



Dear Incoming Kindergarten 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 PreK – 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 elementary schools grades serving our youngest learners through fifth grade (Isaac Fox, May Whitney, Sarah Adams, Seth Paine, and Spencer Loomis), two middle schools for grades 6-8 (Middle School North and Middle School South), and Lake Zurich High School serving grades 9-12. 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

Full Day Kindergarten FAQs

Is there a charge for full-day kindergarten?

There will be no tuition charged; just the school registration fee required for elementary students.

Is a half-day kindergarten option available?

Yes, your child may attend for only the morning; however, you must provide your own transportation home at midday.

Is transportation provided for kindergarteners?

The same criteria will be used for kindergarteners as for other grade levels when determining whether transportation is provided. Therefore, some kindergarteners will be provided transportation, but others may not based on home address and identified walk zones.

Will full-day kindergarten students have a nap time?

No.

Will kindergarten students participate in full specials?

Yes, like grades 1-5, kindergarten students will participate in a typical elementary school day which includes PE, Art, Music, and Library Media Center (LMC).

Why does my child need to participate in kindergarten screening?

Kindergarten screening helps teachers identify each student's strengths and areas for new learning to best plan for educational supports.

What is the average kindergarten class size?

It is the District's goal that most K-1 classrooms will have 24 students or fewer.

Why did the District move to a full-day Kindergarten program?

The Benefits of a Full Day Program

- increased academic preparedness and stamina
- greater exposure to educational experiences
- time to explore content learning at a deeper level
- increased enrichment and remediation opportunities to meet students' needs
- extended opportunities for interaction and social experiences with other children
- increased social, emotional, and behavioral learning
- higher student achievement

We're having trouble deciding between full-day and half-day. What are the pro's and con's?

| Half-day vs. Full-day | |
|--|---|
| Students attend only for the morning. | Students attend for the entire school day. |
| Transportation will only be provided to school for students who qualify for busing. Mid-day transportation will not be provided. | Transportations will be provided to and from school for students who qualify for busing. |
| Students receive the curriculum offered during the time they are in attendance. | A full kindergarten curriculum will include literacy, math, science, social studies, social/emotional learning, and specials. |

2021-2022 Calendar Snapshot

All calendar dates are subject to change due to the Pandemic

| Event | Date |
|---|---|
| IHSA Start for Football/Golf and Other Fall Sports | TBD |
| Freshmen Orientation | TBD |
| Middle Schools Walk-Your-Schedule Day | TBD |
| Institute Day | Thursday, August 12, 2021 |
| Teacher In-Service Day | Friday, August 13, 2021 |
| Teacher Workday, PreK-5 Meet the Staff | Monday, August 16, 2021 |
| 1 st Day of Student Attendance (Full Day) | Tuesday, August 17, 2021 |
| Early Release, K-12 | Friday, September 3, 2021 |
| Labor Day | Monday, September 6, 2021 |
| Columbus Day | Monday, October 11, 2021 |
| Institute Day | Tuesday, October 12, 2021 |
| 1 st Quarter Ends (Middle School) | *Tuesday, October 19, 2021 |
| Parent/Teacher Conference, High School (4-7 pm) | Wednesday, October 27, 2021 |
| Early Release, K-12 | Friday, October 29, 2021 |
| Parent/Teacher Conference, Middle School (4-7 pm) | Wednesday, November 3, 2021 |
| 1 st Trimester Ends (Elementary) | *Wednesday, November 10, 2021 |
| Early Release, Grades 6-12 | Thursday, November 11, 2021 |
| Parent/Teacher Conferences, Grades 6-12, (1-7 pm) | Thursday, November 11, 2021 |
| Institute Day | Friday, November 12, 2021 |
| Parent/Teacher Conference, Elementary (4-7 pm) | Wednesday, November 17, 2021 |
| Early Release, Grades K-5 | Monday, November 22, 2021 |
| Parent/Teacher Conference, Elementary (1-7 pm) | Monday, November 22, 2021 |
| Non-Student Attendance | Wednesday, November 24, 2021 |
| Thanksgiving | Thursday, November 25, 2021 |
| Non-Student Attendance | Friday, November 26, 2021 |
| 2 nd Quarter (MS)/1 st Semester (HS) Ends | *Wednesday, December 22, 2021 |
| Institute Day | Thursday December 23, 2021 |
| Winter Break | December 24, 2021 – January 7, 2022 |
| Classes Resume | Monday, January 10, 2022 |
| MLK, Jr. Day | Monday, January 17, 2022 |
| Early Release, K-12 | Thursday, February 17, 2022 |
| Institute Day | Friday, February 18, 2022 |
| Presidents' Day | Monday, February 21, 2022 |
| 2 nd Trimester Ends (Elementary) | *Friday, February 25, 2022 |
| Early Release, K-12 | Wednesday, March 2, 2022 |
| 3 rd Quarter Ends (Middle School) | *Wednesday, March 16, 2022 |
| Spring Break | March 28 -April 1, 2022 |
| Non-Student Attendance | Friday April 15, 2022 |
| Early Release, K-8 | Friday, May 13, 2022 |
| Early Release, K-12 | Friday, May 20, 2022 |
| Graduation | TBD |
| Last Day of School | Friday, May 27, 2022 June 6-Including Emergency Days |
| Memorial Day | Monday, May 30, 2022 |
| Summer School 2022 Starts | TBD |

Approved 1/28/2021

Updated 2/5/21*

KINDERGARTEN SCREENING for 2021-22 SCHOOL YEAR

Dear Parent or Guardian,

District 95 will be conducting screening assessments for all incoming kindergarten students. Information gathered from these assessments will allow the kindergarten teachers to gain a better understanding of your child's development prior to the beginning of school. The screening includes student assessments in the areas of **Language Development, Reading Readiness and Vision/Hearing.**

Kindergarten screening information will be available later this Spring. You will be contacted by your child's school with more information.



Questions? Concerns?

Not sure what school your child will attend? Contact the District 95 Transportation Department at 847- 438-2834 or send an email to Feedback@lz95.org. For other questions, please contact your child's elementary school.

May Whitney Elementary
847-438-2351

Isaac Fox Elementary
847-540-7020

Spencer Loomis Elementary
847-719-3300

Seth Paine Elementary
847-438-2163

Sarah Adams Elementary
847-438-5986

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Summer Learning Opportunities:

- ❖ **Kindergarten Kick Off**
- ❖ **Spanish Bilingual Kindergarten Kick Off**

This summer school course assists students in developing readiness skills for the 2021-22 school year.

Activities will involve listening skills, following directions, art, music, PE, fine and gross motor skills, math, science and reading. Students must be entering Kindergarten in August 2021 to participate.



DATES: To be Published Online mid-March
Half-Day Program Monday - Thursday
Transportation is available

Registration begins early April
at www.lz95.org

Class sizes are limited, so sign up early!

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@lz95.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



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 Departments->Business & Operations->Free & Reduced Lunch and Fee Waivers

COST OF LUNCH

A meal includes an entrée, milk, and a fruit/vegetable. All a la 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 Parents->PushCoin. 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.

**KINDERGARTEN REGISTRATION CHECKLIST
2021-22 SCHOOL YEAR**

| DOCUMENT | PARENTS KEEP | RETURN TO SCHOOL | DATE DUE |
|---|--------------|------------------|---------------------------|
| Superintendent Welcome Letter | ✓ | | |
| District Calendar Snapshot 2021-22 | ✓ | | |
| School Supply List (Available online in the Spring) | ✓ | | |
| Kindergarten Handbook | ✓ | | |
| Principal Welcome Letter | ✓ | | |
| Food Service Flyer | ✓ | | |
| Kindergarten FAQs | ✓ | | |
| New Student Registration Form | | ✓ | Due Now |
| Home Language Survey | | ✓ | Due Now |
| Parental Consent Form | | ✓ | Due Now |
| Mobile Learning Initiative | | ✓ | Due Now |
| Accepted Forms of Proof of Residency | ✓ | | |
| Residency Verification Form | | ✓ | Due Now |
| Invoice | | ✓ | Due Now |
| Transportation Form | | ✓ | ASAP- no later than 6/15 |
| Medical Information Packet | | ✓ | ASAP – no later than 8/15 |



IMPORTANT DATES TO REMEMBER

Early April - Kindergarten Kickoff Signup (check district website for more information)

June 15th – Transportation forms due

August 15th – Medical forms due

August 17th - First day of Student Attendance

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Lake Zurich Community Unit School District 95
Student Registration Form

School: _____ School Year: 2021-22

| STUDENT | | PARENT/GUARDIAN | |
|--|---|--|--|
| Student's Legal Last Name | Legal First Name | Middle Name | Nickname (Optional) |
| Date of Birth | City of Birth | State of Birth | Country of Birth |
| 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 | Hispanic/Latino Ethnicity? <input type="checkbox"/> YES <input type="checkbox"/> NO | 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 |
| 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 | | My child has Internet access available at home if needed to complete school assignments <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)? | | Name(s) of any siblings in CUSD #95 | |
| 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 | | | |
| PARENT/GUARDIAN | | PARENT/GUARDIAN | |
| Parent/Guardian Name (Enter only one name) | Relationship to Student | Home Phone | May we call this cell number for important and emergency messages via School Messenger (the district's auto-call system)? |
| Street Address | Apt# | Work Phone 1 | The FCC (through the Telephone Communications Protection Act, known as TCPA) requires us to receive your consent before calling cell phone numbers. |
| Name of Subdivision: | | Work Phone 2 | School Messenger (TCPA) <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is this the same address as the student? <input type="checkbox"/> YES <input type="checkbox"/> NO | Email Address: _____ | Cell Phone 1 | May we send texts to this cell number? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you a foster parent to this student? <input type="checkbox"/> YES <input type="checkbox"/> NO | Occupation | Cell Phone 2 | Text Phone 1 <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Preferred language of correspondence if other than English: | Employer | | Text Phone 2 <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Parent/Guardian Name (Enter only one name) | | Relationship to Student | |
| Street Address | Apt. # | Home Phone | |
| Name of Subdivision: | City, State, Zip | Work Phone 1 | |
| Is this the same address as the student? <input type="checkbox"/> YES <input type="checkbox"/> NO | Email Address: _____ | Work Phone 2 | |
| Are you a foster parent to this student? <input type="checkbox"/> YES <input type="checkbox"/> NO | Occupation | Cell Phone 1 | |
| Preferred language of correspondence if other than English: | Employer | Cell Phone 2 | |
| Parent/Guardian Name (Enter only one name) | | Relationship to Student | |
| Street Address | Apt. # | Home Phone | |
| Name of Subdivision: | City, State, Zip | Work Phone 1 | |
| Is this the same address as the student? <input type="checkbox"/> YES <input type="checkbox"/> NO | Email Address: _____ | Work Phone 2 | |
| Are you a foster parent to this student? <input type="checkbox"/> YES <input type="checkbox"/> NO | Occupation | Cell Phone 1 | |
| Preferred language of correspondence if other than English: | Employer | Cell Phone 2 | |
| Parent/Guardian Name (Enter only one name) | | Relationship to Student | |
| Street Address | Apt. # | Home Phone | |
| Name of Subdivision: | City, State, Zip | Work Phone 1 | |
| Is this the same address as the student? <input type="checkbox"/> YES <input type="checkbox"/> NO | Email Address: _____ | Work Phone 2 | |
| Are you a foster parent to this student? <input type="checkbox"/> YES <input type="checkbox"/> NO | Occupation | Cell Phone 1 | |
| Preferred language of correspondence if other than English: | Employer | Cell Phone 2 | |

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? _____

FOR OFFICE USE ONLY - rev 1/2020

| Registration Fees | Paid By |
|----------------------------|---------|
| Early Childhood | \$50 |
| Kindergarten thru Grades 5 | \$75 |
| Grades 6-8 | \$100 |
| Grades 9-12 | \$140 |

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.)

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 Access to the District's Electronic Networks*. 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 Access to the District's Electronic Networks*. 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/VIDEO RELEASE

Students and student work may occasionally appear in photographs and recordings taken by District staff members, other students, or other individuals authorized by a District administrator, the Building Principal, or designee. The District may use these pictures and recordings, without identifying the student, in various publications, including school yearbooks, school newspapers, and the District website.

At times, the District may want to identify a student or student work in a publication. For example, the District may wish to acknowledge students who participate in a school activity or deserve special recognition, including in a news release or District-sponsored material, publication, recording, or website. **In order for the District to publish a picture or recording of a student or of a student's work while the student is enrolled in the District, the student's parent/guardian must sign this consent form below or otherwise subsequently grant consent.**

By signing below, I understand that I am granting the District consent to use my child's full name, photographic or video image, voice, statements, work, or writing; identify my child; and identify the school my child attends in any District-sponsored material, publication, recording, or website. This consent form is valid only for the school year in which it is signed. Consent must be given annually. I understand that I may revoke this consent at any time by notifying the Building Principal in writing.

I further understand that, while the District limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student from a school event.

I grant consent.

I do not grant consent.

Parent/Guardian Name: _____

Date: _____

Please Print

Parent/Guardian Signature: _____



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 2021-22**

Street Address

City, State, Zip code

| | | | |
|----------------------------|------------------------|----------------|-----------------|
| _____ Student Full Name | _____ Date of Birth | _____ Grade | _____ School |
| _____ Student Full Name | _____ Date of Birth | _____ Grade | _____ School |
| _____ Student Full Name | _____ Date of Birth | _____ Grade | _____ School |
| _____ Student Full Name | _____ Date of Birth | _____ Grade | _____ School |
| _____ Student Full Name | _____ Date of Birth | _____ Grade | _____ School |
| _____ Student Full Name | _____ Date of Birth | _____ Grade | _____ School |

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 2021-22

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

INVOICE

2021-2022 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 Registration Fee | \$50.00 |
| Kindergarten - 5 th Grade | School Registration 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 Registration Fee | \$100.00 |
| 6 th - 8 th Grade | Yearbook (optional) | \$26.00 |
| 6 th - 8 th Grade | Band, Orchestra, Chorus (if applicable) | \$40.00 per activity |
| 6 th - 12 th Grade | PE Uniforms (if applicable) | \$15.00 |
| 9 th - 12 th Grade | School Registration 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, 2021 | | |
| \$40.00 – if payment is received after October 30, 2021 | | |

Each student is assessed an annual school registration 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 fee waiver are exempt from this fee. Students that qualify for a reduced fee waiver are required to pay 25% of the school fee. Waivers must be applied for annually and applications are not available until August 1, 2021.*

* 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.

Participation fees (such as Band, Orchestra, Chorus, Course 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 and fines owed to the district are paid.

Student Name: _____ Grade: _____

Parent's Name: _____ School: _____

Amount Paid: _____ Date: _____ Check No. _____

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:

- Incidents of damage (over a four year period) covered by \$50.00 (each incident) deductible.
- Replacement of lost or stolen iPad with a \$200 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.

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:

Damage incident - \$50 each. Loss or theft - \$200.

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.

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. The Apple ID accounts include access to a "Find My Mac" via Apple's online services. 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 fee waiver/reduction program. Applicable deductibles for loss, theft or damage will still be the responsibility of the parents. Families qualifying for fee reduction program will be required to pay 25% of the fee. 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 apply for the fee waiver found on the district website prior to paying the Mobile Learning Initiative Fee.



KINDERGARTEN TRANSPORTATION FORM School Year 2021-22

Student Name _____ Session (circle one): FULL DAY HALF DAY

School _____ School Year _____

Dear Kindergarten 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. Additionally, for safety reasons, District 95 promotes the practice that all Kindergarten students are greeted by a parent/guardian at their bus stop. However, some parents believe that their Kindergarten student is capable of walking home from his/her bus stop independently or with a sibling already riding the school bus. The Transportation Department is seeking clarification concerning drop-off procedures for your Kindergarten student.

- My Kindergarten student, named above, MAY be dropped off at the bus stop WITHOUT an adult present.** I understand that the Transportation Department/Bus Driver may determine that due to safety concerns such as severe weather or other dangers present, my Kindergarten student will be returned to his/her school if no adult is present at the bus stop. The Transportation Department or school office will attempt to call me before transport back to school occurs. If no personal contact is made, a message will be left and the student will be transported back to the school. If my child is transported back to school, I will need to make arrangements to have him/her picked up from school.
- My Kindergarten student, named above, MAY NOT be dropped-off at the bus stop unless I am present (or one of the individuals specified below) to greet and escort my child.** In the event that I am not present (or one of the individuals specified below) at my Kindergarten student's bus stop to greet and escort my child, I understand that my child will be returned to his/her school. The Transportation Department or school office will attempt to call me before transport back to school occurs. If no personal contact is made, a message will be left and the student will be transported back to the school. If my child is transported back to school, I will need to make arrangements to have him/her picked up from school.

List three individuals below, other than mother and father, who may greet and escort my Kindergarten student from his/her bus stop. If your Kindergarten student is allowed to walk home with a sibling already on the same school bus, please include the sibling's name.

| Name | Relationship | Phone Number |
|------|--------------|--------------|
| | | |
| | | |
| | | |
| | | |

*****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



Dear Parent or Guardian,

All students entering Kindergarten for the first time must show proof of having received **all required immunizations** as well as a **new physical examination, dental examination, and complete eye examination**. The immunization requirement list on page 2 explains which immunizations are required for admission. The physical, dental and eye exams must be current and dated within one year prior to the date of entrance. **All District 95 School Health Forms are due by August 15.** Unless the student is homeless, transferring from out of state or has a physician documented date of appointment, failure to comply by October 15 of the current school year, will result in exclusion from school until required health forms are presented to the school of attendance.

The state of Illinois requires **three signatures** on the physical examination form: **1)** the physician who examined the child, **2)** the signature of the health care provider who verified immunizations, and **3)** parent signature. Parents must complete and sign the health history portion of the form. **Physical examinations will not be accepted without all three signatures.**

A dental examination is required for all students entering kindergarten. Included in this packet are a Dental Examination Form and a list of area dental clinics. The Dental Examination Form must be signed and dated by the examining dentist.

All kindergarten students are required to have a complete eye examination by an optometrist, ophthalmologist (or physician who provides complete eye examinations) prior to starting school. Annual school vision screenings do not fulfill this requirement. An Eye Exam Report form is enclosed and must be completed and signed by the examining doctor.

The State of IL allows for a parent or guardian of a student to object to health examinations, immunizations, vision and hearing screening tests, and dental health examinations on the basis of **religious or medical** grounds. If accepted as valid, the request must be resubmitted at the time of state mandated health requirements (currently Kindergarten, 6th and 9th grades) and in the event of new state requirements. Children of parents or legal guardians who object to health, dental, or eye examinations, immunizations or vision and hearing screening tests on **religious** grounds shall present to the local school the State of IL **Certificate of Religious Exemption Form** (available on the District 95 webpage) signed by both parent and primary care provider detailing the grounds for objection and the specific immunizations and/or examinations to which they object.

Any **medical objection/contraindication** to health requirements must be written by a physician, licensed to practice medicine in all its branches, indicating what the medical condition is, and signed by the physician on the State of IL **Certificate of Child Health Examination** form and placed in the child's permanent record. Should the condition of the child later permit immunization, this requirement will then have to be met.

If your child needs to take medication during the school day, a medication authorization form has been included in this packet. To administer any medications, including over-the-counter medication (such as acetaminophen or ibuprofen), the school health office must have on file a written order signed by the physician AND written authorization from the parent. Please note that under no circumstances will our staff administer any medication unless the above requirements have been satisfied. Parents are required to deliver the medication in its properly labeled original container. We cannot accept any medication brought to school by a student. **ALL MEDICATIONS MUST BE KEPT IN THE HEALTH OFFICE.** Students are permitted to self-carry inhalers, epi-pens and diabetic supplies with the proper documentation in the health office.

If you have any questions regarding these requirements, please contact your school's health office.

Thank you for your cooperation.

IMMUNIZATION AND/OR PHYSICAL EXAMINATION REQUIREMENTS

KINDERGARTEN STUDENTS

Dear Parent or Guardian,

The State of Illinois requires that each school child show evidence of immunity against several diseases. **All District 95 School Health Forms are due by August 15.** Unless the student is homeless, transferring from out of state or has physician documented date of appointment, failure to comply by October 15 of the current school year, will result in exclusion from school until required health forms are presented to the school of attendance. All incoming kindergartners are required to have the following:

- Rubeola (Red Measles)** A child must have received two doses of measles vaccine; one dose on or after the first birthday and the second dose no less than 4 weeks later. Laboratory evidence of immunity or physician verification of disease (including lab evidence for cases occurring after 7/1/2002) may be submitted.
- Rubella (German Measles)** A child must have received two doses of Rubella vaccine; one dose on or after the first birthday and the second dose no less than 4 weeks later. May submit laboratory evidence only of rubella immunity.
- Mumps** A child must have received two doses of Mumps vaccine; one dose on or after the first birthday and the second dose no less than 4 weeks later. Laboratory evidence of immunity or physician verification of disease by date of illness may be submitted.
- Polio** Upon first entry to school (kindergarten or first grade), a child must show proof of having received three or four doses of the Polio vaccine administered at the appropriate intervals, with the last dose as a booster given at least 6 months after the series and on or after the 4th birthday.
- DPT/DTaP** A child must show proof of having received four or more doses of DTP/DTaP at the appropriate intervals with the last dose qualifying as a booster received 6 months after the 3 dose series and on or after the 4th birthday.
- Tdap (Tetanus, Diphtheria, Pertussis)** Students entering all other grades require 3 or more doses with the last as a booster on or after the 4th birthday. Students entering 6th-12th grades require one dose of Tdap.
- Hepatitis B** Children entering the Pre-K-12th grades must show evidence of having received three doses of Hepatitis B vaccine at the appropriate intervals.
- Varicella** Children first entering school (kindergarten or first grade) will be required to show proof of having received two doses of varicella vaccine, the first dose on or after their first birthday and the second dose no less than 4 weeks later. A statement from the physician or a health care professional verifying disease history by having examined the infected child, documenting the parent's description of the child's history or reviewing laboratory evidence can be submitted by documenting on the alternative proof of immunity section of the physical examination form.
- Current physical examination** The State of IL requires that proof of a current physical examination dated within one year prior to the date of entrance be submitted at the following grade levels: early childhood program, 1st entry (kindergarten or 1st grade), 6th, 9th, and students transferring from out of state or out of country. Students attending non-graded school programs are required to submit physicals within one year prior to the school year in which the child reaches the ages of 5, 10 and 15. **All physical examinations must be signed by the examining health care provider/physician. Parents must complete and sign the health history portion of the form. All District 95 School Health Forms are due by August 15. All physicals must be signed by physician. Physicals will not be accepted without completion of health history and parent signature.**
- Dental Examination** Students are required to submit proof of a current dental examination upon entering Kindergarten, 2nd, 6th and 9th grade .
- Vision Examination** All students are required to have an eye examination upon first entry to an IL school (kindergarten, transfers from out of state or out of country). It must be completed by an optometrist, ophthalmologist, or physician licensed to provide eye examinations, within one year prior to the date of entrance. Annual school vision screenings do not fulfill this requirement.
- TB (tuberculin) Test** This screening is required by the State of Illinois for students who are designated by the Department of Public Health/CDC as high risk groups. **(This will be determined by your physician.)**
- All transfer students** are required to submit a completed immunization record and physical examination in accordance with all current health code requirements within 30 school days from the day of registration. All students new to Illinois, regardless of grade level, who did not have an eye exam at the kindergarten level, are also required to have a complete eye examination by an optometrist, ophthalmologist, or physician who provides complete eye exams.

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): _____

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

| | | | | | | |
|--|--|--|--|--|--|--|
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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 | | | | | | | | | | | |
| IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication. | | | | | | | | | | | | | | | | | | |
| REQUIRED Vaccine / Dose | DOSE 1 | | | 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 | <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 | | | | | | | | | | | | | | | | | | |
| Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here. | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | Title | | | | | | Date | | | | | | |
| Signature | | | | | | Title | | | | | | Date | | | | | | |
| ALTERNATIVE PROOF OF IMMUNITY | | | | | | | | | | | | | | | | | | |
| 1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result. | | | | | | | | | | | | | | | | | | |
| *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR | | | | | | | | | | | | | | | | | | |
| 2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. | | | | | | | | | | | | | | | | | | |
| Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease. | | | | | | | | | | | | | | | | | | |
| Date of Disease | | | | | | Signature | | | | | | Title | | | | | | |
| 3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/>Measles* <input type="checkbox"/>Mumps** <input type="checkbox"/>Rubella <input type="checkbox"/>Varicella Attach copy of lab result. | | | | | | | | | | | | | | | | | | |
| *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence. | | | | | | | | | | | | | | | | | | |
| **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence. | | | | | | | | | | | | | | | | | | |
| Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____ | | | | | | | | | | | | | | | | | | |
| Physician Statements of Immunity MUST be submitted to IDPH for review. | | | | | | | | | | | | | | | | | | |

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

| | | | | | | | | | | | | | | | | | | |
|--|--|--------|--|----|----------|-------------------------------|-----------------------------------|--|-------------------------------|---------------------------------|-------------|---------|--|--|--|-----------------|--|--|
| Last | | | First | | | Middle | | | Birth Date Month/Day/ Year | | | Sex | School | | | Grade Level/ ID | | |
| HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER | | | | | | | | | | | | | | | | | | |
| ALLERGIES (Food, drug, insect, other) | | | Yes | No | List: | | | MEDICATION (Prescribed or taken on a regular basis.) | | | Yes | No | List: | | | | | |
| Diagnosis of asthma? | | | 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 _____ | | | | | | | | | | | | | | | | | | |
| Other concerns? (crossed eye, drooping lids, squinting, difficulty reading) | | | | | | | | | | | | | | | | | | |
| Ear/Hearing problems? | | | Yes | No | | | | Parent/Guardian Signature | | | Date | | | | | | | |
| Bone/Joint problem/injury/scoliosis? | | | Yes | No | | | | | | | | | | | | | | |
| PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA | | | | | | | | | | | | | | | | | | |
| HEAD CIRCUMFERENCE if < 2-3 years old | | | HEIGHT | | | WEIGHT | | | BMI | | | 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 | No | Modified | INTERSCHOLASTIC SPORTS | | | Yes | No | Modified | | | | | | | |
| Print Name | | | (MD,DO, APN, PA) | | | Signature | | | Date | | | | | | | | | |
| Address | | | | | | | | | | | | Phone | | | | | | |

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 847-377-8800 to schedule an appointment at any of the locations below.

Dental Clinic Locations:

| | |
|---|---|
| Belvidere Medical Building 2400 Belvidere Road Waukegan, IL 60085 (Just east of McAree Road) | Midlakes Medical and Dental Building 224 Clarendon Avenue Round Lake Beach, IL 60073 (On the corner of Cedar Lake and Clarendon) |
| North Chicago Health Center 2215 14th Street North Chicago, IL 60064 | Grand Avenue Health Center 3010 Grand Avenue Waukegan, IL 60085 |
| North Shore Health Center 1840 Green Bay Road Highland Park, IL | Zion Health Center 1911 27 th St Zion, IL 60099 |

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 |
|---|--|



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

Parent or Guardian _____
(Last) (First)

Phone _____
(Area Code)

Address _____
(Number) (Street) (City) (ZIP Code)

County _____

To Be Completed By Examining Doctor

Case History

Date of exam _____

Ocular history: Normal or Positive for _____

Medical history: Normal or Positive for _____

Drug allergies: NKDA or Allergic to _____

Other information _____

Examination

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

Was refraction performed with dilation? Yes No

| | Normal | Abnormal | Not Able to Assess | Comments |
|--|--------------------------|--------------------------|--------------------------|----------|
| External exam (lids, lashes, cornea, etc.) | <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 _____)