

Dear New District Parents,

Welcome to Lake Zurich Community Unit School District 95! 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 <a href="https://www.lz95.org/district/strategic-plan">https://www.lz95.org/district/strategic-plan</a>

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

Kelley X. Hallt



### REGISTRATION CHECKLIST FOR STUDENTS NEW TO DISTRICT 95 2021-22 SCHOOL YEAR

D/	RETURN T	
	ARENTS KEEP YOUR CHIL SCHOOL	D'S
Letter from Superintendent, Registration Checklist	<b>√</b>	
Calendar Snapshot	<b>√</b>	
Registration Form	<b>1</b>	
Home Language Survey	<b>1</b>	
Parental Consent Form	<b>1</b>	
Accepted Documents for Proof of Residency	<b>√</b>	
Residency Verification Form	<b>/</b>	
Health Office Emergency Information Form	Due 8/15,	/21
School Medication Authorization Form (if needed)	Due 8/15	
Physical Form, for students entering:  Early Childhood  Kindergarten  6 <sup>th</sup> Grade  9 <sup>th</sup> 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.  IHSA Pre-participation Exam: if participating in an athletic program	<b>√</b> Due 8/15	
Required for grades 7 <sup>th</sup> , 8 <sup>th</sup> , 10 <sup>th</sup> , 11 <sup>th</sup> 12 <sup>th</sup> 6 <sup>th</sup> & 9 <sup>th</sup> graders can use their IL physical form instead  Dental Form, for students entering:  Kindergarten 2 <sup>nd</sup> Grade 6 <sup>th</sup> Grade 9 <sup>th</sup> Grade	Due 8/15	
Vision Form, for students entering:  Kindergarten  -or-  Any student attending an Illinois school for the first time	Due 8/15	/21
Mobile Learning Initiative Form (Grades K-12)		
Alternative Transportation Form (if needed)		
Invoice		
Food Service Flyer	<b>√</b>	
Release of Student Records (if needed)		

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

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



### 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
1st 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 <sup>st</sup> 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 <sup>st</sup> 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 <sup>nd</sup> Quarter (MS)/1 <sup>st</sup> 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 <sup>nd</sup> Trimester Ends (Elementary)	*Friday, February 25, 2022
Early Release, K-12	Wednesday, March 2, 2022
3 <sup>rd</sup> 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
Last Day of School	June 6-Including Emergency Days
Memorial Day	Monday, May 30, 2022
Summer School 2022 Starts	TBD



### Lake Zurich Community Unit School District 95 Student Registration Form

School:

School Year: 2021-22

Does your student currently have either of the following? (if yes, please provide copies)  An IEP (Individualized Education Plan) or ISP (Individualized Service Plan)? ☐ YES ☐ NO  A 504 plan? ☐ YES ☐ NO  Has this child ever been enrolled in District 95 (this includes Early Childhood, Speech, and Little Leaders)?	Student's Leg  Date of Birth  Grade  If Kindergarte  Thill-Day  I wish to have	Student's Legal Last Name Legal First Name Middle Name  Date of Birth City of Birth State of Birth  Grade  If Kindergarten, full-day or half-day?  Full-Day Half-Day (A.M.)  I wish to have contact information included in the PTO Buzz Book (directory) which may be in either paper and/or digital format.	City of Birth  Gender  Gender  Male   Female	Middle Name State of Birth (directory) which	Nickname (Optional)  Country of Birth  Country of Birth  Hispanic/Latino  Hispanic/Latino  Hispanic/Latino  Hispanic/Latino  Hispanic/Latino  Hispanic/Latino  Hispanic/Latino  Hispanic/Latino  Hispanic/Latino  Dative  1-8-Mariae Hawai  Pacific Islander  Pacific Islander  Hispanic/Latino  Datific Islander  Datific Islander  Hispanic/Latino  Datific Islander  Datific Islander	Nickname (Optional)  Select 1 or more. Instructions on back.  Country of Birth  Li2-American Indian or Alaska  Native  Li3- Asian  Ethnicity?  Tyes No  Pacific Islander  My child has Internet access available at home if needed to complete school assignments  Select 1 or more. Instructions on Alaska  Li2-American Indian or Alaska  Li3-American Indian or Alaska  Li4- Black or African American  Li5-Native Hawaiian or other  Li6-White	Do you want your child's contact information released to Military Recruiters? (High School students only)  ☐ YES ☐ NO Do you want your child's contact information released to Institutions of Higher Education? (High School students only) ☐ YES ☐ NO Is a Parent/Guardian active in the Military? ☐ YES ☐ NO
		nr student currently have eithe (Individualized Education Plan) Ilan?	er of the following? (if yes, or ISP (Individualized Servi	please provide copies) ice Plan)?	ON		Will a Parent/Guardian be deployed to active military duty in the next 12 months? ☐ YES ☐ NO
	Has this	child ever been enrolled in Dis	itrict 95 (this includes Early	Childhood, Speech, and	l 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.

	Downey (Contraction Name (Entraction on the contract)		Dolotionship to Ctudont			
	ratein, duatural name (tine) only one manne)		Neignonsing to Student	Home Phone		May we call this cell number for important and emergency
NAIG	Street Address Apt#		City, State, Zip	Work Phone 1		messages via School Messenger (the district's auto-call system)?
ЯΑП	Name of Subdivision:			Work Phone 2		Communications Protection Act,
D/TN	Is this the same address as the student?   YES   NO	Email Address:	ress:	FOR CELL NUMBERS	May we send texts to this cell number?	known as ICPA) requires us to receive your consent before calling cell phone numbers.
ЭЯ∀с	Are you a foster parent to this student? 🔲 YES 📋 NO	Occupation	u	Cell Phone 1	Text Phone 1	School Messenger (TCPA)
j	Preferred language of correspondence if other than English:	Employer		Cell Phone 2	Text Phone 2	School Messenger (TCPA)
	Parent/Guardian Name (Enter only one name)		Relationship to Student	Home Phone		May we call this cell number for important and emergency
NAIQ	Street Address Apt. #		City, State, Zip	Work Phone 1		messages via School Messenger (the district's auto-call system)?
ЯΑП	Name of Subdivision:			Work Phone 2		The FCC (through the Telephone Communications Protection Act,
9/T	Is this the same address as the student?   VES   NO	Email Address:	ress:	FOR CELL NUMBERS	May we send texts to	known as TCPA) requires us to receive your consent before calling
BEN	Are you a foster parent to this student?  \( \text{ \text{\tint}\text{\tint{\text{\tinte\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tinte\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tinte\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\tint{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\tint{\text{\text{\text{\tint{\text{\text{\tin}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\text{\text{\text{\text{\texi}\tint{\text{\texit{\text{\texi}\tint{\text{\texi}\tint{\text{\texit{\texit{\texi}\titt{\texi}\texit{\texit{\texit{\texit{\texi{\texi{\texi{\ti	Occupation	-	Cell Phone 1	Text Phone 1	cell phone numbers. School Messenger (TCPA)
Aq	Drafarrad language of correction dence if other than	Employer			☐ YES ☐ NO	□ ves □ nó
	English:			Cell Phone 2	Text Phone 2 ☐ YES ☐ NO	School Messenger (TCPA)
			continued on back	•		

			In what school district was the student enrolled when last permanently housed?	<ul> <li>c. In what school district t</li> </ul>	
			In what school district was the student last enrolled?	<ul> <li>b. In what school district to</li> </ul>	
			Is the student currently living in the school district? $\ \square$ YES $\ \square$ NO	<ul> <li>a. Is the student currently</li> </ul>	
				If "yes":	
			□ NO	Is the student homeless ? 🗌 YES 📗 NO	3)
		Entered into eSchool - By Date	he child?	If "yes", what is your relation to the child?	
	VLY -rev 1/2020	FOR OFFICE USE ONLY - rev 1/2020	Does the student reside with a person other than his/her parents? $\ \square$ YES $\ \square$ NO	Does the student reside with a pe	2)
	\$140	Grades 9-12			
Other	\$100	Grades 6-8	abode? (i.e., at which parent's residence does the student sleep on a regular basis?)	abode? (i.e., at which p	
Online	\$75	Kindergarten thru Grades 5	If custody is jointly held, which parent provides the student's primary regular fixed night-time	b. If custody is jointly held	
Check	\$50	Early Childhood	Who has custody of the child? ☐ Mother ☐ Father ☐ Joint		
Paid By		Registration Fees	Are the student's parents divorced or separated? $\square$ YES – (circle one): Divorced / Separated $\square$ NO If "vos".	Are the student's parents divorced if "vac":	1)
			Jestions.	<b>RESIDENCY</b> Please answer the following questions.	RESIDE
Relationship		Work Phone	Home Phone Cell Phone		Name
		rent/Guardian.	EMERGENCY CONTACTS List up to three. Please include at least one local contact. Do not include those listed above as Parent/Guardian	ENCY CONTACTS List up to three	EMERG

### Residency

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.) 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 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 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

7	<del>×</del> –
Parent/Guardian Signature	I have read and understand the statement on the back of this form regarding penalties for falsification of residency informatio
Date	penalties for falsification of residency information.

## Instructions for Identification of Race and Ethnicity

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 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

<u>Hispanic or Latino</u> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of 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.)



### **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 <sup>th</sup> Grade	School Registration Fee	\$75.00
Kindergarten - 12 <sup>th</sup> Grade	Mobile Learning Initiative*	\$40.00
4 <sup>th</sup> - 5 <sup>th</sup> Grade	Band, Orchestra, Chorus (if applicable)	\$25.00 per activity
6 <sup>th</sup> - 8 <sup>th</sup> Grade	School Registration Fee	\$100.00
6 <sup>th</sup> - 8 <sup>th</sup> Grade	Yearbook (optional)	\$26.00
6 <sup>th</sup> - 8 <sup>th</sup> Grade	Band, Orchestra, Chorus (if applicable)	\$40.00 per activity
6 <sup>th</sup> - 12 <sup>th</sup> Grade	PE Uniforms (if applicable)	\$15.00
9 <sup>th</sup> - 12 <sup>th</sup> Grade	School Registration Fee	\$140.00
9 <sup>th</sup> - 12 <sup>th</sup> Grade	Yearbook (optional)	\$56.00
9 <sup>th</sup> - 12 <sup>th</sup> Grade	Band, Orchestra, Chorus	\$50.00 per activity

### Late Fees

\$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.* 

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:		Gra	de:
Parent's Name:		_School:	
Amount Paid:	Date:	Check No	

<sup>\*</sup> 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.



### PARENTAL CONSENT FORM

Student Name	Grade
School	School Year
Dear Parent/Guardian and Student:	
District No. 95, including but not limited to charges for che the <i>Access to Electronic Networks Policy</i> , and a release of items and references the relevant Board policies. All	g your child's enrollment in Lake Zurich Community Unit School cks returned due to insufficient funds, an agreement to abide by photographs. This document provides a brief summary of these Board policies may be accessed on the District's website at a policies by contacting the Building Principal. By signing below, policies.
recovery of returned checks. An additional processing fee of checks. In addition, the District uses outside agencies to co	checks, District 95 now uses the services of outside agencies in the \$25 (or the maximum allowed by law) will be charged for any NSF bllect any unpaid fees that are more than 30 days past due. The allowed by law) for any account turned over for collections on the
I have read and understand the Check Writing and Collection	s Policy above.
Electronic Network Access	
understand that the District uses network access that is distance taken precautions to eliminate controversial material. Howaccess to all controversial and inappropriate materials. I units stored, transmitted, or received via the District's electron District and/or its agents may access and monitor my use without prior notice to me. I further understand that should school disciplinary action and/or appropriate legal action retwork connection and having access to public network	esigned for educational purposes solely and that the District has wever, I also recognize it is impossible for the District to restrict derstand that I have no expectation of privacy in any material that nic network or District computer. I further understand that the of the Internet, including my e-mail and downloaded material, I commit any violation, my access privileges may be revoked, and may be taken. In consideration for using the District's electronic s, I hereby release the School District and its Board members, es arising from my use of, or inability to use the Internet. (Board
Student Name (please print)	
Student Signature	Date

I do not grant consent.
☐ I grant consent.
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.
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.
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.
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.
PHOTO/VIDEO RELEASE
I have read this <i>Authorization for Access to the District's Electronic Networks</i> . 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 <i>Authorization</i> with my child. (Board Policy 6:235, <i>Access to Electronic Networks</i> .)
Parent Signature Section  *Students are required to have a parent/guardian read and agree to the following:

Parent/Guardian Signature:



### **ACCEPTED DOCUMENTS FOR PROOF OF RESIDENCY**

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

<u>WARNING:</u> 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).



Parent/Guardian Signature

### 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			
			ion must be charged, the persons enrolling the tending a District school as a non-resident.
= -	· · · · · · · · · · · · · · · · · · ·		on a tuition-free basis a student known by thar, except in very limited situations as defined in
	dent to attend any school	in the District	nformation regarding the residency of a student without the payment of a nonresident tuition blicy 7:60, Residence.)
I have read and understand the state	ement above regarding per	nalties for fals	sification of residency information.
Parent/Guardian Name (please print)		Date	

<<<< <u>CONTINUED ON BACK</u> >>>>

### **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 <a href="https://www.lz95.org">www.lz95.org</a> 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.

arent/Guardian Signature	Date
	E ONLY - RESIDENCY VERIFICATION
ategory I – Verification of Residency ( <u>ONE</u> document re Homeowners	Renters
<ul> <li>☐ Most recent property tax bill</li> <li>☐ Current monthly mortgage statements or recent</li> </ul>	Signed and dated lease and proof of last month's payment
closing mortgage papers	<ul> <li>Letter of residence from landlord in lieu of lease and proof of last month's payment</li> </ul>
	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
ategory II – Verification of Identity ( <u>TWO</u> documents re	equired)
☐ Driver's license	☐ Current public aid card
<ul><li>□ Vehicle registration – State of Illinois</li><li>□ Voter registration</li></ul>	<ul> <li>Current homeowners/renters insurance policy and premium payment receipt</li> </ul>
Most recent credit card bill	<ul> <li>Most recent gas, electric, water bill (cell phone bills are not accepted)</li> </ul>
	$\square$ Receipt for moving van rental
Military Personnel  Must provide one of the following within 60 days after t  Postmarked mail addressed to military personnel  Lease agreement for occupancy  Proof of ownership of residence	nel
	hat awards or gives custody of the student to any person
	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	

### **COMMUNITY UNIT SCHOOL DISTRICT 95**

### **Health Office Emergency Information**

Student Name			Home Phone	
Last		First		11
Student Address		City		IL Zip
Date of Birth		Gender	Registering for Grade	New to Illinois? Y / N
Doctor			Pho	ne
Parent/Guardian Signature				Date
CONFIDENTIAL HEALTH INFORMATION	Check a	all that apply	Please explain any yes an	iswers.
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)		Yes		
TREATMENTS				
Inhaler		Yes		
Epinephrine		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	
				norization form must be on file ledicine to be administered by
<b>TRANSPORTATION (Health and V</b> If you answered <b>Yes</b> to any of the need to know in the school bus en administer or alternative communications.)	above q nvironme	uestions, plea ent. <i>(Examples</i>	may include whether they carry	

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	<mark>/:</mark> (for all medication e	xcept asthma inhalers)
Physician's printed name:		
Office Address:	Office Phone:	
	Office Fax:	
Medication:		
Dosage:	Frequency:	
Time medication is to be administered or under what ci	rcumstances:	
Di i i i i i		
Diagnosis requiring medication:		
Intended effect of this medication:		
Must this medication be administered during the school		
attend school or to address the student's medical condit	1011 !	□ No
Expected side effects if any:		
Time interval for re-evaluation:	0	
Has student been taught to self administer this medicati	on?	Yes
Dog student have your energyal to administer this may	liantian?	□ No
Does student have your approval to administer this med	iication?	☐ Yes ☐ No
Other medication student is receiving:		110
Contraction bounded to 100011 mg.		
Physician's Signature		Date
FOR ASTHMA INHALERS ONLY, AFFIX PRESCR	RIPTION LABEL HER	RE:

### 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.		fy and hold harm wanton conduct a					im based on						
	P	arent/Guardian p	rinted name		Pare	ent/Guardian signa	nture						
an sel no pro I v acc wh Di for me	uthorize the d use his or hool sponso rmal school operty. rerify that m cordance we nen medicat strict to infor willful and edication (1	PARENTS OF e School District her asthma med activity, (3) I activities, such my child has been ith the prescribed ith the prescribed ith the prescribed orm parent(s)/gud wanton conductors ILCS 5/22-3	t 95 and its emp dication, diabeti while under the as while in before in instructed and ad dosage and re- tive, and when a hardian(s) that it ct, as a result of 0).	oloyees and ager c supplies or "E e supervision of ore-school or at l can self admin oute. Also my additional help it, and its employ	nts, to allow my cpi-Pen" (1) whi school personn fter-school care ister his/her pre- child is aware of s needed. Illino yees and agents	child or ward to le in school, (2) el, or (4) before on school-opera scribed medicati f potential side e is law requires t incur no liabili	o possess while at a or after ted ion in effects, the School ty, except						
<u>-</u> J	you ugree,	, picase initiati	•	Parent/Guardi	an initial								

COMPLETE BOTH SIDES



### State of Illinois Certificate of Child Health Examination

Required for grades K, 6, 9

Student's Name								Birth D	ate	Ī	Sex	Race	/Ethnic	ity	Scho	ool /Grac	le Level	/ <b>ID</b> #
Last	First Middle							Month/Day/Year										
Address Str	reet	(	City	7	Zip Code			Parent/G	nordion		Telephone # Home					Work		
IMMUNIZATIONS			_			nrovid				everv	dose ad				ed If	a snecif		
medically contraind examination explain	licated,	a sepa	rate w	ritten s	tateme	nt mus	st be at	tached										
REQUIRED		DOSE 1	ai reas	011 101	DOSE 2		lication	DOSE 3	1		DOSE 4			DOSE 5			DOSE	5
Vaccine / Dose	МО	DA	YR	мо	DA	YR	MO	DA	YR	МО	DA	YR	МО	DA	YR	MO	) DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	□Tda	p□TdI	□DT	□Tda	ap□Td	□DT	□Td	ap□Td	□DT	□Tda	ap□Td[	□DT	□Tda	ap□Td	□DT	□Tda	ap□Tdl	□DT
		PV 🗆 (	OPV		PV 🗆	OPV		PV □	OPV	I	l I PV □(	OPV		PV 🗆	OPV		PV 🗆	OPV
Polio (Check specific type)																		
<b>Hib</b> Haemophilus influenza type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps. Rubella										Com	ments:							
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, B	UT NOT	Γ REQU	JIRED	Vaccine	/ Dose		1	1	1									
Hepatitis A																		
HPV													ı	1		•		
Influenza																		
Other: Specify Immunization																		
Administered/Dates Health care provide	er (MD	DO A	PN P	A scho	ol heal	th nrot	fession	l al heal	th offi	cial) ve	rifving	ahove	immu	nizatio	n histo	rv mus	t sion l	elow
If adding dates to the												above	11111114	inzatio	II IIISto	iy iilus	t sign t	ciow.
Signature								Ti	tle					Dat	te			
Signature								Ti	tle					Da	te			
ALTERNATIVE P																		
1. Clinical diagnosis	s (measl	les, mu	mps, h	epatitis	sB) is	allowe	d when	verifie	ed by p	hysicia	n and s	uppor	ted wit	h lab c	onfirn	nation.	Attac	ch
copy of lab result. *MEASLES (Rubeola	) MO	DA Y	/R *	**MUM	PS MO	) DA	YR	HEP	ATITIS	SB M	IO DA	YR	v	ARICE	ELLA I	MO DA	A YR	
2. History of varice! Person signing below v documentation of disea	erifies th																	l.
Date of																		
Disease				ature	\							_		Title				
*All measles cases						Measle			mps**		Rubella	a [	∃Varic	ella	Attac	h copy	of lab r	esult.
*All measies cases  **All mumps cases of																		
Completion of Alter									sician S	Signatu	ıre:							
Physician Statements	s of Imn	nunity I	MUST	be subn	nitted t	o IDPF	I for re	view.										

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

						Birth		Sex	School		Grade Level/ ID	
Last HEALTH HISTORY		First	OMDLE	TED	Middle	C/CTIAT	Month/Day/ Year	DV HEAT	I TH CAE	E DDC	MIDED	
ALLERGIES	Yes	List:	OMPLE	TED	AND SIGNED BY PARENT		EDICATION (Prescribed or		ist:	E PRU	VIDER	
(Food, drug, insect, other)	No	List.			T	take	en on a regular basis.)	No				
Diagnosis of asthma? Child wakes during n		ing?	Yes Yes	No No			ss of function of one of pai gans? (eye/ear/kidney/testic		Yes	No		
Birth defects?			Yes	No			Hospitalizations? Yes N When? What for?					
Developmental delay			Yes	No								
Blood disorders? Hen Sickle Cell, Other? E			Yes	No		W	rgery? (List all.) hen? What for?		Yes	No		
Diabetes?			Yes	No			rious injury or illness?	2.0	Yes	No	date of the first state of the f	
Head injury/Concussi		out?	Yes	No			3 skin test positive (past/pre	esent)?	Yes*	No	*If yes, refer to local health department.	
Seizures? What are the Heart problem/Shortn		n#h 9	Yes Yes	No No			3 disease (past or present)?  bbacco use (type, frequency)	19	Yes*	No No	_	
Heart murmur/High b			Yes	No			cohol/Drug use?	):	Yes	No		
Dizziness or chest pai		iure.	Yes	No		Fa	mily history of sudden deat fore age 50? (Cause?)	h	Yes	No		
exercise?  Eye/Vision problems					Last exam by eye doctor			Bridge	□ Plate	Other		
Other concerns? (cross Ear/Hearing problems		oping nas,	Yes	, aimic No	T		ormation may be shared with ap	ppropriate j	personnel fo	r health a	and educational purposes.	
Bone/Joint problem/in	njury/scoli	osis?	Yes	No	'		rent/Guardian gnature				Date	
PHYSICAL EXAM HEAD CIRCUMFERE				MEN	NTS Entire section bel	ow to	be completed by MD/ WEIGHT	/DO/AP	PN/PA BMI		В/Р	
					RE) BMI>85% age/sex						History Yes □ No □ □ At Risk Yes □ No □	
The state of the s		_									re, preschool, nursery school	
					Chicago or high risk zip code		noned in necessed of puot	ic sensor	орегине	day car	e, presenced, nursery sencer	
Questionnaire Admii					d Test Indicated? Yes □		Blood Test Date			Result		
					nildren in high-risk groups includ risk categories. See CDC guideli						itions, frequent travel to or born	
No test needed □		rformed [		-	Test: Date Read	_	/ Result: Positiv		Negative [		mm	
				Bloo	d Test: Date Reported	/ /	Result: Positiv	⁄e□ N	legative [	]	Value	
LAB TESTS (Recomm	/	]	Date		Results				]	Date	Results	
Hemoglobin or Hemoglobin	atocrit						Sickle Cell (when indicated)					
Urinalysis  SYSTEM REVIEW	N	Commer	-4-/E-U		/NT J		Developmental Screening Tool			Comments/Follow-up/Needs		
Skin	Normal	Comme	ILS/FOIIC	ow-u <sub>l</sub>	p/Neeus		Endocrine	Normal	Comme	IUS/F OII	ow-up/Neeus	
Ears		1			Screening Result:		Gastrointestinal				I.MD	
Eyes					Screening Result:		Genito-Urinary				LMP	
Nose							Neurological					
Throat							Musculoskeletal					
Mouth/Dental							Spinal Exam					
Cardiovascular/HTN	1						Nutritional status					
Respiratory		<u> </u>			☐ Diagnosis of Asthm	a	Mental Health					
Currently Prescribed  ☐ Quick-relief me ☐ Controller media	dication (	e.g. Short	Acting E				Other					
NEEDS/MODIFICA	TIONS re	equired in th	e school	setting	g		DIETARY Needs/Restric	ctions				
SPECIAL INSTRUC	CTIONS/I	DEVICES	e.g. safe	ety gla	asses, glass eye, chest protector f	or arrhyt	hmia, pacemaker, prosthetic o	device, de	ntal bridge,	false tee	eth, athletic support/cup	
MENTAL HEALTH If you would like to disc					the school should know about this school health personnel, check t			Counsel	or 🗆 Pr	incipal		
EMERGENCY ACT		eded while a			child's health condition (e.g., se					•	diabetes, heart problem)?	
On the basis of the exam PHYSICAL EDUCA	ination on t	his day, I ap	prove thi			RSCH	(If No or Modif	ïed please <b>Yes</b> □	attach expl		) <b>ified</b> □	
Print Name						Signatur					Date	
Address							<del></del>		Phone			



### Required for grades 7,8,10,11,12 if participating in an athletic program TESA

### **Pre-participation Examination**



To be completed by athlete or parent prior to examination. Middle Address\_ \_\_\_ City/State\_\_\_ 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? If yes, please identify specific allergy below. □ Medicines ☐ Stinging Insects Explain "Yes" answers below. Circle questions you don't know the answers to. **GENERAL QUESTIONS MEDICAL QUESTIONS** Yes No Has a doctor ever denied or restricted your participation in sports 26. Do you cough, wheeze, or have difficulty breathing during or after for any reason? Do you have any ongoing medical conditions? If so, please identify 27. Have you ever used an inhaler or taken asthma medicine? below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections 28. Is there anyone in your family who has asthma? 29. Were you born without or are you missing a kidney, an eye, a Have you ever spent the night in the hospital? 3 testicle (males), your spleen, or any other organ? Have you ever had surgery? 30. Do you have groin pain or a painful bulge or hernia in the groin HEART HEALTH QUESTIONS ABOUT YOU Yes No area? Have you ever passed out or nearly passed out DURING or AFTER 31. Have you had infectious mononucleosis (mono) within the last Have you ever had discomfort, pain, tightness, or pressure in your 32. Do you have any rashes, pressure sores, or other skin problems? chest during exercise? 33. Have you had a herpes or MRSA skin infection? Does your heart ever race or skip beats (irregular beats) during 34. Have you ever had a head injury or concussion? exercise? 35. Have you ever had a hit or blow to the head that caused 8. Has a doctor ever told you that you have any heart problems? If confusion, prolonged headache, or memory problems? so, check all that apply: ☐ High blood pressure ☐ A heart murmur 36. Do you have a history of seizure disorder? ☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease 37. Do you have headaches with exercise? Other: 38. Have you ever had numbness, tingling, or weakness in your arms 9. Has a doctor ever ordered a test for your heart? (For example, or legs after being hit or falling? ECG/EKG, echocardiogram) 39. Have you ever been unable to move your arms or legs after being 10. Do you get lightheaded or feel more short of breath than hit or falling? expected during exercise? 40. Have you ever become ill while exercising in the heat? 11. Have you ever had an unexplained seizure? 41. Do you get frequent muscle cramps when exercising? 12. Do you get more tired or short of breath more quickly than your 42. Do you or someone in your family have sickle cell trait or disease? friends during exercise? 43. Have you had any problems with your eyes or vision? HEART HEALTH QUESTIONS ABOUT YOUR FAMILY No Yes 44. Have you had any eye injuries? 13. Has any family member or relative died of heart problems or had 45. Do you wear glasses or contact lenses? an unexpected or unexplained sudden death before age 50 46. Do you wear protective eyewear, such as goggles or a face shield? (including drowning, unexplained car accident, or sudden infant 47. Do you worry about your weight? death syndrome)? 48. Are you trying to or has anyone recommended that you gain or 14. Does anyone in your family have hypertrophic cardiomyopathy, lose weight? Marfan syndrome, arrhythmogenic right ventricular 49. Are you on a special diet or do you avoid certain types of foods? cardiomyopathy, long QT syndrome, short QT syndrome, Brugada 50. Have you ever had an eating disorder? syndrome, or catecholaminergic polymorphic ventricular 51. Have you or any family member or relative been diagnosed with tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or 52. Do you have any concerns that you would like to discuss with a implanted defibrillator? doctor? 16. Has anyone in your family had unexplained fainting, unexplained **FEMALES ONLY** Yes No seizures, or near drowning? 53. Have you ever had a menstrual period? **BONE AND JOINT QUESTIONS** Yes No 54. How old were you when you had your first menstrual period? 17. Have you ever had an injury to a bone, muscle, ligament, or 55. How many periods have you had in the last 12 months? tendon that caused you to miss a practice or a game? 18. Have you ever had any broken or fractured bones or dislocated Explain "yes" answers here 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 22. Do you regularly use a brace, orthotics, or other assistive device? 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

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



Physician's Assistant Signature\*

Advanced Nurse Practitioner's Signature\*

### **Pre-participation Examination**



PHYSICAL EXAM	MINATION	FORM				Name			
=>/***						Las	t	First	Middle
EXAMINATION		14/-:-b-			□ N4-1-	П. FI-			
Height BP /	- 1	Weight		Pulse	☐ Male	n R 20/	L 20/	Corrected □ Y	□N
MEDICAL		/		ruise	VISIO	II K 20/	NORMAL	ABNORMAL FINDINGS	LI IV
Appearance							11011111111	/ DIONING LINE	
	nata (kyphoso	coliosis.	high-ard	ched palate, pect	us excavatum.				
_			_	laxity, myopia, N		fficiency)			
Eyes/ears/nose		- 0	7 71	,, , -,,	,				
<ul> <li>Pupils equal</li> </ul>	,								
Hearing									
Lymph nodes									
Heart <sup>a</sup>									
Murmurs (au	iscultation sta	anding	sunine	+/- Valsalva)					
<ul> <li>Location of p</li> </ul>									
Pulses	JOINTE OF THURST	nai inip	uise (i iv	,					
<ul><li>Simultaneou</li></ul>	is fomoral an	d radial	nulcoc						
Lungs	is lellioral all	u raulai	puises						
Abdomen								+	
	malas anhub							+	
Genitourinary (	maies only)								
Skin									
HSV, lesions :	suggestive of	MRSA,	tinea co	orporis				_	
Neurologic <sup>c</sup>									
MUSCULOSKEL	.ETAL								
Neck									
Back									
Shoulder/arm									
Elbow/forearm									
Wrist/hand/fing	gers								
Hip/thigh									
Knee									
Leg/Ankle									
Foot/toes									
Functional									,
<ul> <li>Duck-walk, si</li> </ul>	ingle leg hop								
₀Consider GU exam if i	n private setting.	Having thi	ird party p	or abnormal cardiac his resent is recommended testing if a history of sig	d.			•	
On the hasis of th	he examinatio	on on th	nis day 1	annrove this chil	ld's narticinatio	n in interschol	astic sports for 395	days from this date.	
OTT THE BUSIS OF TH	пе схапппаск	011 011 61	iis day, i	approve triis eriii	ia s participatio	ii iii iiicersenoi	<u> </u>	days from this date.	
Yes		No			Limited			Examination Date	
Additional Comm	nents:								
Physician's Signa	aturo						Physician'	s Namo	

\*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.

PA's Name

ANP 's Name

### **DENTAL INFORMATION & CLINICS**

A dental examination performed by a licensed dentist is required for all **Kindergarten**, **2**<sup>nd</sup> **and 6**<sup>th</sup> **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 <a href="www.lz95.org">www.lz95.org</a> 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.

### **Dental Clinic Locations:**

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

For more information, or to schedule an appointment, call the above numbers or visit: <a href="http://health.lakecountyil.gov/primary/pages/dental-services.aspx">http://health.lakecountyil.gov/primary/pages/dental-services.aspx</a>

### For those with dental insurance through All Kids:

Mundelein Dental Center	DentaQuest of Illinois
333 East Route 83	1.888.286.2447
Mundelein, IL 60060	
847.566.7212	



### PROOF OF SCHOOL DENTAL EXAMINATION FORM

### To be completed by the parent (please print):

Student's Nan	ne: Last	First	Middle	Birth Date: (Month/Day/Year)
Address:	Street	City	ZIP Code	Telephone:
Name of Scho	ool:		Grade Level:	Gender:  □ Male □ Female
Parent or Gua	ardian:		Address (of parent/guard	ian):
-	eted by dentist: Status (check all that ap	oply)		
□ Yes □ No	Dental Sealants Pres	ent		
□ Yes □ No	-	Restoration History — A	A filling (temporary/permanent) OR a molars.	tooth that is missing because it was
□ Yes □ No	walls of the lesion. These of	riteria apply to pit and fissure tooth was destroyed by caries	ure loss at the enamel surface. Brow cavitated lesions as well as those on s. Broken or chipped teeth, plus teeth	smooth tooth surfaces. If retained
□ Yes □ No	Soft Tissue Patholog	у		
□ Yes □ No	Malocclusion			
Treatment No	eeds (check all that app	oly)		
☐ Urgent T	reatment — abscess, nerve	exposure, advanced disease	state, signs or symptoms that include	pain, infection, or swelling
☐ Restorati	ive Care — amalgams, com	posites, crowns, etc.		
☐ Preventiv	<b>∕e Care</b> — sealants, fluoride	treatment, prophylaxis		
□ Other —	periodontal, orthodontic			
Please no	ote			
Signature of [	Dentist		Date of Exa	am
Address	Street	City Z	Telephone	

Illinois Department of Public Health, Division of Oral Health 217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.idph.state.il.us





### 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.

Birth Date	Student Name							
Phone	D' 4 D 4			0 1	~	,		(Middle Initial)
Phone	Birth Date		(	Gender	Gra	ade		
Class   Content   Class   Content   Class   Content   Class   Content   Class   Content   Class   Cl	Parent or Guardian	zar)						
Address (Number) (Street) (City) (ZIP Code)  County			(Last)				(First)	
Address (Number) (Street) (City) (ZIP Code)  County	Phone							
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    Normal   Not Able to Assess   Comments    External exam (lids, lashes, cornea, etc.)                Internal exam (vitreous, lens, fundus, etc.)            Internal exam (vitreous, lens, fundus, etc.)          Internal exam (vitreous, lens, fundus, etc.)          Internal exam (vitreous, lens, fundus, etc.)          Internal exam (vitreous, lens, fundus, etc.)          Internal exam (vitreous, lens, fundus, etc.)        Internal exam (vitreous, lens, fundus, etc.)        Internal exam (vitreous, lens, fundus, etc.)        Internal exam (vitreous, lens, fundus, etc.)        Internal exam (vitreous, lens, fundus, etc.)        Internal exam (vitreous, lens, fundus, etc.)        Internal exam (vitreous, lens, fundus, etc.)        Internal exam (vitreous, lens, fundus, etc.)        Internal exam (vitreous, lens, fundus, etc.)        Internal exam (vitreous, lens, fundus, etc.)        Internal exam (vitreous, lens, fundus, etc.)        Internal exam (vitreous, lens, fundus, etc.)        Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vitreous, lens, fundus, etc.)      Internal exam (vi								
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    Nistance	Address	ar)		(Street)			(City)	(7ID Code)
Case History Date of exam Ocular history:	,			, ,			(City)	(ZII Code)
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  Examination    Distance								
Date of exam			Т	o Be Comp	leted By	Examinin	ng Doctor	
Ocular history: Normal or Positive for	Case History							
Medical history:	Date of exam							
Medical history:	Ocular history:	mal or F	Positive f	for				
Other information								
Examination    Distance	Drug allergies: ☐ NK							
Distance								
Near   Right   Left   Both   Both   Both   Uncorrected visual acuity   20/	Other information							
Right Left Both Both Uncorrected visual acuity 20/ 20/ 20/ 20/ 20/ 20/ Best corrected visual acuity 20/ 20/ 20/ 20/ 20/  Was refraction performed with dilation?	Examination							
Uncorrected visual acuity		Distance	1		Near			
Best corrected visual acuity 20/ 20/ 20/ 20/ 20/  Was refraction performed with dilation?		_						
Was refraction performed with dilation?								
Normal Abnormal Not Able to Assess Comments  External exam (lids, lashes, cornea, etc.)	Best corrected visual acuity	20/	20/	20/	20/			
Normal Abnormal Not Able to Assess Comments  External exam (lids, lashes, cornea, etc.)	Was refraction performed wi	th dilation	? □ Ye	es 🗆 No				
External exam (lids, lashes, cornea, etc.)	was remached performed wi	ur driddiori		25 - 110				
Internal exam (vitreous, lens, fundus, etc.)  Pupillary reflex (pupils)  Binocular function (stereopsis)  Accommodation and vergence  Color vision  Glaucoma evaluation  Oculomotor assessment  Other  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				Normal	A	bnormal	Not Able to Assess	Comments
Pupillary reflex (pupils)			*	_		<del>-</del>		
Binocular function (stereopsis)  Accommodation and vergence  Color vision  Glaucoma evaluation  Oculomotor assessment  Other  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		, fundus, et	tc.)	<del>-</del>				
Accommodation and vergence				_		_	U	
Color vision	` -			<del></del>				
Glaucoma evaluation  Oculomotor assessment  Other  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	_	ce				_	_	
Oculomotor assessment  Other  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				_		_		
Other								
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	Oculomotor assessment							
<b>Diagnosis</b> □ Normal □ Myopia □ Hyperopia □ Astigmatism □ Strabismus □ Amblyopia	Other							
□ Normal □ Myopia □ Hyperopia □ Astigmatism □ Strabismus □ Amblyopia	NOTE: "Not Able to Assess" re	efers to the in	nability o	f the child to	complete	the test, not	the inability of the doctor	to provide the test.
	Diagnosis							
Other	□ Normal □ Myopia □	☐ Hyperop	ia 🗅	Astigmatisr	n 🗆 S	Strabismus	☐ Amblyopia	
	Other							

Page 1 Continued on back



### State of Illinois **Eye Examination Report**

### Recommendations

1. Corrective lenses: ☐ No	☐ Yes, glasses or contacts should be v	worn for:
	☐ Constant wear ☐ Near vision ☐	1 Far vision
	☐ May be removed for physical educ	ation
-	mended:	
Comments		
	on: 3 months 6 months	12 months
4		
5		
		License Number
	hysician (such as an ophthalmologist) ye examination □ MD □ OD □ DO	
Address		Consent of Parent or Guardian  I agree to release the above information on my child or ward to appropriate school or health authorities.
		(Parent or Guardian's Signature)
Phone		(Date)
Signature		Date
(Sc	ource: Amended at 32 III. Reg.	. effective



### Mobile Learning Initiative Registration Acknowledgement

Student Name:		
School:		
District for the sole to this District-ow	rticipation of my child in District 95 Mobile Learning Initial e purpose of enhancing his or her educational experience. I a need device. My child will only use this device in accordances and Conditions of the Mobile Learning Initiative, and the Mobile Learning Initiative.	m wholly and entirely responsible for loss or damage ee with all applicable policies and procedures of the
damage. This cove year to year, per-c • In • Re	ing Initiative program fee includes accidental damage cover- erage will protect you from paying the full cost to repair or re- occurrence deductible. This fee is due at registration. Benef icidents of damage (over a four year period) covered by \$50. eplacement of lost or stolen iPad with a \$200 deductible and web portal to allow parents a timely and efficient method to	eplace your student's device subject to a cumulative, its of this plan include:  00 (each incident) deductible. a copy of the filed police report of the incident.
<ul> <li>Any dishones</li> <li>Catastrophic the replacem</li> <li>Any loss of so</li> <li>Any device lo</li> <li>Any use not in</li> <li>Replaceable point</li> <li>Any device w</li> <li>The district m</li> <li>DEDUCTIBLE FEE Point</li> </ul>	- \$50 each. Loss or theft - \$200.	arent(s)/guardian(s) will be required to pay for repersonal information on the device.  es will not be replaced/covered by this plan.  t the functionality.
covered under th District's sole disc iPad damage waiv extra-curricular ac	stand that I am responsible for a per occurrence deductible is damage waiver to be paid immediately upon confirmat cretion. All current and past registration fees and any other ver or replacement fee) are required to be paid before studentivities requiring a fee to participate, eligible for a student heleges. Official transcripts are not released until all fees owed	ion of a loss, such confirmation being at the outstanding fees to the District (including the ents are allowed to participate in Athletics and high school parking permit, or have off campus
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 stored 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.



### **ALTERNATIVE TRANSPORTATION FORM**

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	Grade:
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	School Year
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	
Pick-Up location, if other than home  Drop-Off Location, if other than home  PARENT/GUARDIAN SIGNATURE	addresses will be considered only if the stop is on an existing bus route
Drop-Off Location, if other than home  PARENT/GUARDIAN SIGNATURE	LOCATIONS MUST BE THE SAME ALL DAYS OF THE WEEK***
PARENT/GUARDIAN SIGNATURE	
enforced to ensure safe and orderly transportation of our students.	· · · ·
Parent/Guardian Signature and Contact Phone number	umber
***TRANSPORTATION OFFICE USE ONLY***	PORTATION OFFICE USE ONLY***
Is the alternative address in the same home school?  Yes  No	ol? Yes No
New transportation should be in Home Access by:	;
Reason of denial:	<del></del>
Parent contacted (Date, Time & Initials):	
Email to school if denied (Date, Time & Initials):	

## **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



# DoIneed 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. Al 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.l295.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.



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

NAME OF STUDENT:			_ Birth Date		
(L	ast) (First)	(Middle)			
For Stu	dents Transferring From Lake Zur	ich Community Unit School	District 95 to another school:		
	lian of the above named student, a the school and/or agency listed b		nunity Unit School District 95 to release the		
PLEASE CHECK  ☐ Permanent Record	(identifying information, acader	mic transcripts, attendance	record, & health record)		
	esults, participation in school activi osychological evaluations, special (	ties, honors and awards red	background information, aptitude and seived, teacher anecdotal records, disciplinary other verified information of clear relevance		
Release records from:		Release records t	o:		
			- <u></u>		
For Stu	dents Transferring To Lake Zurich	Community Unit School Di	strict 95 from another school:		
		·	nunity Unit School District 95 to request the		
listed student records fr	om the school and/or agency lister	d below:			
PLEASE CHECK					
☐ Permanent Record	(identifying information, acader	nic 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 t	o:		
The privacy of these reco	·	re for use of authorized sch	ool personnel only. A copy of this release is to		
Signature of Parent/Lega		Relationship to Child	Date		
Date records received and/or	·	ure			

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