puede obtener este examen requerido, completa el Formulario de Renuncia Voluntaria del Examen Dental Escolar

Este examen importante le dejara saber si hay algún problema que requiere atención de un dentista. Los Niños necesitan buena salud bucal para habla con confianza, expresar se, ser saludables y ser listos para aprender. La salud bucal malo ha sido relacionado con bajo actuación escolar, malas relaciones sociales, y menos éxito más adelante in la vida. Por esta razón, le damos gracia por su contribución al salud y bien estar de su niño.

Para ser completado por el padre/madre (por favor impresión):

Nombre del Estudiante:	Apellido	Nombre	Inicial	Fecha de Nacimiento: (Mes/Dia/Año)
Dirección:	Calle	Ciudad		Código Postal
Nombre de la Escuela:		Código Postal	Grado:	Sexo: □ Masculino □ Femenino
Nombre del padre/madre o encargado				
Raza/Etnicidad del Estudiante: □ Blanco □ Nativo de Alaska o Indio Americano □ Nativo de Hawái o otras islas del Pacífico □ Hispano/Latino □ Afroamericano □ Asiático □ Multirracial □ Otro_____ □ Desconocido				

To be completed by dentist:

Date of Most Recent Examination: _____ (Check all services provided at this examination date)

□ Dental Cleaning □ Sealant □ Fluoride treatment □ Restoration of teeth due to caries

Oral Health Status (check all that apply)

□ Yes □ No **Dental Sealants Present on Permanent Molars**

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

Treatment Needs (check all that apply). For Head Start Agencies, please also list appointment date or date of most recent treatment completion date.

☐ **Restorative Care** — amalgams, composites, crowns, etc. Appointment Date: _____
☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis Appointment Date: _____
☐ **Pediatric Dentist Referral Recommended** Treatment Completion Date: _____

Additional comments: _____
Signature of Dentist _____License #: _____Date: _____

State of Illinois
Illinois Department of Public Health

State of Illinois
Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician (such as an ophthalmologist) who provides 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 the first day of the school year the child enters the Illinois school system for the first time. The parent of any child who is unable to obtain an examination must submit a waiver form to the school.

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

Birth Date _____ Gender _____ 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

	Distance			**Near**
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation? ❑ Yes ❑ No

	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	❑	❑	❑	_____
Internal exam (vitreous, lens, fundus, etc.)	❑	❑	❑	_____
Pupillary reflex (pupils)	❑	❑	❑	_____
Binocular function (stereopsis)	❑	❑	❑	_____
Accommodation and vergence	❑	❑	❑	_____
Color vision	❑	❑	❑	_____
Glaucoma evaluation	❑	❑	❑	_____
Oculomotor assessment	❑	❑	❑	_____
Other _____	❑	❑	❑	_____

NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test.

Diagnosis

❑ Normal ❑ Myopia ❑ Hyperopia ❑ Astigmatism ❑ Strabismus ❑ Amblyopia

Other _____

Continued on back

State of Illinois
Eye Examination Report

Recommendations

1. Corrective lenses: ❑ No ❑ Yes, glasses or contacts 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 _____ License Number _____

Optometrist or physician (such as an ophthalmologist) who provided the eye examination ❑ MD ❑ OD ❑ DO

Address _____
_____

Phone _____

Consent of Parent or Guardian

I agree to release the above information on my child or ward to appropriate school or health authorities.

_____
(Parent or Guardian's Signature)

_____
(Date)

Signature _____ Date _____

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

Printed by Authority of the State of Illinois

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