SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

District 69 Pre-K Registration Checklist

Welcome to District 69! Below is a checklist of items that are required by the District to complete the registration process.

If at any point you have any questions or need any assistance in completing the process, please contact a member of the Pre-K team:

Pre-K: PreSchoolInfo@Skokie69.net, 847-675-7666

Checklist of Forms for District 69 Pre-K Students

- ☐ School District 69 Registration Form
- ☐ Skokie – Morton Grove School District 69 Home Language Survey
- ☐ Verification of Residency Form(s)
- ☐ Data Collection Form (ISBE)
- ☐ Authorization for Electronic Network Access Form
- ☐ Use of Student Photo, Video, and Information Authorization Form
- ☐ Physical Exam Form
- ☐ Permission for Release of Information Form
- ☐ Student COVID-19 Self-Certification and Verification Form
- ☐ Family History Form
- ☐ Proof of Income Form
- ☐ Child Information Form
- ☐ Pre-K Screening Form
- ☐ Enrollment Preference Form
- ☐ Submission of Birth Certificate

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School District 69 Registration Form

PLEASE PRINT USING BLACK INK

Student Last Name	First Name	Middle Name	Gender	Birth Certificate No. Or Passport No.

Street Address	City	State	Zip Code	Telephone Number ( )

Date Of Birth	Place of Birth

Parent/Caregiver One Last Name	Parent/Caregiver One First Name	Date of Birth	Relationship to Student

Parent/Caregiver One Business Phone	Name of Employer

Parent/Caregiver One Cell Phone Number	Parent/Caregiver One E-Mail Address

Parent/Caregiver Two Last Name	Parent/Caregiver Two First Name	Date of Birth	Relationship to Student

Parent/Caregiver Two Business Phone	Name of Employer

Parent/Caregiver Two Cell Phone Number	Parent/Caregiver Two E-Mail Address

If there are custody restrictions, please describe and present legal documents for the student's file.

If student does not live with either parent, identify with whom the student lives:

What is your preferred mode of communication?

☐Email ☐Phone Call ☐Text Message ☐ Mobile App Notification

Who does the student live with?

- ☐ Both Parents in home
- ☐ Single Parent Family
- ☐ Lives with an adult other than guardian
- ☐ Youth in care
- ☐ Parents have joint custody

List Members of Household	Relationship	Birth Date	If Student, Name of School

Emergency Information (List names other than parents/guardians)		Relationship to Student	Daytime Telephone Number
	☐ Emergency Only ☐ Drop Off & Pick Up Only ☐ Both		
	☐ Emergency Only ☐ Drop Off & Pick Up Only ☐ Both		

Updated 12/21

Madison Elementary School
5100 Madison St
Skokie, IL 60077

Edison Elementary School
8200 Gross Point Rd
Morton Grove, IL 60053

Lincoln Jr High School
7839 Lincoln Ave
Skokie, IL 60077

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Date Family Moved to District 69:	Is Student a U.S Citizen? ☐ Yes ☐ No	If NO, provide date student first entered a US school:

Doctor's Name	Hospital of Birth:	Doctor's Telephone Number
Dentist Name		Dentist Phone Number

Has the student ever received any transitional language service? ☐ Yes ☐ No

☐ ESL (English as a Second Language) ☐ Bilingual Education ☐ Currently in a program at this time ☐ Released from program

Has student ever received any special education or early intervention services or attended a development screening? ☐ Yes ☐ No
If Yes, type of service(s):

Does student currently have an IEP? ☐ Yes ☐ No Does student currently have a 504? ☐ Yes ☐ No

Please list medical problems or food restrictions, if any including life threatening food allergies:

Previous Day Care / Preschool Experience

0-3 Years Old	3 Years Old	4 Years Old	5 Years Old
☐ Family Child Care	☐ Family Child Care	☐ Family Child Care	☐ Family Child Care
☐ Center Based	☐ Center Based	☐ Center Based	☐ Center Based
☐ Preschool / Day Care	☐ Preschool / Day Care	☐ Preschool / Day Care	☐ Preschool / Day Care
Facility Name:	Facility Name:	Facility Name:	Facility Name:
☐ Full Day ☐ Half Day	☐ Full Day ☐ Half Day	☐ Full Day ☐ Half Day	☐ Full Day ☐ Half Day
# Days per week	# Days per week	# Days per week	# Days per week

Previous school(s) student has attended: (START WITH KINDERGARTEN)

School and District Name	City/State/Country	Grades Attended

Skokie – Morton Grove School District 69 Home Language Survey

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

Student Name: ____

English

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

☐ **No** ☐ **Yes**____________________(language)

2. Does the student speak a language other than English?

☐ **No** ☐ **Yes**____________________(language)

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

Tagalog

1. May iba pa bang lengguwahe bukod sa Ingles na ginagamit sa iyong tahanan?

☐ **Hindi** ☐ **Oo**____________________**(Lengguwahe)**

2. May ginagamit ba na ibang lengguwahe ang mag- aaral bukod sa Ingles?

☐ **Hindi** ☐ **Oo (Lengguwahe)**

Ayon sa batas, kung "Oo" ang sagot sa parehong tanong, kailangan suriin ng paaralan ang kakayahan at kaalaman na mag- aaral sa wikang Ingles.

Spanish/Español

1. ¿Se habla algún otro idioma que no sea Inglés en su hogar?

☐ **No** ☐ **Sí**____________________ **(Idioma)**

2. ¿Habla el estudiante algún otro idioma que no sea Inglés?

☐ **No** ☐ **Sí**____________________ **(Idioma)**

Si la respuesta a cualquiera de las preguntas es "Sí", la ley requiere que la escuela evalúe la habilidad de su niño en Inglés.

Urdu

1. کیا آپ کے گھر میں انگریزی کے علاوہ کوئی دوسری زبان بولی جاتی ہے؟

☐ **نہیں** ☐ **ہاں** ____________________ **(زبان)**

2. کیا طالب علم انگریزی کے علاوہ کوئی دوسری زبان بول سکتا ہے ؟

☐ **نہیں** ☐ **ہاں** ____________________ **(زبان)**

اگر کسی بھی سوال کا جواب ہاں میں ہے تو ، قانون کے تحت اسکول سے آپ کے بچے کی انگریزی زبان کی مہارت کا اندازہ لگانا پڑتا ہے.

Assyrian

ܐ. ܐܝܬܘܗܝ ܠܫܢܐ ܚܪܢܐ ܡܢ ܐܢܓܠܝܙܝܐ ܕܡܬܡܠܠ ܒܒܝܬܐ ܕܝܠܘܟ؟

☐ ܐܝܢ ☐ ܠܐ ------- (ܠܫܢܐ)

ܒ. ܐܝܢܐ ܬܠܡܝܕܐ ܡܡܠܠ ܠܫܢܐ ܚܪܢܐ ܡܢ ܐܢܓܠܝܙܝܐ؟

☐ ܐܝܢ ☐ ܠܐ ------- (ܠܫܢܐ)

ܘܐܢ ܕܦܢܝܬܐ ܕܚܕ ܡܢ ܫܘܐܠܐ ܐܝܬܘܗܝ ܐܝܢ؛ ܢܡܘܣܐ ܐܡܪ ܠܡܕܪܫܬܐ ܕܡܒܨܪ ܠܡܫܘܚܬܐ ܐܢܓܠܝܙܝܐ ܕܝܠܦܢܐ (ܕܝܠܘܦܬܐ) ܕܝܠܘܟ.

Arabic

1. هل تُستخدم لغة أخرى غير اللغة الإنجليزية في منزلك؟

☐ **لا** ☐ **نعم** ____________________ **(اللغة)**

2. هل يتحدث الطالب لغة أخرى غير اللغة الإنجليزية؟

☐ **لا** ☐ **نعم** ____________________ **(اللغة)**

إذا كانت الإجابة على أي من السؤالين نعم ، فإن القانون يتطلب من المدرسة تقييم إتقان طفلك للغة الإنجليزية.

***** If the answer is "yes" to questions 1 and/or 2, the law requires the school to assess your child's English language proficiency *****

____
Parent/Guardian Name

______________________________ ____________________
Parent/Guardian Signature Date

Updated 12/21

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Verification of Residency

You must provide documentation showing you ***live at*** the address included in your registration. Please bring the following documents to register your child at District 69. You must provide at least **one document from Category 1** and **two documents from Category 2**. To guard your security, please block out account and social security numbers on the documents before you present them.

All documents must be current (within the last 30 days) and show your name and address. Check the boxes for the documentation you are providing and include the documentation with this completed form. To guard your security, please block out account and social security numbers on the documents before you present them.

Category 1 – provide at least one (1)	Category 2 – provide at least two (2)	
☐ Property tax bill–(most recent for current year)	☐ Gas bill	☐ Public aid card
☐ Signed lease	☐ Electric bill	☐ Credit card statement
☐ Mortgage document or payment	☐ Water/sewer bill	☐ Paycheck stub
☐ Military housing letter	☐ Phone bill (not mobile phone)	☐ City sticker receipt
☐ Section 8 letter	☐ Cable bill	☐ Other*: _____
☐ Other*: _____	☐ Vehicle registration	
	☐ Bank statement	

Living with another person or family (Homeowner)

- If you are living in a home that is owned by another person or family member you must complete **Affidavit A and B.**

Living with another person or family (Renter)

- If you are living in a home that is rented by another person or family member you must complete **Affidavit A, B and C.**

Please contact the District's McKinney-Vento Liaison at (847) 675-7666 if you:

- Do not have a permanent residence;
- Are living in a shelter, hotel, campground, train/bus station, or other similar situation; or
- Are sharing housing with others due to loss of housing, economic hardship, or similar reason

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Affidavit of Residence - No Evidence (Document A)

(District Resident)

I, _____ hereby state that I live at _____
(resident) (Street Address)

In the Village of _____, Illinois.

_____ and _____ have lived with me since _____
(parent/caregiver name) (child name)

For the following reasons (state any and all reasons):

_____

_____

_____

Number of rooms in residence:_____ Number of bedrooms:_____

Total number of adults living in residence:_____ Children:_____

	Yes	No
The student and parent/legal guardian eat meals regularly at the residence listed above.		
The student and parent/legal guardian sleep regularly at the residence listed above.		
The student and parent/legal guardian spend weekends regularly at the residence listed above.		
The student and parent/legal guardian spend summers regularly at the residence listed above.		

_____ (initial) I hereby swear that the information given is true and correct. I affirm that this residency arrangement is due to unique family or personal reasons and not to qualify the child as a student eligible to attend Skokie School District 69. I understand that I may be subject to criminal prosecution for perjury and I may be liable for annual tuition charges in the amount of $15,474.00 if I have given false information.

_____
Name of Resident

_____
Signature of Resident

_____
Date

Subscribed and sworn on before me on this _____ day of _____, 20_____.

_____
Notary Public

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Affidavit of Residence - No Evidence (Document B)
(Parent/Guardian Living with District Resident)

I, _____ hereby state that I live at _____
(resident) (street address)

In the Village of _____, Illinois.

My former address is _____, _____, _____.
(street address) (city) (state)

I have lived with _____ since_____
(district resident)

For the following reasons (state any and all reasons):

_____

_____

_____

	Yes	No
The student and parent/legal guardian eat meals regularly at the residence listed above.		
The student and parent/legal guardian sleep regularly at the residence listed above.		
The student and parent/legal guardian spend weekends regularly at the residence listed above.		
The student and parent/legal guardian spend summers regularly at the residence listed above.		

_____ (initial) I hereby swear that the information given is true and correct. I affirm that this residency arrangement is due to unique family or personal reasons and not to qualify the child as a student eligible to attend Skokie School District 69. I understand that I may be subject to criminal prosecution for perjury and I may be liable for annual tuition charges in the amount of $15,474.00 if I have given false information.

_____
Name of Resident

_____
Signature of Resident

_____
Date

Subscribed and sworn on before me on this _____ day of _____, 20_____.

_____
Notary Public

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Affidavit of Residence - No Evidence (Document C)
(Landlord)

I, _____, herby state that I live at _____,
(landlord) (street address)

I am the landlord of the building located at _____, in the Village of _____, IL.
(street address)

I verify that _____ and _____
(parent/caregiver name) (child name)

Have resided at _____ since _____ and to the best of my knowledge,
(street address) (lease/arrangement start date)

said lease/arrangement will expire on _____.
(anticipated end date)

Number of rooms in residence:_____ Number of bedrooms:_____

Total number of adults living in residence:_____ Children:_____

(1) _____ I issued a new lease.

_____ I did not issue a new lease.

(2) _____ I have added this person to the lease.

_____ I have not added this person to the lease.

_____ (initial) I hereby swear that the information given is true and correct. I affirm that this residency arrangement is due to unique family or personal reasons and not to qualify the child as a student eligible to attend Skokie School District 69. I understand that I may be subject to criminal prosecution for perjury and I may be liable for annual tuition charges in the amount of $15,474.00 if I have given false information.

_____
Name of Landlord

_____
Signature of Landlord

_____
Phone Number

_____
Email Address

_____
Date

Subscribed and sworn on before me on this _____ day of _____, 20_____.

_____
Notary Public

Illinois State Board of Education

New U.S. Department of Education Race and Ethnicity Data Standards

Student's Name: _____ **SIS ID:** _____
(pre-printed by school district) (pre-printed by school district)

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- ☐ **No, not Hispanic/Latino**
- ☐ **Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

- ☐ **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.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

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Dear Parents/Guardians:

Our School District has the ability to enhance your child's education through the use of electronic networks, including the Internet. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication.

The District filters access to materials that may be defamatory, inaccurate, offensive, or otherwise inappropriate in the school setting. If a filter has been disabled or malfunctions it is impossible to control all material and a user may discover inappropriate material. Ultimately, parents/guardians are responsible for setting and conveying the standards that their child or ward should follow, and the School District respects each family's right to decide whether or not to authorize Internet access.

With this educational opportunity also comes responsibility. The use of inappropriate material or language, or violation of copyright laws, may result in the loss of the privilege to use this resource. Remember that you are legally responsible for your child's actions. If you agree to allow your child to have an Internet account, sign the Authorization form on the back and return it to your school office. Students in Grades 3-8 must also sign the form.
If you have any questions about Internet access, please feel free to contact me at millerc@skokie69.net.

Sincerely,

Chris Miller
Director of Technology

SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

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Authorization for Electronic Network Access Form

Students must have a parent/guardian read and agree to the following before being granted unsupervised access:

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. **The failure of any user to follow the terms of the *Acceptable Use of Electronic Networks* will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

I have read this *Authorization* form. I understand that access is designed for educational purposes 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 will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use isnot in a school setting. I have discussed the *Acceptable Use of Electronic Networks* with my child. I hereby request that my child be allowed access to the District's electronic network, including the Internet.

_____

Parent/Guardian Name *(please print)*

_____ _____

Parent/Guardian Signature Date

GRADES 3-8 STUDENTS MUST ALSO SIGN

Students must also read and agree to the following before being granted unsupervised access:

I understand and will abide by the above *Authorization for Electronic Network Access*. I understand that the District and/or its agents may access and monitor my use of the Internet, including my email 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 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 claims and damages arising from my use of, or inability to use the District's electronic network, including the Internet.

_____

Student Name *(please print)*

_____ _____

Student Signature Date Date

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Use of Student Photo, Video, and Information

Student photos, videos, or work samples are used by District 69 in publications, on its website, for presentations, or with school social media. In addition, print/broadcast/online media and approved 069 partners may visit District schools to photograph or video students involved in activities. In both cases, first names of students may be used to identify their work.

No names will be posted with photographs, except in yearbooks and/or school/class composites, without parent/guardian notification.

By signing this form, I hereby give permission and consent for District 69 and its approved partners to use my child's photograph and projects as described above. This agreement will be valid for the duration of your child's enrollment in District 69 unless you revoke it by submitting a Do Not Use Student Photo or Information Form. Please contact your building principal to obtain this form.

Please note that it may not be possible for District 69 to identify all students in the background of photographs or videos so completion of this form may not prevent a student from appearing in a non-identifiable way.

_____

Student Name *(please print)*

_____

Parent/Guardian Name *(please print)*

_____ _____

Parent/Guardian Signature Date

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Dear Parent/Guardian of a New Student:

According to Illinois state law, all children must have a physical examination and an up-to-date immunization record upon entrance to school and at the beginning of 6th grade. Failure to comply with this state law is cause for the exclusion of your child from school on October 15, 2022.

The physical exam and immunization record must be completed on the State of Illinois Certificate of Child Health Examination form and signed by a physician, nurse practitioner, or physician assistant. Forms dated on or after August 29, 2021, will be accepted. A chart from the Illinois Department of Public Health listing in detail what immunizations your child needs for school entry is enclosed.

An eye exam is also required for any child enrolling in kindergarten or students that are new to Illinois schools. The eye exam must be turned into school no later than October 15, 2022. An Illinois Eye Exam Report has been included in this packet.

Additionally, a dental exam is required for all Kindergarten, 2nd grade and 6th-grade students. Examinations must be performed by a licensed dentist and they must sign the State of Illinois Proof of School Dental Examination Form. Forms are due by May 15, 2023, and dental examinations must have been completed within the 18 months prior to the May 15 deadline.

The necessary forms are enclosed with this letter. Please return them to your school office as soon as possible. If you have any questions about these forms, please contact your school nurse:

<u>During the School Year</u>

Madison School: Keyla Pagan at pagank@skokie69.net or 847-675-3048 ext. 1115
Edison School: Mary Pius at piusm@skokie69.net or 847-966-6210 ext. 1211
Lincoln School: Jenn Cherko at cherkoj@skokie69. net or 847-676-3545 ext. 1317

<u>During the Summer</u>

Madison School: madisoninfo@skokie69.net
Edison School: edisoninfo@skokie69.net
Lincoln School: lincolninfo@skokie69.net

Thank you,

Kristine Joaquin Schubert

Kristine Joaquin Schubert
Director of Special Services

State of Illinois
Certificate of Child Health Examination

Student's Name Last First Middle	Birth Date Month/Day/Year	Sex	Race/Ethnicity	School /Grade Level/ID#
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 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR
DTP or **DTaP**						
Tdap; **Td** or Pediatric **DT (**Check specific type)	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophilus influenza type b						
Pneumococcal Conjugate						
Hepatitis B						
MMR Measles Mumps. Rubella				**Comments:** * indicates invalid dose		
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) ☐Measles* ☐Mumps ☐Rubella ☐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? Child wakes during night coughing?	Yes No Yes No			Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No		
Birth defects?	Yes No			Hospitalizations? When? What for?	Yes No		
Developmental delay?	Yes No						
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No			Surgery? (List all.) When? What for?	Yes No		
Diabetes?	Yes No			Serious injury or illness?	Yes No		
Head injury/Concussion/Passed out?	Yes No			TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.	
Seizures? What are they like?	Yes No			TB disease (past or present)?	Yes* No		
Heart problem/Shortness of breath?	Yes No			Tobacco use (type, frequency)?	Yes No		
Heart murmur/High blood pressure?	Yes No			Alcohol/Drug use?	Yes No		
Dizziness or chest pain with exercise?	Yes No			Family history of sudden death before age 50? (Cause?)	Yes No		
Eye/Vision problems? _____ Glasses ☐ Contacts ☐ Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Dental ☐ Braces ☐ Bridge ☐ Plate Other			
Ear/Hearing problems?	Yes No			Information may be shared with appropriate personnel for health and educational purposes. **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** **BMI PERCENTILE** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes☐ No☐ And any two of the following: **Family History** Yes ☐ No ☐
Ethnic Minority Yes☐ No ☐ **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes☐ No ☐ **At Risk** Yes ☐ No ☐

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 ☐ No ☐ **Blood Test Indicated?** Yes ☐ No ☐ **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 ☐ **Test performed** ☐ **Skin Test: Date Read** **Result: Positive** ☐ **Negative** ☐ **mm**_____
Blood Test: Date Reported **Result: Positive** ☐ **Negative** ☐ **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		☐ Diagnosis of Asthma	**Mental Health**		
Currently Prescribed Asthma Medication: ☐ Quick-relief medication (e.g. Short Acting Beta Agonist) ☐ Controller medication (e.g. inhaled corticosteroid)			**Other**		

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: ☐ Nurse ☐ Teacher ☐ Counselor ☐ 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 ☐ **No** ☐ 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**

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PERMISSION FOR RELEASE OF INFORMATION

The undersigned authorizes

_____
Former School/Physician/Agency

_____
Address

To release all permanent and temporary records, including special education files of *

_____
Full name of Student

_____
Date of Birth

Please send records to:

☐ Madison School, 5100 Madison Street, Skokie, IL 60077
(847) 675-3048 (phone) (847) 675-1691 (fax)
madisoninfo@skokie69.net

☐ Edison School, 8200 Gross Point Road, Morton Grove, IL 60053
(847) 966-6210 (phone) (847) 966-6236 (fax)
edisoninfo@skokie69.net

☐ Lincoln Jr. High School, 7839 Lincoln Ave, Skokie, IL 60077
(847) 676-3545 (phone) (847) 676-3595 (fax)
lincolninfo@skokie69.net

_____ _____
Parent/Legal Guardian Signature Date

*A regulation of the Illinois State Board of Education provides parents with the opportunity to inspect, challenge and copy information contained in the pupil's records at the time they are transferred to another school.

OFFICE USE ONLY:

Records request sent on: _____

Reports received from: _____

Date received: _____

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Student COVID-19 Self-Certification and Verification Form

***Must be Signed by Parent/Guardian prior to Student's First Day of School Attendance**

In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our school community, Joint Guidance from the Illinois State Board of Education and the Illinois Department of Public Health requires that every student undergo a daily symptom screening prior to utilizing School District transportation or entering any School District building. Parents/Guardians will be conducting this daily symptom screening prior to their student departing for school and reporting consistent with the parameters outlined below. This form must be signed and returned to the School District prior to your child returning to District 69 buildings for In-Person Learning.

Name of Student: _____ Date of Birth: _____

School: _____ Grade Level: _____

Certification and Verification of Daily Symptom Screening

I verify that prior to utilizing District transportation and/or entering a District building, my student will receive a daily symptom screening at home by an adult caregiver to determine if my student is experiencing any of the following COVID-19 symptoms:

- Temperature of 100.4 (or greater) degrees Fahrenheit/38 degrees Celsius;
- Cough;
- Shortness of breath or difficulty breathing;
- Chills;
- Fatigue;
- Muscle and body aches;
- Headache;
- Sore throat;
- New loss of taste or smell;
- Congestion or runny nose;
- Nausea and/or vomiting;
- Diarrhea; or
- Any other COVID-19 symptoms identified by the CDC or IDPH.

By sending my student on District transportation and/or to school on any given day, I am certifying and verifying that my student has received a daily symptom screening and is not experiencing any COVID-19 symptoms.

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If my student is experiencing any of the above symptoms at the time of the daily screening, I will notify the school in writing of my student's absence by sending an email to the appropriate email address or calling the Attendance line as listed below, and indicating which of the above symptoms that my student is experiencing.

Attendance lines:

- Madison Attendance Line: 224-470-6291
- Edison Attendance Line: 224-470-6292
- Lincoln Attendance Line: 224-470-6293

Email:

- Madison: MadisonInfo@Skokie69.net
- Edison: EdisonInfo@Skokie69.net
- Lincoln: LincolnInfo@Skokie69.net

If District staff contacts me to gather additional information related to the results of my student's daily screening, I will provide the necessary information as requested.

Certification and Verification of Other COVID-19 Related Exposures

I will notify the school that my student will be absent pending further direction from the District if: (1) my student receives a diagnosis of COVID-19 or has a pending COVID-19 test (waiting for results); (2) my student is suspected of having COVID-19; (3) my student comes in close contact (definition below) with an individual who tested positive for COVID-19 or is suspected of having COVID-19; or (4) my student traveled internationally. If the District staff contacts me to gather additional information related to the reason(s) for my student's absence, I will provide the necessary information as requested.

By sending my student on District transportation and/or to school on any given day, I am certifying and verifying that my student is not subject to an isolation or quarantine protocol related to COVID-19.

For COVID-19, the CDC defines a "close contact" as "any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated."

_____ _____

Parent/Guardian Signature **Date**

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Family History Form

Student Name: _____

Parent/Guardian Name: _____

Please put an "X" next to all items below that apply to your child and/or family:

- [ ] Child has not previously participated in a formal early learning program
- [ ] Primary caregiver did not complete high school (i.e. no GED)
- [ ] Teen parent at birth of first child
- [ ] Single parent family and/or blended family
- [ ] Refugee family
- [ ] History of domestic violence
- [ ] DCFS involvement
- [ ] Chronic or terminal illness of child or immediate family member
- [ ] A family member has a developmental delay or mental health need
- [ ] Parent is incarcerated
- [ ] Active duty military family
- [ ] Child was born outside of the United States or has one or more parent(s) or caregiver(s)born outside of the United States
- [ ] Child has received Early Intervention services and is not eligible for special education
- [ ] History of alcohol/drug abuse in family
- [ ] Parents unemployed or have multiple jobs
- [ ] Family is living in a home which does not have basic utilities (power/water)
- [ ] Family lives in isolation without a support system (family, friends, medical, faith based)
- [ ] High mobility and/or transience
- [ ] Child had a premature birth
- [ ] Child behavior concerns
- [ ] Child will enter kindergarten in the upcoming school year

- [ ] Family affected by Covid-19 pandemic
  Explain: _____

- [ ] Child experiencing or experienced trauma
  Explain: _____

- [ ] Child has been served by another at-risk program and/or from community resources
  Explain: _____

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Student Last Name:_____

Student's First Name:_____

Name of Parent/Guardian:_____

Telephone:_____

☐ The above-named student's family qualifies for food stamps or "Supplemental Nutrition Assistance Program" (SNAP) or "Temporary Assistance for Needy Families" (TANF). Case Number: _____

IF CHECKED, A CURRENT LETTER FROM THE DEPARTMENT OF HUMAN SERVICES WHICH INCLUDES THIS CASE NUMBER MUST BE ATTACHED.

☐ The above-named student is qualified as a foster child, and his/her monthly personal-use income amount is:_____

IF CHECKED, A COPY OF A STATEMENT FROM THE AGENCY THAT PROVIDES THIS PERSONAL-USE INCOME, SHOWING MONTHLY AMOUNT RECEIVED, MUST BE ATTACHED.

IF NONE OF THE ABOVE APPLY, PLEASE COMPLETE THE FOLLOWING SECTION:

Please list names of all household members (including children), and the **gross** income they receive (before deductions), and how often it is received, or check box if no income for that person (if more space is needed, please attach additional sheets of paper):

1. Names (LIST EVERYONE IN HOUSEHOLD)	2. GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Ex: $100/month; $100/twice a month; $100/every other week; $100/week)				3. Check if NO Income
	Earnings from Work GROSS- (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Workers' Comp, Unemployment, SSI, Etc. (All Other Income)	
A.					☐
B.					☐
C.					☐
D.					☐
E.					☐
F.					☐

Please Note: Proof of EACH income amount listed above MUST be attached to this application. A list of suitable forms of documentation is given on the reverse side of this application.

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Acceptable documentation includes:

- Pay stubs (two most recent, consecutive)
- Proof of WIC benefit
- Proof of Supplemental Nutrition Assistance Program (SNAP) benefit
- Proof of Temporary Assistance for Needy Families (TANF) enrollment
- Proof of Supplemental Security Income (SSI) benefit
- Proof the family receives Child Care Assistance Program (CCAP)
- Tax return (most recent)
- Wages and tax statement (most recent W-2)
- Verification/letter from employer
- Proof that parent is enrolled in Medicaid (a medical card with the child's name does not prove income eligibility).
- Signed written statement from the family (provide form for families with no income). This is only an option when families have no income sources.

I attest that the statements made herein are true and correct.

_____ _____

Parent/Guardian Signature Parent/Guardian Printed Name

_____

Date

Any questions regarding this form should be directed to

(847) 675-7666 or PreSchoolInfo@Skokie69.net

<u>Following is to be completed by Preschool office only</u>:

Total Number in Household: _____

Total Gross Income: _____ per (circle one)

Weekly Bi-Weekly Every 2 Weeks Monthly Yearly

Income Amount(s) Verified: ____Yes ____No

Valid SNAP/TANF Case Number Verified: ____ Yes ____No

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Tell Us About Your Child

Student Name: _____

What is your child's eating / snack schedule?
What is your child's sleeping / nap schedule?
What are your child's favorite things to do?
Is your child afraid of anything?
Please indicate where your child is in the toilet training process (will not impact enrollment). ☐ My Child is toilet trained ☐ We are working on it ☐ My child is not toilet trained Please tell us more:
Describe any special information or instructions you would like the program staff to be aware of:
Please provide any other information that will help us serve you and your family better:
When speaking to your child, do you speak: ☐ Primarily English ☐ Primarily Home Language ☐ Both English and Home Language Equally
What language does your child use when speaking to family members in the home? ☐ Primarily English ☐ Primarily Home Language ☐ Both English and Home Language Equally

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Parent/Guardian Consent for Preschool Screening
2022-2023

Student's Name_____

Please place an X in the box:

☐ I give consent for my child to be screened by School District 69 and I understand that participation in this screening process does not necessarily guarantee placement in the Pre-K program.

All screening results will be shared with the parent or guardian.

_____
Parent / Guardian Name (Please Print)

_____ _____
Signature Date

_____
Relationship to Child

Revised 1/2022

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Pre-K Enrollment Preference Form

District 69 Pre-K is a play-based, pre-kindergarten readiness program for three and four year old children. It is a five day per week, half-day program with morning and afternoon sessions. Our classrooms are located across all three District 69 schools, including Madison School, Edison School, and Lincoln Junior High.

Pre-K Hours

Pre-K start and end time are staggered from the other buildings to allow our families to drop off and pick up their preschoolers in addition to older siblings who may be located at a different building. Unfortunately, we will not be able to change a student's placement because of a sibling's placement at a different school. With that said, please let us know if you have another child who is also enrolled in our Pre-K program.

We do our best to accommodate families' preferences, but, due to enrollment, we cannot guarantee all families will be given their preference.

Please select a session preference using the form below.

Child Name: _____

Pre-K Enrollment Options **(Preferences cannot be guaranteed)**	
Preferred Session	
☐ (AM) 8:35am – 11:20am*	☐ (PM) 12:40pm – 3:25pm*
Do you have another preschool aged child enrolled in D69 Pre-K?	
☐ Yes Child Name: _____	☐ No
*Pre-K Hours are subject to change. Any changes to the hours will be communicated to families.	