2019/2020
Minooka School District 201
School Fees Invoice

Payment may be made by cash, credit card, money order, or check. Please make check(s) payable to Minooka School District 201. Fees are due by 12-31-19. Unpaid fees will be turned in for collection in January 2020. Thank you

Student Name	Grade 2019/2020	School Name	Registration Fee	Other Charges	Total Fees	Total Paid	Total Due
Total							

Parent/Guardian Signature:

_____

Day Time Phone #

_____

Fee Schedule 2019/2020

Grade Level	Fees	Fees if Registered by May 31st
Early Childhood	$122.00	$122.00
Grades K-4	$185.00	$155.00
Grades 5-7	$210.00	$180.00
Grade 8 (includes graduation fee)	$235.00	$205.00
P.E. Uniform – Grade 6	$16.00	$16.00
P.E. Uniform – Grade 7-8 (If Needed)	$16.00	$16.00

CREDIT CARD PAYMENT

For your convenience, Minooka District 201 accepts credit card payments at our online web store. Access is through our web site, www.min201.org. We accept Visa, Discover, and MasterCard (debit, credit, or check card.)

OFFICE USE ONLY	
Date Paid:	
Amount Paid:	
Amount Due:	
Payment Method:	
Received By:	

MINOOKA COMMUNITY CONSOLIDATED SCHOOL DISTRICT #201
STUDENT REGISTRATION FORM 2019/2020

STUDENT INFORMATION:

_____ _____ _____
First Name Middle Name Last Name

Gender: M F Birthdate: _____ School: _____ Grade: _____ Age: _____
P.O. Box# _____ Street Address: _____ Subdivision: _____
City: _____ County: _____ Zip: _____ Home Phone: _____
1st Custodial (resides with Y or N) Parent/Guardian Contact Name: _____
Address: _____ City _____ Zip _____
Relationship to student: _____ E-Mail: _____ Employer: _____
Home Phone: ( ) _____ Cell: ( ) _____ Work: ( ) _____
2nd Custodial (resides with Y or N) parent/Guardian Contact Name: _____
Address: _____ City _____ Zip _____
Relationship to student: _____ E-Mail: _____ Employer: _____
Home Phone: ( ) _____ Cell: ( ) _____ Work: ( ) _____
Non-Custodial Parent Name (if applicable): _____ Employer: _____
Address: _____ City _____ Zip _____
Relationship to student: _____ E-Mail: _____ Will you be purchasing a
Home Phone: ( ) _____ Cell: ( ) _____ Work: ( ) _____ pe uniform? Yes or No
Does the Non-Custodial Parent have permission to pick up student from school? Yes or No (grade 6, 7, 8 only)
Does the Non-Custodial parent received school mailings? Yes or No
In an emergency, when parent cannot be reached, please indicate someone we can call to come for your child during school hours:
Name:
_____ Relationship: _____ Phone: _____
Name:
_____ Relationship: _____ Phone: _____

Name(s) of Sibling(s) in District 201 and Grade(s):

_____

_____

I give permission for the school district to use the mass calling system to notify the guardians of my child, through calling and emailing?
Yes or No If you also would like to receive text alerts, please list your primary cell number _____

STUDENT TRANSPORTATION RECORD

Note: STUDENTS MUST RESIDE AT THE LOCATION PROVIDED IN STUDENT INFORMATION AS LISTED ABOVE TO BE ELIGIBLE FOR TRANSPORTATION. DUE TO SPACE LIMITATIONS, STUDENTS WILL NOT BE ALLOWED TO RIDE ANY OTHER BUS THAN THE BUS THEY ARE ASSIGNED TO RIDE.

PICK-UP PROCEDURE

PLEASE MARK THE APPLICABLE OPTION.

1. My child will ride a bus. _____
2. My child will be a car rider. _____
3. My child will be a walker. _____

***NOTE: PARENTS MUST NOTIFY STUDENT'S SCHOOL IF STUDENT WILL BE PICKED UP RATHER THAN RIDE THE ASSIGNED BUS HOME AFTER SCHOOL. STUDENT WILL BE PLACED ON ASSIGNED BUS IF SCHOOL IS NOT NOTIFIED.**

DAY CARE PROVIDER PROCEDURE

1. **My child will ride the bus to and from a day care provider.** _____
   Name of Day Care: _____
   Address of Day Care: _____
   Phone Number of Day Care: _____
2. **My child will be picked up by a day care provider.** _____
   Name of Day Care: _____
   Address of Day Care: _____
   Phone Number of Day Care: _____

SPECIAL DAYCARE ARRANGEMENTS:

MINOOKA COMMUNITY CONSOLIDATED SCHOOL DISTRICT #201
STUDENT REGISTRATION FORM 2019/2020

CERTIFICATION OF RESIDENCE:

CHILD RESIDES WITH: (please circle) Both parents Mother Only Father Only Mother/Stepfather Father/Stepmother Legal Guardian Other (Please specify): _____

Father: Living _____ Deceased _____ Mother: Living _____ Deceased _____

Please answer the following questions:

1. Are the student's parents divorced, separated or never married: Yes or No
2. If yes, who has custody of the student: Mother___Father____Joint_____
3. If custody is jointly held, which parent provides the student's primary regular nighttime abode: Mother_____Father_____
4. Does the student reside with a person other than his/her natural/adoptive parents? Yes____No_____
   If yes, please answer the following questions:
   A. Name of the adult with whom the student now resides:_____
   B. Address:_____City:_____State:_____Zip:_____
   C. Is this person a relative of the student? Yes_____No_____
   D. If yes, what relation is (s)he to the student:_____
   E. Is this person the student's legal guardian or custodian: Yes_____No_____
   F. If yes, please attach a copy of the guardianship or custody order.
5. Is the student eligible for special education or other special services? Yes_____No_____
   If yes, please provide a copy of the student's most recent Individualized Education Program (I.E.P.) or Section 504 Plan and provide the name and address of the student's most recent prior school district of attendance.
6. Does an Illinois public agency have legal guardianship of the student? Yes_____No_____
   If yes, please attach a proof of legal guardianship.
7. Has a court ordered a residential placement for the student? Yes_____No_____
   If yes, please attach a copy of the court order.
8. Is the student homeless: Yes_____No_____
   If yes, is the student currently living in the School District? Yes_____No_____
   A. In what school district was the student last enrolled? _____
   B. In what school district was the student enrolled when last permanently housed? _____
9. The child is currently in or at any point during the past year has lived in a foster care setting? Yes_____ No_____
10. One or more of the legal guardian(s) of the student is a member of the armed forces or full-time national guard on active duty? Yes_____ No_____

I certify that I am the parent(s) or legal guardian(s) of the above named student and that this child's residence has not been established solely for the purpose of attending District Schools. I further certify that the above information is correct to the best of my knowledge.

_____Date:_____
Parent(s) or Guardian(s) Signature(s)

Note: It is contrary to the policy of the Board of Education to admit students who do not legally reside with their parents or legal guardians within the District boundaries. The information you provide will be used by school officials to help establish the eligibility of each applicant for admission. Falsification of information on this form or otherwise submitted to the District may expose you to monetary liability under Illinois law for payment of tuition for such time as your child illegally enrolled in the District. Further, any person who knowingly enrolls or attempts to enroll a non-resident student in the District or presents to the District any false information regarding the residency of a student commits a Class C misdemeanor and shall be referred for criminal prosecution.

Emergency Consent:
If the parents/legal guardian cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct the school to send the child, properly accompanied, to the hospital? Yes _____No_____ Signed by: _____ (Custodial parent/guardian)

Photo Permission/Website Permission:
Permission is granted for the photograph of my child to be taken and possibly published in local newspapers and/or other media sources. This photograph may be taken due to any special events or activities that take place during the child's continued attendance at our school. Directory information will only be released with parent permission. Yes _____ No_____ Permission is granted for my child's work to be published on the school district website. I understand my child will be identified on the website by first name only. Yes _____ No _____
Signed by: _____ (Custodial parent/guardian)

MINOOKA COMMUNITY CONSOLIDATED SCHOOL DISTRICT 201
YEARLY HEALTH INFORMATION

_____ SCHOOL YEAR GRADE: _____

Student Name: _____ Phone: _____ M / F Birthdate: _____

HOSPITAL PREFERENCE: Provena St. Joseph Medical Center _____ Morris Hospital _____

Doctor's Name: _____ Phone: _____ Last Exam: _____

Dentist's Name: _____ Phone: _____ Last Exam: _____

HEALTH HISTORY	YES	NO	COMMENTS (Be Specific)	HEALTH HISTORY	YES	NO	COMMENTS (Be specific)
Asthma? ***				Heart Problems?			
INHALER at school?				Eye/Vision Problems?			
ALLERGIES***: **FOOD**				Glasses/Contacts?			
SEASONAL				Concussion/Migraines			
OTHER				Seizures/Fainting			
EPI PEN at school? ***				Speech Problems?			
Birth Defects?				Stomach Problems?			
Developmental Disability?				Dietary Restrictions? ***			
Bone/Joint Problems?				Kidney/Urinary Problems?			
Dental Problem? Braces?				Hospitalizations/Surgery?			
Diabetes? ***				Skin condition?			
Hearing Problems?				Blood Disorders?			
Chronic Ear Infections?				Other Concerns?			

***Additional form required**

Please list all medications your child is taking at home or school:

MEDICATION	DOSE	TIME
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: If your child will be taking medication at school, whether prescription or over-the-counter, **A PHYSICIAN MUST** complete the school **Medication Administration** form.

Does your child have any restrictions at school? **Yes** _____ **No** _____ If so a doctor's note is required.

(Circle one.)

Parent/Guardian Signature: _____ Date: _____

HEALTH REQUIREMENTS

FOR 2019-2020 SCHOOL YEAR

PRESCHOOL

Illinois Physical
All Preschool children will be required to have 1 dose of Pneumococcal vaccine after 24 months of age if the student did not receive any Pneumococcal vaccine or had an incomplete series.

KINDERGARTEN

Illinois Physical
Illinois Dental Examination
Illinois Vision Examination

All Kindergarten students will be required to have 2 doses of MMR and 2 doses of Varicella

*All Kindergarten students will be required to show proof of 4 or more doses of the same type of Polio vaccine with the last dose received on or after the 4th birthday

SECOND

Illinois Dental Examination

FIFTH

No Physical Required

SIXTH

Illinois Physical
Illinois Dental Examination
Tdap Booster Requirement
2 doses of Varicella
1 dose of Meningococcal Conjugate Vaccine (MCV4) received on or after the 11th birthday

SEVENTH-EIGHTH

1 dose of Meningococcal Conjugate Vaccine (MCV4) (if coming in from an out of state school vaccine is required if did not have in sixth grade)