

**St. Libory Consolidated School District #30**

**2018-2019 Registration Form**

**STUDENT DATA:**

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

Physical Address: \_\_\_\_\_

Mailing Address (if different from Physical Address): \_\_\_\_\_

Grade Level: \_\_\_\_\_ Gender: M or F Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Parent e-mail addresses as you want it to appear on TeacherEase & One Call Now Systems: \_\_\_\_\_

Please list phone numbers you would like to have included in the ONE CALL NOW SYSTEM. \_\_\_\_\_

Student lives with: (circle one) Both Parents Mother Father Mother/Stepfather Father/Stepmother

Guardian\* Other\* \*Please indicate the relationship to the student \_\_\_\_\_

If student does not reside with both biological parents, duplicate records can be emailed to the non-residential parent upon request.

Non-residential parent name and address: \_\_\_\_\_

**PARENT CONTACT DATA (Mother, Father, and/or Guardian):**

1<sup>st</sup> \_\_\_\_\_ Relationship \_\_\_\_\_ Can pick up student YES or NO

Address: \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Employed at \_\_\_\_\_ Work # \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_ Relationship \_\_\_\_\_ Can pick up student YES or NO

Address: \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_

Employed at \_\_\_\_\_ Work # \_\_\_\_\_

**Additional Emergency Contact Information (Parental contacts will be notified first. List additional contacts in priority order)**

3<sup>rd</sup> Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

4<sup>th</sup> Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

5<sup>th</sup> Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Race (Please circle ONLY one) Hispanic Asian African American White American Indian  
Alaska Native Native Hawaiian Other Pacific Islander Multiracial

Do you live within 1.5 miles of the school? YES or NO

How is your student transported to and from school? (circle one) Bus Walk Parent Transport Daycare Transport

What is the primary language spoken in the home? \_\_\_\_\_

Does anyone in your home speak a language other than English? YES or NO What language? \_\_\_\_\_

Does your son/daughter speak a language other than English? YES or NO What language? \_\_\_\_\_

Name of last school attended: \_\_\_\_\_

Has the child been in any special classes? (circle one) LD EMH SPEECH TITLE I SPECIAL EDUCATION

Has your child ever repeated a grade? YES or NO If yes, what grade was repeated? \_\_\_\_\_

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**Military Family Information**

1. Does the child's parent or guardian serve in the military, including National Guard or Reserve? YES or NO
2. Is the parent or guardian currently serving on active duty or expect to be deployed this year? YES or NO
3. Have a parent or guardian returned from deployment in the last 6 months? YES or NO

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**The Illinois State Board of Education requires that a birth certificate on each student be kept on file at the school.**

If you are a returning student, we should already have a birth certificate on file. **However**, you will be notified at registration if we are in need of one.

**You will not be able to register your child for the upcoming school year until a birth certificate is on file in the office.**

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YES or NO: The district has my permission to allow the media to use my child's picture and/or place my child's picture on the internet(social media) and/or in newspapers for special recognition

YES or NO: I hereby give my student permission to use the internet based on the school policy.

YES or NO: I have received and understand that my student is subject to all provisions of the rules and regulations contained in the parent-student handbook.

My child has permission to watch G  - PG  - PG13  movies at St. Libory School.

YES or NO: I give my child permission to attend any and all school field trips during the school year.

I verify that all of the information provided on this form is true and accurate to the best of my knowledge. My child is a legal resident of St. Libory CSD 30, residing within the boundary lines of said district, and mandated by the Illinois State Board of Education.

\_\_\_\_\_  
Signature of Custodial Parent or Guardian Date

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**OFFICE USE ONLY**      \_\_\_\_\_ Birth Certificate      \_\_\_\_\_ Health Forms V D P SP      \_\_\_\_\_ Custodial Papers  
\_\_\_\_\_ Residency Verification      \_\_\_\_\_ Health Questionnaire      \_\_\_\_\_ Medication Policy Form      IL SIS # \_\_\_\_\_

## Health Questionnaire

Please complete the following questions regarding your child. This information is being requested so the school can provide your child with the best possible learning environment. Information provided will be shared with classroom teachers and/or other individuals ~~only~~ as deemed necessary by the administration.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

***Please check box to indicate student has health concern  
and explain further in space provided:***

- Vision problem - \_\_\_\_\_
  - Wears glasses       wears contacts
  - If you child wears glasses, when are they to be worn?
    - near work       far work       at all times       may be removed for recess/PE
  
- Hearing problem -       left ear       right ear       both ears
  
- Migraines
  
- Seizure disorder – Please describe type of seizure and frequency of occurrence.  
\_\_\_\_\_  
\_\_\_\_\_
  
- Heart problems - \_\_\_\_\_
  
- Respiratory problems - \_\_\_\_\_
  - asthma       reactive airway disease (RAD)       other \_\_\_\_\_
  
- Muscular-skeletal problem - \_\_\_\_\_
  
- Stomach or digestive problems - \_\_\_\_\_
  
- Urinary problems - \_\_\_\_\_
  
- Bowel problems - \_\_\_\_\_
  
- Physical limitations or restrictions (Physician’s note required for PE/recess modifications or exclusions lasting more than 3 days) \_\_\_\_\_  
\_\_\_\_\_
  
- Attention Deficit / Hyperactivity Disorder (AD/HD)
  
- Mental Health Condition -       depression       bipolar       anxiety disorder       other
  
- Allergies -       food       medication       environmental       latex       other  
(please describe) \_\_\_\_\_  
\_\_\_\_\_

Current routine medications (please list) Any medication that needs to be given by school personnel (prescription and over-the-counter) MUST be accompanied by a physician's medication order form. Forms available in the school office.

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time Taken \_\_\_\_\_

Please use this space to provide additional information regarding any health concern or health condition.

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Please complete the following information for emergency purposes:

Family Physician or Pediatrician Name \_\_\_\_\_

Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_

Phone \_\_\_\_\_

In case my child needs emergency medical care, transport him/her to the nearest hospital. I agree to assume all responsibility and expense, including transportation costs. I authorize the attending physician and hospital to render medical care to my child as necessary. I understand that Illinois law requires ambulances transport to the nearest hospital to insure the patient is stable before transporting to another facility.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

Attention Parent or Legal Guardian: If you have any questions, or if you feel any of the information requested is of a sensitive or confidential nature, please contact the superintendent for a private conference.