



Dear New District Parents,

Welcome to Lake Zurich Community Unit School District 95! Whether you are a current district parent or brand new to our school district, I am certain you and your student will find our District 95 schools to be wonderful learning communities filled with caring and compassionate staff members.

The District 95 mission is to “Empower every learner to achieve personal excellence.” Values adopted through our community engagement process include: Respect, Collaboration, Continuous Improvement, Perseverance, Equity, Integrity, and High Expectations. We are committed to living our mission every day and instilling these values in our students. You can learn more about our Mission, Vision, Values, and Strategic Plan by visiting <https://www.lz95.org/district/strategic-plan>

We are a “Community Unit” school district, which means that we have grades K – 12 all in one school district, managed by one district administrative team led by me, your superintendent. The Administration is given direction by the District 95 Board of Education, which is composed of seven community members who are elected officials. Together the Board and the Administration work to manage the finances and overall direction of the district.

District 95 has five K-5 elementary schools: Isaac Fox, May Whitney, Sarah Adams, Seth Paine, and Spencer Loomis. Students from Isaac Fox, Sarah Adams, and some from May Whitney will attend Middle School South for grades 6-8. Students from Seth Paine, Spencer Loomis, and some from May Whitney will attend Middle School North for grades 6-8. All district students eventually meet up for grades 9-12 at Lake Zurich High School. We also have two administrative buildings which house district administrative and operational departments essential to supporting schools’ and students’ success.

When you register your child, please provide us with your e-mail address. We send many important emails electronically through School Messenger, our mass communication tool. You will also find a great deal of information about us on our district website, www.lz95.org, and on your child’s school website as well.

Welcome to the district, I look forward to us sharing this learning adventure together.

Sincerely,

Dr. Kelley Gallt

District 95 Administration Center – 832 South Rand Road - Lake Zurich IL 60047-2459

Phone: (847) 438-2831 FAX: (847) 438-6702 www.lz95.org

**REGISTRATION CHECKLIST FOR STUDENTS NEW TO DISTRICT 95
2020-21 SCHOOL YEAR**

DOCUMENT *	PARENTS KEEP	RETURN TO YOUR CHILD'S SCHOOL
Letter from Superintendent, Registration Checklist	✓	
Calendar Snapshot	✓	
Registration Form		✓
Home Language Survey		✓
Parental Consent Form		✓
Accepted Documents for Proof of Residency	✓	
Residency Verification Form		✓
Health Office Emergency Information Form		✓ Due 8/14/20
School Medication Authorization Form (if needed)		✓ Due 8/14/20
Physical Form, for students entering: Early Childhood Kindergarten 6 th Grade 9 th Grade -or- Any student attending an Illinois school for the first time If your doctor's office does not have this form, please print a copy from the District 95 website or request a copy from your school. Freshman physical must be complete physical on child health exam form, NOT IHSA form.		✓ Due 8/14/20
IHSA Pre-participation Exam: if participating in an athletic program Required for grades 7 th , 8 th , 10 th , 11 th 12 th <i>6th & 9th graders can use their IL physical form instead</i>		✓ Due 8/14/20
Dental Form, for students entering: Kindergarten 2 nd Grade 6 th Grade 9 th Grade		✓ Due 8/14/20
Vision Form, for students entering: Kindergarten -or- Any student attending an Illinois school for the first time		✓ Due 8/14/20
Mobile Learning Initiative Form (Grades K-12)		✓
Alternative Transportation Form (if needed)		✓
Invoice		✓
Food Service Flyer	✓	
Release of Student Records (if needed)		✓

*Other medical and transportation forms are available on the district website (www.lz95.org) if needed.



2020-2021 Calendar Snapshot

Event	Date
IHSA Start for Football/Golf and Other Fall Sports	Monday, August 10, 2020
Freshmen Orientation (morning)	*Thursday, August 13, 2020
Middle Schools Walk-Your-Schedule Day	Thursday, August 13, 2020
Institute Day	Friday, August 14, 2020
Teacher In-Service Day	Monday, August 17 2020
Teacher Work Day/Meet the Staff Day (EC, Grades K-5)	Tuesday, August 18, 2020
1st Day of Student Attendance (Full Day)	Wednesday, August 19, 2020
Labor Day	Monday, September 7, 2020
Institute Day	Friday, September 18, 2020
Early Release (Grades K-12)	Wednesday, September 23, 2020
Homecoming Dance	Saturday, October 3, 2020
Columbus Day	Monday, October 12, 2020
Early Release (Grades K-12)	Thursday, October 15, 2020
1st Quarter Ends (MS)	Thursday, October 22, 2020
Early Release (Grades 6-12)	
Parent/Teacher Conferences (Middle and High Schools)	Thursday, November 5, 2020
Institute Day	Friday, November 6, 2020
Parent/Teacher Conferences (Middle Schools)	Tuesday, November 10, 2020
Parent/Teacher Conferences (High School)	Thursday, November 12, 2020
Parent/Teacher Conferences (Elementary Schools)	Thursday, November 19, 2020
Early Release (Grades K-5)	
Parent/Teacher Conferences (Elementary Schools)	Monday, November 23, 2020
Non-Student Attendance	Wednesday, November 25, 2020
Thanksgiving	Thursday, November 26, 2020
Non-Student Attendance	Friday, November 27, 2020
Winter Break	December 21, 2020 – January 1, 2021
Classes Resume	Monday, January 4, 2021
2nd Quarter (MS)/Semester (HS) Ends	Thursday, January 14 2021
Institute Day	Friday, January 15, 2021
MLK, Jr. Day	Monday, January 18, 2021
Early Release (Grades K-12)	Thursday, February 11, 2021
Institute Day	Friday, February 12, 2021
Presidents' Day	Monday, February 15, 2021
Early Release (Grades K-12)	Wednesday, March 3, 2021
3rd Quarter Ends (MS)	Friday, March 19, 2021
Spring Break	March 22 – March 26, 2021
Non-student Attendance	Friday, April 2, 2021
Early Release (Grades K-12)	Friday, May 14, 2021
Early Release (Grades K-8)	Friday, May 21, 2021
Graduation	*Sunday, May 23, 2021
Last Day of School	Friday, May 28, 2021 (June 7 th including emergency days)
Memorial Day	Monday, May 31, 2021
Summer School 2021 Starts	TBD

Approved 12/19/19

*Updated 1/6/2020

**Updated 1/7/2020

District 95 Administration Center - 832 South Rand Road - Lake Zurich IL 60047-2465

Phone: (847) 438-2831 FAX: (847) 438-6702



Lake Zurich Community Unit School District 95
Student Registration Form

School: _____ School Year: 2020-21

STUDENT		Student's Legal Last Name	Legal First Name	Middle Name	Nickname (Optional)	Race: Select 1 or more. Instructions on back. <input type="checkbox"/> 12-American Indian or Alaska Native <input type="checkbox"/> 13- Asian <input type="checkbox"/> 14- Black or African American <input type="checkbox"/> 15-Native Hawaiian or other Pacific Islander <input type="checkbox"/> 16-White	Do you want your child's contact information released to Military Recruiters? (High School students only) <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Birth	City of Birth	State of Birth	Country of Birth	Hispanic/Latino Ethnicity? <input type="checkbox"/> YES <input type="checkbox"/> NO	My child has internet access available at home if needed to complete school assignments <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you want your child's contact information released to Institutions of Higher Education? (High School students only) <input type="checkbox"/> YES <input type="checkbox"/> NO	Is a Parent/Guardian active in the Military? <input type="checkbox"/> YES <input type="checkbox"/> NO
Grade If Kindergarten, full-day or half-day? <input type="checkbox"/> Full-Day <input type="checkbox"/> Half-Day (A.M.)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	I wish to have contact information included in the PTO Buzz Book (directory) which may be in either paper and/or digital format. <input type="checkbox"/> YES <input type="checkbox"/> NO		Does your student currently have either of the following? (if yes, please provide copies) An IEP (Individualized Education Plan) or ISP (Individualized Service Plan)? <input type="checkbox"/> YES <input type="checkbox"/> NO A 504 plan? <input type="checkbox"/> YES <input type="checkbox"/> NO		Will a Parent/Guardian be deployed to active military duty in the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Has this child ever been enrolled in District 95 (this includes Early Childhood, Speech, and Little Leaders)?		I am willing to partner with the district to provide information about my career/profession to help the district present more Career Exploration opportunities for students. <input type="checkbox"/> YES <input type="checkbox"/> NO		Name(s) of any siblings in CUSD #95			

PARENT/GUARDIAN		Parent/Guardian Name (Enter only one name)	Relationship to Student
Street Address	Apt. #	City, State, Zip	Home Phone
Is this the same address as the student? <input type="checkbox"/> YES <input type="checkbox"/> NO	Email Address: _____	Occupation	Work Phone 1
Are you a foster parent to this student? <input type="checkbox"/> YES <input type="checkbox"/> NO	Employer	Employer	Work Phone 2
Preferred language of correspondence if other than English:			---FOR CELL NUMBERS---
			Cell Phone 1
			Cell Phone 2
			May we send texts to this cell number? Text Phone 1 <input type="checkbox"/> YES <input type="checkbox"/> NO Text Phone 2 <input type="checkbox"/> YES <input type="checkbox"/> NO
			May we call this cell number for important and emergency messages via School Messenger (the district's auto-call system)? The FCC (through the Telephone Communications Protection Act, known as TCPA) requires us to receive your consent before calling cell phone numbers. School Messenger (TCPA) <input type="checkbox"/> YES <input type="checkbox"/> NO
			School Messenger (TCPA) <input type="checkbox"/> YES <input type="checkbox"/> NO

PARENT/GUARDIAN		Parent/Guardian Name (Enter only one name)	Relationship to Student
Street Address	Apt. #	City, State, Zip	Home Phone
Is this the same address as the student? <input type="checkbox"/> YES <input type="checkbox"/> NO	Email Address: _____	Occupation	Work Phone 1
Are you a foster parent to this student? <input type="checkbox"/> YES <input type="checkbox"/> NO	Employer	Employer	Work Phone 2
Preferred language of correspondence if other than English:			---FOR CELL NUMBERS---
			Cell Phone 1
			Cell Phone 2
			May we send texts to this cell number? Text Phone 1 <input type="checkbox"/> YES <input type="checkbox"/> NO Text Phone 2 <input type="checkbox"/> YES <input type="checkbox"/> NO
			May we call this cell number for important and emergency messages via School Messenger (the district's auto-call system)? The FCC (through the Telephone Communications Protection Act, known as TCPA) requires us to receive your consent before calling cell phone numbers. School Messenger (TCPA) <input type="checkbox"/> YES <input type="checkbox"/> NO
			School Messenger (TCPA) <input type="checkbox"/> YES <input type="checkbox"/> NO

continued on back →

EMERGENCY CONTACTS

List up to three. Please include at least one local contact. Do not include those listed above as Parent/Guardian.

Name	Home Phone	Cell Phone	Work Phone	Relationship

RESIDENCY

Please answer the following questions.

1) Are the student's parents divorced or separated? YES – (circle one): Divorced / Separated NO

If "yes":

a. Who has custody of the child? Mother Father Joint

b. If custody is jointly held, which parent provides the student's primary regular fixed night-time abode? (i.e., at which parent's residence does the student sleep on a regular basis?) _____

2) Does the student reside with a person other than his/her parents? YES NO

If "yes", what is your relation to the child? _____

3) Is the student homeless? YES NO

If "yes":

a. Is the student currently living in the school district? YES NO

b. In what school district was the student last enrolled? _____

c. In what school district was the student enrolled when last permanently housed? _____

Registration Fees		Paid By
Early Childhood	\$50	<input type="checkbox"/> Check
Kindergarten thru Grades 5	\$75	<input type="checkbox"/> Online
Grades 6-8	\$100	<input type="checkbox"/> Other
Grades 9-12	\$140	


FOR OFFICE USE ONLY - REV 1/2020

Entered into eSchool - By: _____ Date: _____

Residency

If a student is determined to be a non-resident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident. A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)). A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in the District without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)). (Board Policy 7:60, Residence.)

I have read and understand the statement on the back of this form regarding penalties for falsification of residency information.

 Parent/Guardian Signature _____ Date _____

Instructions for Identification of Race and Ethnicity

We are required by the Federal and State authorities to report each student's race and ethnicity for the current school year. If you do not supply this information to District 95, a staff member is required to use visual observation techniques to record the missing data. Please call your student's school if you have questions. Please use the following descriptions to report your race and ethnicity according to the new descriptors from the Federal and State Authorities.

Ethnicity:

- Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Race:

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)



Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name: _____

1. Is a language other than English spoken in your home?

Yes _____ No _____

What language? _____

2. Does your child speak a language other than English?

Yes _____ No _____

What language? _____

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent/Legal Guardian Signature

Date

PARENTAL CONSENT FORM

Student Name _____ Grade _____

School _____ School Year _____

Dear Parent/Guardian and Student:

This form allows you to consent to certain items regarding your child’s enrollment in Lake Zurich Community Unit School District No. 95, including but not limited to charges for checks returned due to insufficient funds, an agreement to abide by the *Access to Electronic Networks Policy*, and a release of photographs. This document provides a brief summary of these items and references the relevant Board policies. All Board policies may be accessed on the District’s website at www.lz95.org. You may also request a hard copy of these policies by contacting the Building Principal. By signing below, you acknowledge that you have read the applicable Board policies.

Check Writing and Collections Policy

As a result of the increased cost of attempting to collect NSF checks, District 95 now uses the services of outside agencies in the recovery of returned checks. An additional processing fee of \$25 (or the maximum allowed by law) will be charged for any NSF checks. In addition, the District uses outside agencies to collect any unpaid fees that are more than 30 days past due. The District will charge a processing fee of \$25 (or the maximum allowed by law) for any account turned over for collections on the District’s behalf. (Board Policy 4:45, *Insufficient Fund Checks*.)

I have read and understand the Check Writing and Collections Policy above.

Electronic Network Access

Student Signature Section

I have read, understand and agree to abide by the District’s *Authorization for Electronic Network Access*. I understand that the District uses network access that is designed for educational purposes solely 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 understand that I have no expectation of privacy in any material that is stored, transmitted, or received via the District’s electronic network or District computer. I further understand that the District and/or its agents may access and monitor my use of the Internet, including my e-mail and downloaded material, without prior notice to me. I further understand that 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 electronic network connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any and all claims and damages arising from my use of, or inability to use the Internet. (Board Policy 6:235, *Access to Electronic Networks*.)

Student Name (*please print*)

Student Signature

Date

Parent Signature Section

*Students are required to have a parent/guardian read and agree to the following:

I have read this *Authorization for Electronic Network Access*. I recognize that the District will create accounts for my child as required for participation in the curriculum, these accounts are to be used for school purposes only and include but are not limited to a student Apple ID and Google Apps for Education. I understand that the District uses network access that is designed for educational purposes solely 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. Therefore, I hold harmless the District, its employees, agents, or Board members, for any harm caused to my child because of materials or software obtained via the District’s electronic network or by suspension from that 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. (Board Policy 6:235, *Access to Electronic Networks*.)

Photo Release

In the course of attending school, your child will be photographed and video-recorded by a variety of people and in a variety of situations. Your child might be the main subject of a video or photograph – when he/she is receiving an individual award, for example. Or, your child might appear only incidentally in a video or photograph – when he/she is standing with a group of students on stage at a concert when another child’s parent/grandparent holds up a cell phone to record the concert, for example. Your child’s artwork may be displayed or photographed, or a story written by your child may be displayed or published. Additionally, your child might appear in a video which is recorded in the classroom for the purpose of evaluating or training teachers on instructional techniques in a classroom. This form is intended to both notify you of these activities and to request any necessary permission.

1. Photographs/Video of Non-Identified Students Taken at School Events/Activities

Parents, students, staff, media, the public and others are permitted and authorized to photograph and/or video-record certain school events/activities to which they may be invited as spectators, including, but not limited to: intramural and interscholastic athletic events, school plays, performances of the band or chorus, or other similar events/activities. Anyone in attendance at such an event shall have no reasonable expectation of privacy. The Lake Zurich Community Unit School District No. 95, or one of its individual schools, may use photographs and/or video of anyone present at such an event on any of the media sponsored by the District, including, but not limited to: yearbooks, newsletters, website, Facebook, etc. The District is not responsible for how others may use any such recordings they may make. No consent is needed from parents/guardians and no additional notice will be provided by the District. Any student (or student’s parent) who objects to being photographed or video-recorded, upon timely written request, may be excused from participation in any such event.

2. Video of Non-Identified Students Taken for Instructional/Educational Purposes

As a general rule, students, parents, the public and the media may not video or audiotape classroom instruction or any other instructional activities that occur in school. However, teachers (including student teachers), principals, other school administrators, educational consultants hired by the District, and students as part of their coursework may use audio and/or video-recording for legitimate educational or administrative purposes, including, but not limited to: evaluating performance, developing skills through self-assessment, training of instructional strategies and techniques to staff, accommodating the needs of staff or students with special needs or developing a portfolio necessary for a student teacher to satisfy training requirements. Students are not identified by their full name in any such video-recording. In the event a student (or student’s parent) objects to being video-recorded for this purpose, the student will participate in the lesson, but will be seated outside of the viewing range of the camera.

3. Photographs/Video of Identified Students or Identified Student Work

The District, or one of its individual schools, may publish photographs and/or video of students, or student work, and identify the involved student(s) by their full names on any of the media sponsored by the District including, but not limited to: yearbooks, newsletters, website, Facebook, etc. The publication of student names usually occurs when a student or group of students are being recognized for their academic or athletic achievements or some other extraordinary effort. The District also sometimes grants permission for these photographs/videos of identified students or identified student work to be published in local newspaper or broadcast by a local media outlet. The District also sometimes displays student artwork at various art exhibitions outside the school setting including but not limited to the Starbucks Art Wall display. Any student (or student’s parent) may opt out of the publication of such information by signing and returning the form below. Note that a student (or student’s parent) may opt out of the individual publication of his/her name, but if the student participates in an extracurricular team or activity, his/her name will be published along with the rest of the team/cast/group, his/her name will be published with any group photograph or his/her name, if worn on a jersey, may appear on video, or be broadcast.

I GRANT **I DO NOT GRANT**

...my permission for the Lake Zurich Community Unit School District No. 95 to publish (or release to media) my child’s name in connection with the publication of any photograph or video of my child or his/her student work. I understand that, if I do not grant my permission, and my child is photographed or video-recorded as part of a group or team, such photograph or video will be published and my child’s name will be included.

I GRANT **I DO NOT GRANT**

...my permission for the Lake Zurich Community Unit School District No. 95 to photograph or video-record my child in connection with the photographing or video-recording of a classroom for educational/instructional purposes. I understand that, if I do not grant my permission, my child will participate in the lesson, but will be seated outside of the viewing range of the camera.

I understand that I may elect to revoke my consent at any time by notifying the Building Principal.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date



ACCEPTED DOCUMENTS FOR PROOF OF RESIDENCY

Three documents are required to verify residency. You must present proof of residency within Lake Zurich Community Unit School District 95 by providing one document from Category I **AND** two documents from Category II.

CATEGORY I (ONE document required)

Homeowners:

- Most recent property tax bill
- Current mortgage statement or mortgage papers/closing papers (for closing within last 60 days)

Renters:

- Signed and dated lease, and proof of last month's payment (cancelled check or receipt)
- *Letter of Residence from Landlord in Lieu of Lease* form (available on District 95 website) and proof of last month's payment (cancelled check or receipt)
- *Letter of Residence to be Used When the Person Seeking to Enroll a Student is Living with a District Resident* form (available on District 95 website)

CATEGORY II (TWO documents required)

Each document must have the current address:

- Driver's license
- Vehicle registration
- Voter registration
- Most recent credit card bill
- Current public aid card
- Current homeowners/renters insurance policy and premium payment receipt
- Most recent gas, electric, water bill (cell phone bills are not accepted)
- Receipt for moving van rental

IMPORTANT: District 95 reserves the right to evaluate the evidence presented, and merely presenting the items listed does not guarantee admission.

WARNING: If a student is determined to be a non-resident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in the District without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).



RESIDENCY VERIFICATION FORM
School Year 2020-21

Street Address

City, State, Zip code

Table with 4 columns: Student Full Name, Date of Birth, Grade, School. Contains 6 rows of student information.

Residency Statement

If a student is determined to be a non-resident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in the District without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)). (Board Policy 7:60, Residence.)

I have read and understand the statement above regarding penalties for falsification of residency information.

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature

<<<< CONTINUED ON BACK >>>>

ACCESS TO/REVIEW OF PARENT-STUDENT HANDBOOK

School Year 2020-21

The Parent-Student Handbook contains important information for all parents and students about the District's rules on student conduct and discipline and other policies and procedures, and is available (1) on the District's website at www.lz95.org under the "Parents" menu, and (2) in print, upon request to the building principal. I understand how to access the Parent-Student Handbook electronically and in print and agree to access the Handbook, read it, and review it with my child. I understand that if my child violates the rules, (s)he can be disciplined. Discipline may include a loss of privileges, detention, suspension, expulsion, or other consequences.

By signing below, I certify that I will access the Parent-Student Handbook, read it, and review it with my child. By signing below, I further certify that I agree to abide by the Board/District policies, rules and procedures contained in the Handbook.

Parent/Guardian Name (*please print*)

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY - RESIDENCY VERIFICATION

Category I – Verification of Residency (ONE document required)

<u>Homeowners</u>	<u>Renters</u>
<input type="checkbox"/> Most recent property tax bill	<input type="checkbox"/> Signed and dated lease and proof of last month's payment
<input type="checkbox"/> Current monthly mortgage statements or recent closing mortgage papers	<input type="checkbox"/> Letter of residence from landlord in lieu of lease and proof of last month's payment
	<input type="checkbox"/> Letter of residence to be used when the person seeking to enroll a student is living with a District resident and proof of last month's payment

Category II – Verification of Identity (TWO documents required)

<input type="checkbox"/> Driver's license	<input type="checkbox"/> Current public aid card
<input type="checkbox"/> Vehicle registration – State of Illinois	<input type="checkbox"/> Current homeowners/renters insurance policy and premium payment receipt
<input type="checkbox"/> Voter registration	<input type="checkbox"/> Most recent gas, electric, water bill (cell phone bills are not accepted)
<input type="checkbox"/> Most recent credit card bill	<input type="checkbox"/> Receipt for moving van rental

Military Personnel

Must provide one of the following within 60 days after the date of student's initial enrollment:

- Postmarked mail addressed to military personnel
- Lease agreement for occupancy
- Proof of ownership of residence

Anyone with a Custody Order Seeking to Enroll a Student

- Court order, agreement, judgment, or decree that awards or gives custody of the student to any person (including divorce decrees awarding custody to one or both parents). Provide a copy of court order.

Non-Parent Seeking to Enroll a Student

- Evidence of Non-Parent's Custody, Control, and Responsibility of a Student form*

FOR OFFICE USE ONLY

Documents Verified by: _____ Date: _____

eSchool

COMMUNITY UNIT SCHOOL DISTRICT 95
Health Office Emergency Information

Student Name _____ Home Phone _____

Last First

Student Address _____ IL _____

Street City Zip

Date of Birth _____ Gender _____ Registering for Grade _____ New to Illinois? Y / N

Doctor _____ Phone _____

Parent/Guardian Signature _____ **Date** _____

CONFIDENTIAL

HEALTH INFORMATION

Check all that apply

Please explain any yes answers.

Allergies (Specify) No ___ Yes ___ _____

Food (Specify) No ___ Yes ___ _____

Environmental No ___ Yes ___ _____

Seasonal No ___ Yes ___ _____

Other Allergies (Specify) No ___ Yes ___ _____

Asthma No ___ Yes ___ _____

ADHD No ___ Yes ___ _____

Bowel/Bladder Concerns No ___ Yes ___ _____

Diabetes No ___ Yes ___ _____

Emotional Health Concerns No ___ Yes ___ _____

Heart Condition No ___ Yes ___ _____

Hearing Concerns No ___ Yes ___ _____

Glasses/Contacts/Vision Concerns No ___ Yes ___ _____

Seizures No ___ Yes ___ _____

Skin Condition No ___ Yes ___ _____

Other (Specify) No ___ Yes ___ _____

TREATMENTS

Inhaler No ___ Yes ___ _____

Epinephrine No ___ Yes ___ _____

Other No ___ Yes ___ _____

MEDICATIONS

Medication taken at home No ___ Yes ___ List _____

Medication needed at school* No ___ Yes ___ List _____

Medication needed on the bus* No ___ Yes ___ List _____

*** School Medication Authorization form must be on file in the Health Office for medicine to be administered by health office personnel.**

TRANSPORTATION (Health and Welfare Related)

If you answered **Yes** to any of the above questions, please add appropriate information their bus driver would need to know in the school bus environment. (Examples may include whether they carry an Epi-Pen and if they can self-administer or alternative communication prompts for cooperation and/or emergencies): _____

Medical information on this card and in your child's health record may be shared with the educational staff to maintain your child's health and safety in the school setting. The school district is not responsible for any health concerns that are not addressed on this form.
Rev. 12/2016

School Medication Authorization Form

To be completed by the student's parent/guardian AND PHYSICIAN and kept in the school nurse's office or, in the absence of a school nurse, the building principal's office.

Student's Name:		Birth Date:
Address:		
Home Phone:	Emergency Phone:	
School:	Grade:	Teacher:

TO BE COMPLETED BY THE STUDENT'S PHYSICIAN: (for all medication except asthma inhalers)

Physician's printed name:	
Office Address:	Office Phone: Office Fax:
Medication:	
Dosage:	Frequency:
Time medication is to be administered or under what circumstances:	
Diagnosis requiring medication:	
Intended effect of this medication:	
Must this medication be administered during the school day in order to allow the student to attend school or to address the student's medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expected side effects if any:	
Time interval for re-evaluation:	
Has student been taught to self administer this medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does student have your approval to administer this medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other medication student is receiving:	

Physician's Signature

Date

FOR ASTHMA INHALERS ONLY, AFFIX PRESCRIPTION LABEL HERE:

COMPLETE BOTH SIDES

By signing below, I agree:

1. That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District 95 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of District 95), lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices, and**
2. To indemnify and hold harmless District 95 and its employees and agents any claims, except a claim based on willful and wanton conduct arising out of the self-administration of medication by the student.

Parent/Guardian printed name

Parent/Guardian signature

FOR PARENTS OF STUDENTS WHO SELF ADMINISTER MEDICATIONS

I authorize the School District 95 and its employees and agents, to allow my child or ward to possess and use his or her asthma medication, diabetic supplies or "Epi-Pen" (1) while in school, (2) while at a school sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property.

I verify that my child has been instructed and can self administer his/her prescribed medication in accordance with the prescribed dosage and route. Also my child is aware of potential side effects, when medication is not effective, and when additional help is needed. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication (105 ILCS 5/22-30).

If you agree, please initial: _____
Parent/Guardian initial

COMPLETE BOTH SIDES



State of Illinois Certificate of Child Health Examination

Required for grades K, 6, 9

Student's Name				Birth Date			Sex	Race/Ethnicity			School /Grade Level/ID#							
Last		First		Middle		Month/Day/Year												
Address				Street		City		Zip Code		Parent/Guardian			Telephone # Home		Work			
<p>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.</p>																		
REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps Rubella																		
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		
<p>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.</p>																		
Signature							Title					Date						
Signature							Title					Date						
ALTERNATIVE PROOF OF IMMUNITY																		
<p>1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.</p>																		
<p>*MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR</p>																		
<p>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.</p>																		
Date of Disease					Signature					Title								
<p>3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/>Measles* <input type="checkbox"/>Mumps** <input type="checkbox"/>Rubella <input type="checkbox"/>Varicella Attach copy of lab result.</p>																		
<p>*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.</p>																		
<p>Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____ Physician Statements of Immunity MUST be submitted to IDPH for review.</p>																		

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?			Yes	No				Loss of function of one of paired organs? (eye/ear/kidney/testicle)			Yes	No						
Child wakes during night coughing?			Yes	No				Hospitalizations? When? What for?			Yes	No						
Birth defects?			Yes	No				Surgery? (List all.) When? What for?			Yes	No						
Developmental delay?			Yes	No				Serious injury or illness?			Yes	No						
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.			Yes	No				TB skin test positive (past/present)?			Yes*	No	*If yes, refer to local health department.					
Diabetes?			Yes	No				TB disease (past or present)?			Yes*	No						
Head injury/Concussion/Passed out?			Yes	No				Tobacco use (type, frequency)?			Yes	No						
Seizures? What are they like?			Yes	No				Alcohol/Drug use?			Yes	No						
Heart problem/Shortness of breath?			Yes	No				Family history of sudden death before age 50? (Cause?)			Yes	No						
Heart murmur/High blood pressure?			Yes	No				Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other										
Dizziness or chest pain with exercise?			Yes	No				Information may be shared with appropriate personnel for health and educational purposes.										
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____			Yes	No				Parent/Guardian Signature										
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Yes	No				Date										
Ear/Hearing problems?			Yes	No														
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			B/P						
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>																		
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 <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> 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			<input type="checkbox"/> Diagnosis of Asthma					Mental Health										
Currently Prescribed Asthma Medication:								Other										
<input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist)																		
<input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)																		
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: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/>	No <input type="checkbox"/>	Modified <input type="checkbox"/>	INTERSCHOLASTIC SPORTS			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Modified <input type="checkbox"/>							
Print Name			(MD,DO, APN, PA)			Signature			Date									
Address			Phone															



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____



Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____
Last First Middle

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

DENTAL INFORMATION & CLINICS

A dental examination performed by a licensed dentist is required for all **Kindergarten, 2nd and 6th grade** students. Please note that **ONLY** the statewide Illinois Department of Public Health PROOF OF SCHOOL DENTAL EXAMINATION FORM will be accepted. For those needing a DENTAL EXAMINATION WAIVER FORM, please visit the District 95 website at www.lz95.org under the Health Services Department or request one from your child's school.

Below is a list of dental clinics provided by the Lake County Health Department. These clinics are available to all Lake County residents. Third party billing for Medicaid, Medicare or insurance is available. Fees are assessed based on the services needed, with adjustments made depending on the individual or family income. No one is denied services due to inability to pay.

Clinic times and day vary by location. For more information please call the phone number of a clinic below.

Dental Clinic Locations:

Belvidere Medical Building 2400 Belvidere Road Waukegan, IL 60085 (Just east of McAree Road) 847.377.8410	Midlakes Medical and Dental Building 224 Clarendon Avenue Round Lake Beach, IL 60073 (On the corner of Cedar Lake and Clarendon) 847.984.5130
North Chicago Health Center 2215 14th Street North Chicago, IL 60064 847.984.5230	Grand Avenue Health Center 3010 Grand Avenue Waukegan, IL 60085 847.377.8180
North Shore Health Center 1840 Green Bay Road Highland Park, IL 847.984.5330	

For more information, or to schedule an appointment, call the above numbers or visit:

<http://health.lakecountyil.gov/primary/pages/dental-services.aspx>

For those with dental insurance through All Kids:

Mundelein Dental Center 333 East Route 83 Mundelein, IL 60060 847.566.7212	DentaQuest of Illinois 1.888.286.2447
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PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address:	Street	City	ZIP Code	Telephone:
Name of School:			Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian:			Address (of parent/guardian):	

To be completed by dentist:

Oral Health Status (check all that apply)

- Yes No **Dental Sealants Present**
- 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 **Soft Tissue Pathology**
- Yes No **Malocclusion**

Treatment Needs (check all that apply)

- Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- Restorative Care** — amalgams, composites, crowns, etc.
- Preventive Care** — sealants, fluoride treatment, prophylaxis
- Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date of Exam _____

Address _____
Street City ZIP Code

Telephone _____





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 _____ (Month/Day/Year) Gender _____ Grade _____

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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal exam (vitreous, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pupillary reflex (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glaucoma evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 _____



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 _____

Signature _____

Date _____

<p>Consent of Parent or Guardian</p> <p>I agree to release the above information on my child or ward to appropriate school or health authorities.</p> <p>_____</p> <p style="text-align: center;">(Parent or Guardian's Signature)</p> <p>_____</p> <p style="text-align: center;">(Date)</p>

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

Mobile Learning Initiative Registration Acknowledgement

Student Name:

School:

I acknowledge participation of my child in District 95 [Mobile Learning Initiative](#) whereby my child will be issued an iPad by the District for the sole purpose of enhancing his or her educational experience. I am wholly and entirely responsible for loss or damage to this District-owned device. My child will only use this device in accordance with all applicable policies and procedures of the District, the Terms and Conditions of the Mobile Learning Initiative, and the [Mobile Learning Guidelines for Students and Parents](#).

The Mobile Learning Initiative program fee includes accidental damage coverage to help families mitigate the risk of iPad loss and damage. This coverage will protect you from paying the full cost to repair or replace your student’s device subject to a cumulative, year to year, per-occurrence deductible. This fee is due at registration. Benefits of this plan include:

- Up to two incidents of damage (over a four year period) covered by \$50.00 (each incident) deductible.
- Third and all other incidents of damage (over the same four year period) covered at cost, up to a maximum of \$150 out of pocket expense.
- Replacement of lost or stolen iPad with a \$250 deductible and a copy of the filed police report of the incident.
- A web portal to allow parents a timely and efficient method to file claims and pay for damage or loss.

Deductible Per Claim	Fee
First Incident of Damage	\$50
Second Incident of Damage	\$50
Third and all Future Incidents of Damage	\$150
Loss or Theft	\$250

I understand there are certain conditions not covered by this damage waiver which include:

- Any dishonest, fraudulent, malicious, intentional or criminal acts.
- Catastrophic damage or unauthorized modifications. In such cases, the parent(s)/guardian(s) will be required to pay for the replacement of the device.
- Any loss of software, data, documents, music, videos, recordings or other personal information on the device.
- Any device lost or stolen that is not reported to local law enforcement.
- Any use not in accordance with District policies and procedures.
- Replaceable parts item such as case, cables, charging adapters, or batteries will not be replaced/covered by this plan.
- Any device with removed or altered serial numbers.
- The district may opt not to repair cosmetic damage which does not affect the functionality.

DEDUCTIBLE FEE PER CLAIM:

First and Second incident of damage - \$50 each. Third incident (and all future) of damage - \$150. Loss or theft - \$250.

I understand that I am responsible for a per occurrence deductible, cumulative from year to year, for all claims covered under this damage waiver to be paid immediately upon confirmation of a loss, such confirmation being at the District’s sole discretion. All current and past registration fees and any other outstanding fees to the District (including the iPad damage waiver or replacement fee) are required to be paid before students are allowed to participate in Athletics and extra-curricular activities requiring a fee to participate, eligible for a student high school parking permit, or have off campus (high school) privileges. Official transcripts are not released until all fees owed to the District are paid.

-OR-

I will supply my student with a personal device.

Parent Signature

Date

Mobile Learning Initiative Terms and Conditions

Students are provided with a district owned iPad through the Mobile Learning Initiative for the sole purpose of enhancing his or her educational experience, and will only use this device in accordance with all applicable policies and procedures of the District, the Terms and Conditions of the Mobile Learning Initiative and the [Mobile Learning Guidelines for Students and Parents](#).

Return of Technology Device. The District may require the student to return the technology device and/or related resources at any time, including if the student is no longer enrolled at the District or at the end of the school year. The student must return the technology device in the same condition as the District issued it. No permanent marks may be made on the technology device or related resources. A student who fails to produce the technology device and/or any related resources within 24 hours after such a request may be subject to discipline or other consequences. The District is the only party authorized to repair/service the devices. Users remain liable for any damages identified during or after the device is turned in and inspected.

Consequences for Failure to Return Device. These terms and conditions provide notice to students and parents that a charge will be assessed for failure to return the District owned device upon leaving the Lake Zurich Community Unit School District 95, graduation, and/or transferring to another school. Illinois law provides that if a student has unpaid fines, fees, or tuition, a District may withhold the official transcript of a student. Additionally unauthorized persons in possession of school district property are subject to prosecution under Illinois Law and the District will file a stolen property report with local law enforcement in the event the device is not returned.

Reasonable Care. It is the responsibility of the student and his/her parent(s)/guardian(s) to exercise reasonable care over the technology device at all times. This includes, but is not limited to, keeping the device within the assigned/provided case at all times, the duty to secure the technology device in a safe location and to otherwise take reasonable steps to protect the technology device from damage and theft.

School Related Uses. The technology device is intended for use only by the student for school related/educational purposes while on the district network. All use of the device must comply with all District policies and procedures.

Lending of Device Prohibited. The student may not lend the device or related resources to anyone, including members of the student's family, for any reason. Loss or damage of the device by others is not covered by insurance.

Students Expectations. Students are expected to bring their devices with them to school every day. The devices must be fully charged, in the district provided case, and ready to be used when they arrive to school. Non-standard cases are considered on an individual basis and must be approved by District 95 and meet district required standards for protection of the device.

District Policies. The student's use of the technology device must comply with all requirements of all District policies and procedures, including but not limited to Board Policy 6:235 Access to Electronic Networks, Terms and Conditions of the Mobile Learning Initiative, Mobile Learning Guidelines for Students and Parents, all District policies and procedures, and the student discipline code, regardless of where or when the student's use occurs. This means that any use by a student of a technology device will be subject to discipline as if the activities had occurred during school hours on school grounds, regardless of whether the conduct occurs off-campus and/or on the student's free time. The District reserves its right to block application functionality, implement security measures, change device settings, or take any other security steps, as deemed necessary in the District's sole discretion. Any attempt to modify (AKA "Jailbreak") the device/equipment, including but not limited to changing Internet access settings, will be construed as a violation of the District's policy.

Installation of Applications. Students will be provided a managed Apple ID and are required to keep this account logged in at all times on the school iPad. Logging on with another Apple ID is prohibited. All school required applications will be made available in the district app store called Self Service.

Mobile Learning Initiative Terms and Conditions

District Right to Monitor. Users have no expectation of privacy in materials or content created, received, sent, viewed, or otherwise accessed on the technology device even if using a personal account (such as a personal webmail or social media account). This is because it is a district device. The technology device may contain tracking and/or monitoring software that allow the District to obtain and record information concerning use of the technology device. The District will not actively track or monitor the use of the devices outside the District's internal network and cannot guarantee that devices can be located. Students must notify school administrators if a device is missing and, for safety reasons, should not attempt to recover devices on their own. School administration will work with local law enforcement to recover these devices.

Access to Device. The student must provide requesting staff members with access to the device (passcode) and all software or applications upon request. Failure to provide staff with access to the device may result in lost content due to the reimaging process. In addition, the student may also be subject to discipline or other consequences if the student is unwilling to provide such access.

Financial Assistance. The Mobile Learning Program fee will be waived for families qualifying for the free lunch program. Applicable deductibles for loss, theft or damage will still be the responsibility of the parents. Families qualifying for reduced lunch status will be required to pay 25% of the fee or \$10.00. Applicable deductibles for loss, theft or damage will still be the responsibility of the parents. Any newly qualified families at the beginning of the each school year will also be eligible to have their fees waived or reduced. Even if the fee is reduced or waived, parents must still sign the attached waiver. Families who believe that their status has changed from the previous school year, should complete the free and reduced lunch application found on the district website prior to paying the Mobile Learning Initiative Fee.



ALTERNATIVE TRANSPORTATION FORM

Student Name _____ Grade: _____

School _____ School Year _____

Dear Parent/Guardian,

Transportation is scheduled to and from the home address. If your transportation needs require an alternate pick-up or drop-off location, please fill out below. Childcare addresses will be considered only if the stop is on an existing bus route located in the school attendance area to which the student is assigned.

*****STUDENT PICK-UP AND DROP-OFF LOCATIONS MUST BE THE SAME ALL DAYS OF THE WEEK*****

Pick-Up location, if other than home _____

Drop-Off Location, if other than home _____

PARENT/GUARDIAN SIGNATURE

I understand that it is the school district's policy for students to use the same bus stop 5 days a week. These rules are enforced to ensure safe and orderly transportation of our students.

Parent/Guardian Signature and Contact Phone number

*****TRANSPORTATION OFFICE USE ONLY*****

Is the alternative address in the same home school? Yes No

New transportation should be in Home Access by: _____

Reason of denial: _____

Parent contacted (Date, Time & Initials): _____

Email to school if denied (Date, Time & Initials): _____

INVOICE

2020-2021 School Year
(Fee is payable at time of registration)

To ensure proper credit, please complete and submit this invoice with your registration form to the student's assigned school.

- Fee is payable at time of registration. Fee is applicable to all students attending district schools or special education out placement.
- PLEASE DO NOT SEND CASH. If paying by check or money order please make the check payable to:
Lake Zurich CUSD 95. Your canceled check serves as your receipt.
- Credit card/Debit card payments can be made after the Home Access login ID and password are issued. Please contact your school for more information.
- All payments by mail should be sent to your student's assigned school.

Fee Schedule

GRADE	FEE TYPE	FEE
Preschool	Speech Services	\$80.00
Early Childhood	School Fee	\$50.00
Kindergarten - 5 th Grade	School Fee	\$75.00
Kindergarten - 12 th Grade	Mobile Learning Initiative*	\$40.00
4 th - 5 th Grade	Band, Orchestra, Chorus (if applicable)	\$25.00 per activity
6 th - 8 th Grade	School Fee	\$100.00
6 th - 8 th Grade	Yearbook (optional)	\$26.00
6 th - 8 th Grade	Band, Orchestra, Chorus (if applicable)	\$40.00
6 th - 12 th Grade	PE Uniforms (if applicable)	\$15.00
9 th - 12 th Grade	School Fee	\$140.00
9 th - 12 th Grade	Yearbook (optional)	\$56.00
9 th - 12 th Grade	Band, Orchestra, Chorus	\$50.00 per activity
<u>Late Fees</u>		
\$25.00 - if payment is received after September 15, 2020		
\$40.00 - if payment is received after October 30, 2020		

Each student is assessed an annual school fee, which is used to offset the cost of items currently supplied by the District for all students. Examples of such materials include textbooks, workbooks, consumables, art supplies, materials for science unit experiments, library resources, paper and copying costs, student screening materials, printer supplies and other items. *Please note: Students who qualify for free lunch program are exempt from this fee. Students that qualify for a reduced lunch fee are required to pay 25% of the school fee. Waivers must be applied for annually and applications are not available until August 1, 2020.*

* The Mobile Learning Initiative fee supports the iPad 1:1 program. This required fee, in part, offsets the cost of the theft/damage deductible program. Failure to pay this fee will result in a charge for the full amount of repair or replacement of the issued device.

Other participation fees (such as Band, Orchestra, Chorus, and Athletics) are assessed upon your child's enrollment in the program. Other school related fees are assessed on an individual or school basis. These fees will be posted and available for payment through Home Access or by sending a check to your child's school.

All current and past registration fees are required to be paid before students are allowed to participate in extra-curricular activities requiring a fee to participate or a High School parking permit. Official transcripts are not released until all fees owed to the district are paid.

Student Name: _____ Grade: _____

Parent's Name: _____ School: _____

Amount Paid: _____ Date: _____ Check No. _____

LOST OR STOLEN STUDENT ID CARDS

Students should notify the school office and cafeteria staff if their ID is lost or stolen.

The district is not responsible for purchases on any reported or unreported cards that have been lost or stolen. Any student using another person's card without permission are subject to the district's student behavior policy and procedures.

Students without ID cards will need to obtain a replacement card from the school office. There will be a charge for middle and high school replacement ID cards.

ACCOUNT BALANCES AT YEAR END

Money remaining in a student's account at the end of the year will remain in the account to be used the following year. Interest will not accrue on the amount remaining in the account.

For graduating seniors or students moving out of district, refunds will be granted if the balance is more than \$10.00 and must be requested in writing at businessoffice@l295.org. The check will be mailed to the permanent address listed on the student's file. No cash refunds will be issued, so students leaving the district are encouraged to spend balances less than \$10. Balances can also be transferred to another family member through your PushCoin account.



Frequently Asked Questions

Do I need to create an account if I am not going to fund the account through PushCoin?

While not mandatory, creating a PushCoin account allows you to have email notification of your child's lunch activity and notification of low balances.

How soon can I get a replacement ID?

Once reported to the school office, a new id can be issued within 24-48 hours.

Can anyone else use my ID card?

No, each student is required to have a separate account.

My child qualifies for reduced lunch, can they use the POS system?

Yes, Free and Reduced eligibility is securely and confidentially sent to PushCoin. The screen will not identify students as free or reduced. Families qualifying for free lunch that do not plan on adding their own funding to their child's lunch account should still set up an account to receive emails regarding their child's lunch activity.



Important Information About

Food Service & the Student Lunch Program





FOOD SERVICE

Community Unit School District 95 offers a full hot lunch food service program provided by Sodexo Food Service. Menus are published on a monthly basis and the link to the lunch menus is available on the District 95 website under the tabs called 'Parents' and 'Students'. Nutritional information and Sodexo contact information is also available here.

NATIONAL SCHOOL LUNCH PROGRAM

Families are eligible for a free or reduced lunch based on qualifying under the National School Lunch Program (NSLP) guidelines. Applications for free and reduced lunches must be completed each year and are available on the district website under the 'Parents' tab.

COST OF LUNCH

A meal includes an entrée, milk, and a fruit/vegetable. All a carte items are available at an additional cost to the student.

FOR MORE INFORMATION

Please contact Peggy Freund or Kathy Taylor, General Manager, Sodexo at 847-540-4247.

CAFETERIA POINT OF SALE SYSTEM

Our cafeterias are equipped with a point of sale system (POS) that utilizes a cashless option for payment (student's ID number/ ID cards) if so desired to expedite checkout.

WHAT ARE THE BENEFITS?

Cashless cafeteria's have quicker lines giving students more time to finish their lunches. Students and parents benefit from the convenience of not having to remember lunch money daily. Students will also benefit from the safety and security of not having to carry cash on a daily basis.

HOW DOES IT WORK?

Once a student's account has funds available, the student walks up to the cashier with their meal. The cashier will ring up their purchases and then the student uses their ID number/ID card to pay. The POS system recognizes the student and allows them to purchase their lunch. The cost of the lunch is then deducted from their account.

HOW DO WE CREATE AND FUND AN ACCOUNT?

A link to PushCoin can be found on the District 95 website (www.lz95.org) under the Parents->Lunch->PushCoin menu. To establish an account, the student name and a unique registration code are needed. Request a unique registration code by sending an email to our business department at businessoffice@lz95.org. You will have multiple methods for funding your student lunch account.

◆ ELECTRONIC CHECK

The eCheck funding option is a free option

available through the PushCoin website. You will be required to enter the routing and account number from your check. There is a \$35 minimum.

◆ CREDIT CARD

Visa, MasterCard, or Discover cards can be used through the PushCoin website. There is a transaction fee added to your total amount. Parents using a credit card will be notified of the total cost before submitting and will have the opportunity to cancel and select another funding source. (Once you have added funds to your account, you can transfer funds to other student accounts without incurring an additional transaction fee). There is a \$35 minimum.

◆ CHECK

You may also fund the account by writing a check payable to Lake Zurich CUSD 95 sent to your student's elementary school office or the cashiers at the middle schools or high school. Remember to write in the check's memo: Lunch-<Your Student's Name>. Please remember to allow time between receipt of check and processing to your account. A surcharge fee of \$25.00 will be charged for returned checks.

HOW DO WE KNOW IF THE BALANCE IS LOW?

Parents who create an account with PushCoin will receive daily emails informing them of their child's purchases and account balance. Emails will be sent when balances are below \$15.00. Accounts with negative or zero balances may be declined.

AUTHORIZATION FOR THE RELEASE OF AND/OR REQUEST FOR STUDENT RECORDS

NAME OF STUDENT: _____ Birth Date _____
(Last) (First) (Middle)

For Students Transferring From Lake Zurich Community Unit School District 95 to another school:

I, the parent/legal guardian of the above named student, authorize Lake Zurich Community Unit School District 95 to release the listed student records to the school and/or agency listed below:

PLEASE CHECK

- Permanent Record (identifying information, academic transcripts, attendance record, & health record)
- Temporary record (information not included in the permanent record: family background information, aptitude and achievement test results, participation in school activities, honors and awards received, teacher anecdotal records, disciplinary records, reports of psychological evaluations, special education files, ELL records, other verified information of clear relevance to the student's education)

Release records from: _____ _____ _____	Release records to: _____ _____ _____
------------------------------------------------------	----------------------------------------------------

For Students Transferring To Lake Zurich Community Unit School District 95 from another school:

I, the parent/legal guardian of the above named student, authorize Lake Zurich Community Unit School District 95 to request the listed student records from the school and/or agency listed below:

PLEASE CHECK

- Permanent Record (identifying information, academic transcripts, attendance record, & health record)
- Temporary record (information not included in the permanent record: family background information, aptitude and achievement test results, participation in school activities, honors and awards received, teacher anecdotal records, disciplinary records, reports of psychological evaluations, special education files, ELL records, other verified information of clear relevance to the student's education)

Release records from: _____ _____ _____	Release records to: _____ _____ _____
------------------------------------------------------	----------------------------------------------------

The privacy of these records is protected. These records are for use of authorized school personnel only. A copy of this release is to be kept on file in District 95.

Signature of Parent/Legal Guardian Relationship to Child Date
-----(Office Use Only)-----

Date records received and/or released _____ Signature _____