

St. Libory Consolidated School District #30

2017-2018 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**: _____

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: _____

Address of non-residential parent: _____

Non-residential parent e-mail address as you want it to appear on **TeacherEase**: _____

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

1st _____ Relationship _____ Can pick up student YES or NO

Address: _____ Cell # _____ Home # _____

Employed at _____ Work # _____

2nd _____ 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)

3rd Name: _____ Relationship _____ Phone _____ Phone _____

4th Name: _____ Relationship _____ Phone _____ Phone _____

5th Name: _____ Relationship _____ Phone _____ 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

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

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

Military Family Information (if applicable)

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.

YES or NO: During the school year certain information / photographs related to student activities may be released in various inside or outside publications such as: news articles, academic awards, and school's website or school publications. I hereby give my permission for St. Libory School District #30 to release pertinent information / pictures about my student.

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.

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

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.

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.