

Student Name:

Please initial as items are returned in this order

	Illinois Transfer form 33-78 (Illinois Public Schools only)
***************************************	Residency Verification
	Original Birth Certificate
	Darien District #61 Registration Form
	Fee Payment Form
	Home Language Survey
	Request for Release of Student Records
OFFICE USE ONLY	y
Revised 6/21/18	



RESIDENCY VERIFICATION

NAME OF STUDENT:									
ADDRESS:									
PHONE NUMBER:									
I affirm that the student named above lives with me on a full-time basis, at the address listed above. The above-named student is my (circle one and explain if applicable):									
SON DAUGHTER LEGAL GUARDIAN OTHER RELATIONSHIP (DESCRIBE)									
OTHER RELATIONSHIP:									
As proof of my residency, I have presented the documents circled below from each category, as required. Copies are attached to this document.									
	st 30 days and show your name and address.								
Category 1: AT LEAST ONE (1) A	ND Category 2: AT LEAST TWO (2)								
Real Estate Tax Bill (most recent)	Current IL Driver's License/IL State ID								
Signed and Dated Lease (current year) Date current lease ends	Gas/Electric/Water/Phone/Cable Bill								
Closing statement for purchase of my residence	(only 1 of this type) Vehicle Registration/Insurance Policy								
Mortgage Statement/Loan Statement	Voter Registration Card								
Military Housing Letter	Home Owner/Renter Insurance Policy								
	Public Assistance Documentation								
I am unable to provide Category 1 documentation becar	use (check all that apply):								
Other:									
"Completed Residency Attestation form owner/lease of on lease) on a full-time basis AND 3 proofs of residence and Two from category 2)	f residence stating that I reside at the residence (as listed e for the home owner/lease holder (One from category 1								
Our family has not had a permanent residence	since								
Address of last permanent residence									
Last school attended									
Please indicate any social service agency you	are currently working with								
Our family's current living status:									
Living in a shelter									
Sharing housing with others due to log Living at a train or bus station, park or	ss of housing, economic hardship, or similar reason								
Living in a hotel, motel, or other similar									
☐ Abandoned apartment/building									
☐ Disaster victim									
Unaccompanied youth	Δ								
The child is temporarily housed, await	ting DCFS permanent foster care placement								



district regarding the residency of a child for the purpose of enabling that child school of the district without payment of non-resident tuition is a crime; a Class 105ILCS5/10-20.12b. The District will seek prosecution, to the full extent of the person who the District believes has committed any residency-related crime. A lawsuit may be initiated by the District.	to attend any c C misdemeanor e law, of any Additionally, a civil registered will be ed the current per nools- District #61. ls-District #61 and estigation of my
The district may require a home visit and/or additional documents to verify res	idency at any time.
SIGNATURE:	DATE:

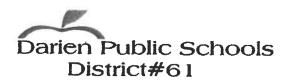


VERIFICACIÓN DE DOMICILIO

NOMBRE DEL ESTUDIANTE:									
DIRECCIÓN:									
NÚMERO DE TELÉFONO:									
Yo afirmo que el estudiante mencionado arriba vi	ve conmigo de tiempo completo, en la dispesión								
mencionada arriba. El estudiante mencionado ar	riba es mi (seleccione uno, y explique si es necesario):								
	•								
HIJO HIJA TUTOR LEGAL OTRO PARENTESCO (EXPLIQUE)									
OTRO PARENTESCO:									
Como pruebe de mi deminite la contrata									
como es requerido. Copias están adjuntas a									
Los documentos tienen que tener s	su nombre y dirección actual, 30 días reciente.								
Categoría 1: POR LO MENOS UNO (1)	Y Categoría 2: POR LO MENOS DOS (2)								
Factura de Impuestos de Propiedad (más reciente	Licencia Actual de Manejar o Identificación de IL								
Contrato de Renta con Firma de Propietario (año	Factura de Gas/Luz/Agua/Teléfono/Cable								
actual) Fecha de vencimiento del contrato	(únicamente 1 (una) factura)								
Documento de compra de propiedad	Registro de Automóvil / Póliza de Seguro								
Declaración de préstamo o hipoteca	Tarjeta de Registro de Votación								
Carta de Do micilio Militar	Póliza de Seguro de Propietario / Arrendador								
	Documentos de Asistencia Pública								
Yo no puedo presentar documentos de la Categori	a 1 porque (marque todos los que aplique):								
☐ Otro:									
**Forma de Certificación de Domicilio completada	por el dueño de propiedad en donde declara que usted reside								
en el connerio (rai como abarece en el contrato de	renta) por tiempo completo V (3) pruebas de deminita dat								
dueño / arrendatario (Uno de categoría 1 y Dos de	categoria 2)								
 Nuestra familia no ha tenido un domicilio 	permanente desde								
Dirección del domicilio más reciente									
Nombre de la Escuela más reciente									
Por favor indique la(s) agencia de servicio social en la cual usted está registrado									
El estado actual de nuestra familia es:									
Vivimos en un albergue									
☐ Compartimos domicilio con otros	debido a pérdida de domicilio o dificultades económicas								
Vivimos en un tren, estación de a									
Vivimos en un hotel, motel o situ									
Apartamento o edificio desocupa	do								
☐ Victima de Desastre Natural									
	The state of the s								
 Menor de Edad sin acompañante El niño(a) está aloiado temporair 	nente, esperando por ubicación permanente de DCFS								



(Inicial) Yo tengo conocimiento que al presentar información falsa de d	omicilio para
registrar al niño(a) en cualquier escuela del Distrito sin pagar la matrícula de no	o residente es un
crimen; un delito menor de Clase C 105ILCS5/10-20.12b. El Distrito empezará	un proceso riscai,
con todo el peso de la ley, de toda persona que el Distrito considere ha cometi	do un delito
relacionado con la información de domicilio. Adicionalmente, el Distrito iniciara	i una demanda
civil.	
(Inicial) Yo tengo conocimiento que si se demuestra que el estudiante	
de modo fraudulento, el estudiante se removerá inmediatamente del distrito; y	
legal deberán pagar la matrícula actual per cápita desde el momento en que el	estudiante fue
inscrito en las escuelas públicas de Darién - Distrito #61.	
(Inicial) Yo afirmo que vivo dentro de los límites de las escuelas pública	
Distrito #61 y que la información presentada en este documento y en relación	con cualquier
investigación de mi domicilio o el domicilio del estudiante es correcta, completa	a y precisa, y yo
entiendo las sanciones relacionadas a una registración fraudulenta.	
	an confine
El distrito puede requerir una visita al domicilio y/o documentos adicionales pa	ra verincar
domicilio en cualquier momento.	
FIDMA.	FECHA:
FIRMA:	I LOUA.

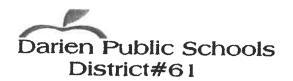


Registration Form PLEASE PRINT OR TYPE

Student Name	Grade	Date of Birth
Address	High School (DGS/HS)	Gender
City	Zip	
Home Phone	Student Lives with	=// ==================================
Father's Name	Mother's Name	
Address	Address	
City, State, Zip	City State 7in	
Home Phone	Home Phone	
Work Phone	Work Phone	
Cell Phone	Cell Phone	
Email	Email	
Step-Father's Name	Stan-Mather's Name	
Address	Address	
City, State, Zip	City State 7in	
Home Phone	Home Phone	
Work Phone	Work Phone	
Cell Phone	Cell Phone	
Email	Email	
Status of Parents:	Phone	
☐White ☐Black/African American ☐Native American/Alaskan N☐Two or More Races ☐Hispanic	lative ∐Asian	fic Islander
Birthplace City, StateBirthplace	e Country	
Transferred from school	City, State	
Was your child in any special programs ☐Gifted ☐Resource	Speech SELL Reading	□504 □IEP □Other
Is the student a dependent of a member of the United States mill Marine Corps, or Coast Guard?	litary service in the Active Duty TO ANSWER	Army, Navy, Air Force,
I allow the above information to be shared with District 61 staff th	hat may come in contact with m	ny student.
Date Parent/Guardian Signature		



Kindergarten Only		
Please select your kindergarten preference		
		to be a full day program with academics
being taught throughout the entir		
		day option, please be advised that your child
•	ading, writing, and mather	natics by not being in school during the
afternoons.		
6th Grade Only		
I wish to enroll in Instrumental Music (Ban	d)	
.∐Yes		
□No		
7th Grade Only		
I wish to enroll in Vocal Music (Chorus):	□Yes □No	
I wish to enroll in Instrumental Music (Ban	·	
I wish to enroll in Spanish I:	□Yes □No	
Students who do not sign up for a full y sign up for a full year elective will be re	year elective will receive andomly placed in two o	the four classes listed below. Students w f the four classes listed below.
Please rank these courses 1-4 with 1 beir	ng your first choice:	
Computer Technology	Study Hall	Family Consumer Science Art
8th Grade Only	District Contract Con	
I wish to enroll in Vocal Music (Chorus):	☐Yes ☐No	
I wish to enroll in Instrumental Music (Bar	•	
I wish to enroll in Spanish II:	☐Yes ☐No	the force classes listed below Students w
sign up for a full year elective will be re		the four classes listed below. Students w f the four classes listed below.
Please rank these courses 1-4 with 1 being	ng your first choice:	
Computer Technology	Study Hall	Family Consumer Science Ar
EIGHTH GRADERS: Please print your na	ame below as you would li	ke it to appear on your diploma.
First Name	Middle Name	Last Name

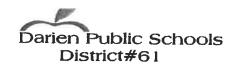


Formulario de Inscripción POR FAVOR ESCRIBA O IMPRIMA

Nombre del Estudiante	Grado Fecha de Nacimiento
Dirección	Escuela Secundaria (DGS/HS)Sexo
Cludad	Código Postal
Número de Teléfono	Estudiante vive con
Nombre del Padre	
Dirección	Nombre de la Madre Dirección
Ciudad, Estado, Código	
Tel. de Casa	Ciudad, Estado, Código
Tel. de Trabajo	Tel de Casa
Tel. de Celular	Tel. de Colulor
Email	Tel. de CelularEmail
Nombre del Padrastro	
	Nombre de la Madrastra
Ciudad, Estado, Código	Dirección
Tel. de Casa	Ciudad, Estado, Código
Tel. de Casa	Tel. de Casa
Tel. de Calular	iei. de Trabajo
Tel. de CelularEmail	Tel. de CelularEmail
1)	
Lugar de Nacimiento(Ciudad, Estado)	País de Nacimiento
Escuela más reciente	_ Ciudad, Estado
Estuvo su hijo(a) en algún programa especial: ☐Gifted ☐Res ☐Otro	source Speech SELL Reading 504 SEP
Es el estudiante dependiente de un miembro de las fuerzas arm Corps, o Coast Guard?	AR
Fecha Firma de los Padres/Tutor Legal _	

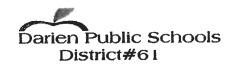


Únicamen	te para Jardín Infantil
P	Por favor seleccione su preferencia para el jardín infantil. ☐ Jornada Completa (8:35 a.m3:05 p.m.) Nuestro programa es diseñado para tener una jornada
	completa de programas académicos los cuales son enseñados a lo largo del día.
	☐ Medía Jornada (8:35 a.m11:50 a.m.) Si usted escoge esta opción, por favor tenga en cuenta que su
	hijo(a) puede faltar programas como lectura, escritura, y matemáticas al no estar presente durante las
	tardes en la escuela.
	ite para el Sexto (6to) Grado
_	Me gustaría inscribirme en Música Instrumental (Banda)
_	⊒Si =
L	□No
	·
Únicamen	nte para el Séptimo (7mo) Grado
	Me gustaría inscribirme en Música Vocal (Coro): □Sí □No
	vie gustaría inscribirme en Música Instrumental (Banda): □Si □No
ı	vie gustaría inscribirme en Español I: □Si □No
	Estudiantes que no se inscriban en las clases opcionales durante el año escolar serán inscritos en las (4)
	clases mencionadas abajo. Estudiantes que se inscribieron en las clases opcionales serán colocados al
ě	azar en 2 de las 4 clases mencionadas abajo.
ı	Por favor seleccione estas clases de 1-4 siendo 1 su primera opción:
-	Tecnología de Computación Clase de Estudio Ciencia del Consumidor Familiar Arte
	nte para el Octavo (8vo) Grado
	Me gustaría inscribirme en Música Vocal (Coro): ☐Si ☐No
	Me gustaría inscribirme en Música Instrumental (Banda): □Si □No
	Me gustaría inscribirme en Español II: □SI □No
1	Estudiantes que no se inscriban en las clases opcionales durante el año escolar serán inscritos en las (4)
	clases mencionadas abajo. Estudiantes que se inscribieron en las clases opcionales serán colocados al
i	azar en 2 de las 4 clases mencionadas abajo.
!	Por favor seleccione estas clases de 1-4 siendo 1 su primera opción:
	Tecnología de Computación Clase de Estudio Ciencia del Consumidor Familiar Arte
	ALUMNOS DE OCTAVO GRADO: Por favor escriba su nombre a continuación como a usted le gustaría que
	aparezca su nombre en su diploma.



FEE PAYMENT FORM 2019-2020 SCHOOL YEAR

tudent Nam	e												Grade	
Student Name														
	e													
	9													
ircl e approp	riate grade and t	fees be	low.		Ma	ake ch	ecks pa	ayabl	e to	o: Da	arie	n Pub	lic Scho	pols - District #61.
Grade	Registration Fees	(Write	n Suit le gly.) 'th-8th	0	Shorts hly e qty.)	Gyir C (Will	ı Shirt Inly le qty.)			Gyn (Cl	n Sui rčle	It Size Size)	and and a second a	Total For Each Grade Level
	REQUIRED FEES					1 m As	OPTI	ONA	L Fl	EES		像, 矿		
Kdg.	\$150													
1st	\$150													
2nd	\$150													
3rd	\$191												10/10	
4th	\$191													
5th	\$191													
6th	\$287	Qty.	\$17 ea.	Qty.	\$10 each	Oty.	\$7 each	XS	s	M	L	XL	XXL	
7th	\$287	Qty.	\$17 ea.	Qty.	\$10 each	Qty.	\$7 each	xs	s	M	L	XL	XXL	_
8th	\$287	Qty.	\$17 ea.	Qty.	\$10 each	Qty.	\$7 each	XS	S	M	L	XL	XXL	
DATE:						1	TOTAL A	MOU	NT	DUE	:			
a 2md	e fees include book	, techno nology,	logy and elective	d art fee: , activity, , and act	s, and st /assemb tivity/ass	ly fees, embly t	, studen fees, an	d stu	den	t nla	nne	r		
i - 5th-grade i 1-grade fees i 1-grade fees i	nclude book, tech nclude book, tech nclude book, tech	nology,	elective	, activity	assemb/	ly, grad	luation 1	ees,	and	stu	dent	plann	er	



2019-2020 Fee Payment Form Forma de Pago de Inscripción Escolar 2019-2020 AÑO ESCOLAR

	<u>criba con claridad</u> Estudiante												_ Gr	rado
mbre del l	Estudiante												Gı	rado
mbre del l	Estudiante												Gı	rado
	Estudiante												,	adochools-District #6
Grado	Costo de Inscripción	Gy (Esc	je de ym criba d:) th-8th		the other hands of the last	de (Es	liseta Gym criba td.)			de (3imn ecci	raje lasio one		Total por Gada Grado
	CUOTA REQUERIDAS							CION		S				
Kdg.	\$150		7 -c											
1ro	\$150							IN S						
2do	\$150													
3ro	\$191													
4to	\$191													
5to	\$191													
6to	\$287	Ctd.	\$17 c/u	Ctd.	\$10 c/u	Ctd.	\$7 clu	xs	s	M	L	XL	XXL	
7mo	\$287	Ctd.	\$17 c/u	Ctd.	\$10 c/u	Ctd.	\$7 c/u	xs	8	M	Ł	XL.	XXL	
8vo	\$287	Ctd.	\$17 c/u	Ctd.	\$10 c/u	Ctd.	\$7 c/u	xs	s	M	L	XL	XXL	
FECHA:				·			CANTID	AD T	ATO	L:	(a= a		Au	
o-5to grado o grado ins no grado in o grado ins	rado inscripción incl o inscripción incluye scripción incluye libr nscripción incluye lib scripción incluye lib	libro, tec o, tecnolo oro, tecno ro, tecno	cnología ogía, el ología, e logía, e	a, arte y ectivo, a electivo, a lectivo, a	agenda ctividad/ actividad ctividad	/asamb d/asam l/asamb	lea, age blea y a blea, gra	igend iduac	a es ión y	cola y ag	ar end:	a esco		ym
	TE PARA LA OFIC											4		
•				n la ofic	ina del									
	(efecti or:			n la ofic	ina del		o) Ca na:							

Darien School District 61-Health Information Form 2019-2020

Stude	ent Name	Grade	Birth date
Emer	gency Contact Person		Phone Number
	or's Name(s) & Phone Number: Ou indicate YES for any categor	ry, please explain)	
#	Concern	YES or NO	Explanation/Comments
1	Allergies	□ Yes □ No	Allergic to?
	*Uses Epi-Pen or Auvi-Q	☐ Yes ☐ No	
2	Asthma	□ Yes □ No	
	*Uses inhaler	□ Yes □ No	☐ Rarely ☐ Once Daily ☐ More than once daily ☐ For Sports
	*Uses inhaler at school	□ Yes □ No	
3	Behavior Problems	□ Yes □ No	
4	Daily Medication	□ Yes □ No	
	*Names of Medications	At Home	
	School Medications REQUIRE Medical Authorization form	At School	
5	Diabetes	□ Yes □ No	·
6	Ear / Hearing problems	□ Yes □ No	
	Eye / Vision problems	□ Yes □ No	
	*Glasses / Contacts	□ Yes □ No	Date of last eye exam
7	Heart Problems	□ Yes □ No	
8	Hospitalizations	□ Yes □ No	
9	Mental Health Concerns	□ Yes □ No	
10	Physical Restrictions	□ Yes □ No	
11	Seizures	□ Yes □ No	
12	Serious Injuries/Concussion	□ Yes □ No	
13	Surgeries	□ Yes □ No	
14	Other/Comments	□ Yes □ No	Use back of page to explain
releas		appropriate school an	d emergency personnel for health and educational
	Parent/Guardian sig	nature	



English

Home Language Survey

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

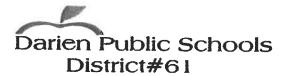
Please answer the questions belo	ow and return this survey to your child's school.
Student's Name:	a
1. Is a language other than Engli	sh spoken in your home?
Yes	No
What language?	
2. Does your child speak a langu	age other than English?
Yes	No
What language?	
If the answer to either question is child's English language proficien	YES, the law requires the school to assess your cy.
Parent/Legal Guardian Signature	



Request for Release of Student Records

TO:		
School Name:		
Address:		
Phone:		
Fax:		
From:		
Eisenhower Junior High 1410 West 75th Street Darien, IL 60561 Phone: (630) 964-5200 Fax:(630) 968-8002	Lace School 7414 South Cass Avenue Darien, Illinois 60561 Phone: (630) 968-2589 Fax: (630) 968-5920	Mark DeLay School 6801 Wilmette Ave Darien, IL 60561 Phone: (630) 852-0200 Fax: (630) 968-7506
	(Student Name) ha	as been enrolled in grade
at our school. Please forward all pe	rtinent records to the address liste	d above.
Health Information		
Academic Records		
Psychological Reports		
All Special Education Inform	nation	
Results of Standardized Act	nievement Tests	
• Other:		
As per the Illinois School Student Re	ecords Act, parent notification rath	er than parent consent is required
when transferring students' records		por entre controlle to required
Parent/Guardian Signature		Date
Thank you in advance for your prom	pt attention.	
Principal/School Designee		

Revised 6/21/18



Residency Attestation Form 2019-2020

In order to comply with the Darien Public Schools - District #61, proof of residency requirement, I verify

Property owners must attach a copy of their current real estate document.

Leaseholders must attach a copy of their current lease.

Landlords may be asked to provide additional information at a later time.

Address: _____ Phone: ____-

______ Date ___/__/

Owner/Leaseholder/Landord: ___



Forma de Certificación de Domicilio 2019-2020

El dueño de la propiedad debe incluir prueba de que es el propietario.

Arrendatario debe incluir una copia del contrato actual.

Arrendador puede ser contactado en otro momento para solicitar más información adicional.



State of Illinois Certificate of Child Health Examination

Student's Name							1	Birth D	ate		Sex	Race	Æthnic.	ity	Scho	ol/Grad	de Level	/ID#
Last	First				Mid	dle	1	Month/Da	ay/Year									
Address Str	eet	(City	Z					ardian									rk
IMMUNIZATIONS	MMUNIZATIONS: To be completed by health care provider. The mo/da/yr for <u>every</u> dose administered is required. If a specific vaccine									ine 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		DOSE 1			DOSE 2			DOSE 3			DOSE 4		_	DOSE 5			DOSE 6	
Vaccine / Dose	мо	DA	YR	мо	DA	YR	мо		YR	МО	DA	YR	МО	DA	YR	мо		YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check	□Tdaj	p□Tdl	DT	□Tda	ap□Td	DT	□Tda	Tdap□Td□DT			ap□Tdl	JDT	□Tdap□Td□DT			□Tda	ıp□Tdl	□DT
specific type)																		
Polio (Check specific		V 🗆	OPV		PV 🗆	OPV		PV 🗆	OPV		PV 🗆	OPV	□ I	□ IPV □ OPV		□ IPV □ OPV		OPV
type)																		
Hib Haemophilus influenza type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps. Rubella	AR Measles Comments:																	
Varicella (Chickenpox)										1								
Meningococcal conjugate (MCV4)										1								
RECOMMENDED, B	UT NOT	REQU	JRED '	Vaccine	/ Dose					1								
Hepatitis A																		
HPV															,			
Influenza																		
Other: Specify																		
Immunization Administered/Dates																		
Health care provide If adding dates to the												above	immu	nizatio	n histo	ry mus	t sign t	elow.
Signature	auuve l	munuil)	izauvii	лизии у	300110	ս, բաս չ	our mil	-	uaie(s) itle	anu si	211 1161 6 .			Da	ıte			
Signature									itle						ite			
ALTERNATIVE PI	ROOF (OF IM	MUNI	TY				- 41				2			250	_		-
1. Clinical diagnosis					s B) is	allowe	d when	verific	ed by p	hysicia	an and	suppor	rted wi	th lab	confirm	nation.	Atta	h
copy of lab result. *MEASLES (Rubeola				**MUM					PATITI		40 DA					MO D.		
2. History of varicel Person signing below ve documentation of disease	erifies the																	1.
Date of																		
Disease				ature	<u> </u>					_				Title				
*All measles cases						Measl			mps**		Rubell	a	□Vari	cella	Attac	h copy	of lab r	esult.
**All mumps cases d																		
Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: Physician Statements of Immunity MUST be submitted to IDPH for review																		

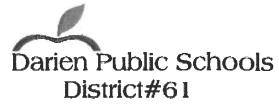
Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and *Maintained* by the School Authority.

11/2015

(COMBI ETE DOTE CIDEC)

						Birth		Sex	School		Grade Level/ ID			
ast		First		-	Middle		Month/Day/ Year	DVUE	I TH CAR	E PRO	VIDER			
EALTH HISTORY	41		COMPLE	TED A	AND SIGNED BY PAI	RENT/GUAR	DIAN AND VERIFIED DICATION (Prescribed or	Yes L	ist:	2110	1 00/4/83			
ood, drug, insect, other)	Yes No	List:	1	NI.		taken	on a regular basis.) s of function of one of pa	No	Yes	No				
Diagnosis of asthma? Child wakes during r	? night coug	hing?	Yes Yes	No No		org	ans? (eye/ear/kidney/testi	cle)	Yes	No				
Birth defects?			Yes	No			spitalizations? en? What for?	140						
Developmental delay			Yes	No No		Sur	gery? (List all.)							
Blood disorders? Her Sickle Cell, Other?	mopuma, Explain.					Wh	ious injury or illness?		Yes	Yes No				
Diabetes?			Yes	No			skin test positive (past/p	resent \?	Yes*	No	*If yes, refer to local health			
Head injury/Concuss		d out?	Yes	No			disease (past or present)		Yes*	No	department.			
Seizures? What are			Yes	No No			bacco use (type, frequenc		Yes	No				
Heart problem/Short			Yes	No			cohol/Drug use?		Yes	No				
Heart murmur/High Dizziness or chest pa		sure?	Yes	No		Fai	nily history of sudden de fore age 50? (Cause?)	ath	Yes	No				
exercise? Eye/Vision problem	n?	Glasses	Conta	cts 🗆	Last exam by eye docto			Bridge	□ Plate	Other				
Other concerns? (cre	ossed eye, o	rooping lid:	s, squintin	g, diffic	culty reading)	- 4	ormation may be shared with	annronriet	e nersonnel for	r health	and educational purposes.			
Ear/Hearing problen	ns?		Yes	No		Pa	rent/Guardian	"hhydrian	- Personania 10					
Bone/Joint problem/	injury/scc	liosis?	Yes	No			nature			_	Date			
HYSICAL EXA	MINAT ENCE if <	ION RE	QUIRE	MEN	TS Entire section HEIGHT	on below to	be completed by M WEIGHT		DMII		B/P			
W-W A W-872 TA WY-	- D N - D	l Ciama a	f Increlin	Regis	RE) BMI>85% age tance (hypertension, dys	andiaemia, doly	cystic ovarian syndrome, a	canthosis 1	nigricans) Ye	s N	History Yes No No O At Risk Yes No No re, preschool, nursery scho			
Onestionnaire Adm TB SKIN OR BLO In high prevalence cour	on TEST on tries or the	? Yes 🗆 Recomm	No iended on to adults i	Bloo y for ch n high-	chicago or high risk zi d Test Indicated? You dildren in high-risk group isk categories. See CDC Test: Date Read	es No Ses including chiles guidelines.	Blood Test Dat dren immunosuppressed dr http://www.cdc.gov/tb/f / Result: Posi	ne to HIV i	infection or o		ditions, frequent travel to or bong/TB testing.htm.			
No test needed \square	Test	performed	1 🗆		d Test: Date Report	•	/ Result: Posi		Negative [Value			
LAB TESTS (Recor	nmended)	T	Date		Results					Date	Results			
Hemoglobin or He							Sickle Cell (when inc							
Urinalysis							Developmental Screen	100	10.7	nto/Po	llow-up/Needs			
SYSTEM REVIE	W Norm	al Comn	ents/Fo	llow-u	p/Needs			Norma	al Comane	II ts/ F O	ikow-up/Needs			
Skin							Endocrine	+	+					
Ears					Screening Result:		Gastrointestinal				LMP			
Eyes					Screening Result:		Genito-Urinary							
Nose							Neurological							
Throat							Musculoskeletal							
Mouth/Dental							Spinal Exam							
Cardiovascular/H	ITN						Nutritional status							
Respiratory					☐ Diagnosis of	Asthma	Mental Health							
Currently Prescrib ☐ Quick-relief	medicatio	n (e.g. Sho	ort Actin	g Beta	Agonist)		Other							
Controller ma	edication (_						
Controller me	CATION	S required i	in the scho	ol settii			DIETARY Needs/Re							
NEEDS/MODIFI	CATION	S required i	in the scho	ol settii		rotector for arch			, dental bridg	e, false	teeth, athletic support/cup			
NEEDS/MODIFI SPECIAL INSTR MENTAL HEAL	CATION RUCTION TH/OTH	S required i S/DEVIC ER Is the student's he	ES e.g.	safety g	chester, glass eye, chest protection in the school should know or school health personne	about this stude	ythmia, pacemaker, prosthent?	etic device	nselor 🗆	Principa	1			
NEEDS/MODIFI SPECIAL INSTR MENTAL HEAL If you would like to o EMERGENCY A Yes \(\) No \(\)	CATION RUCTION TH/OTH discuss this CTION If yes, plea	S required in SIDEVICER Is the student's he needed white seeded when the seede	EES e.g. here anythealth with	safety g sang else school o	lasses, glass eye, chest pro- ethe school should know or school health personne o child's health condition	about this stude	ythmia, pacemaker, prosthem? In Nurse Teacher asthma, insect sting, food,	etic device ☐ Cou	nselor 🔲 i	Principa g proble	l m, diabetes, heart problem)?			
NEEDS/MODIFI SPECIAL INSTR MENTAL HEAL If you would like to o EMERGENCY A Yes \Boxedown No \Down	CATION RUCTION TH/OTH discuss this ACTION If yes, plead examination	S required in S/DEVICER Is the student's he needed who se describe.	TES e.g. here anythealth with the at school	safety g safety g sing else school c ol due t	lasses, glass eye, chest pro- ethe school should know or school health personne o child's health condition ild's participation in	about this stude el, check title: n (e.g., seizures,	ythmia, pacemaker, prosthent? I Nurse Teacher asthma, insect sting, food,	Cou	nselor Diergy, bleedin	Principa g proble	l m, diabetes, heart problem)? on.)			
NEEDS/MODIFI SPECIAL INSTR MENTAL HEAL If you would like to o EMERGENCY A Yes No	CATION RUCTION TH/OTH discuss this ACTION If yes, plead examination	S required in S/DEVICER Is the student's he needed who se describe.	TES e.g. here anythealth with the at school	safety g safety g sing else school c ol due t	lasses, glass eye, chest pro- ethe school should know or school health personne o child's health condition ild's participation in	about this stude el, check title: n (e.g., seizures,	ythmia, pacemaker, prosthem? Int? Nurse Teacher asthma, insect sting, food, (If No or M	Cou	nselor Diergy, bleedin	Principa g proble	l m, diabetes, heart problem)?			





Darien District 61 Chromebook Release Form

Student Name:	School:
Asset Tag :	Serial :

- 1. The District will provide the student with a Chromebook, power adapter, and a stay in bag carrying case. It is understood that the Chromebook and case are owned by District 61.
- 2. The student is responsible for the Chromebook issued to them and will care for the equipment in such a manner as to prevent loss or damage.
- 3. The student is the only person authorized to use this Chromebook during the time it is off District 61 property.
- 4. The chromebook must be at school, charged and available for student use when school is in session.
- 5. No maintenance, service, or repair shall be authorized or completed by anyone other than the District 61 technology staff.
- 6. The student is to conduct himself/herself according to the terms of the District 61 Acceptable Use Policy at all times, including the use of the Internet on this equipment from outside of District 61 property. All elements of the Acceptable Use Policy are applicable to use while offsite. (Student must have a current, signed AUP on file.)
- 7. In the event of damage, loss or theft of the Chromebook, the student will immediately notify the teacher.
- 8. Chromebook fees will be applied for loss, theft or damage due to intentional neglect or abuse, or because of failure to follow District policies.
- 9. The Chromebook should never be removed from it's secure, padded case and should always be stored safely.
- 10. No permanent personally identifying marks on the Chromebook computer; i.e. stickers, markings are allowed.
- 11. The student agrees to make a good faith effort to return the Chromebook to District 61 in the same condition as it was received, reasonable wear and tear accepted. Routine maintenance or repair of the Chromebook will be performed by District 61 when needed.
- 12. Liquids, food, and cigarette smoke will be kept away from Chromebook. All these have potential for severe damage.

Appropriate Uses and Digital Citizenship for Students:

- Respect Yourself. I will show respect for myself through my actions. I will select online names that are appropriate. I will use caution with the information, images and other media that I post online. I will carefully consider what personal information about my life, experiences, or relationships I post. I will not be obscene. I will act with integrity.
- Protect Yourself. I will ensure that the information, images, and materials I post online will not put me at risk. I will not publish my personal details, contact details, or a schedule of my activities. I will report any attacks of inappropriate behavior directed at me while online. I will protect passwords, accounts,

and resources.

- Respect Others. I will show respect to others. I will not use electronic mediums to antagonize, bully, harass or stalk people. I will show respect for other people in my choice of websites: I will not visit sites that are degrading to others, pornographic, racist, or inappropriate. I will not enter other people's private spaces or areas. I will broadcast messages only for educational purposes.
- **Protect Others**. I will protect others by reporting abuse and not forwarding inappropriate materials or communications. I will avoid unacceptable materials and conversations.
- Respect Intellectual Property. I will request permission to use copyrighted or otherwise protected
 materials. I will suitably cite all use of websites, books, media, etc. I will acknowledge all primary
 sources. I will validate information. I will use and abide by the fair use rules.

My signature below indicates I have thoroughly read and understand the following information.

Protect Intellectual Property. I will request to use the software and media others produce. I will legally
license and register all software or use available free and open source alternatives rather than pirating
software. I will purchase my music and media and refrain from distributing these in a manner that
violates their licenses.

Chromebook release form (this form)	
D61 1:1 Guidelines	
District 61 Acceptable use policy	
Student Signature	
Parent Signature	
Date	

Instruction

Exhibit - Authorization for Electronic Network Access

Each staff member must sign this Authorization as a condition for using the District's Electronic Network connection. Each student and his or her parent(s)/guardian(s) must sign the Authorization before being granted unsupervised access. Please read this document carefully before signing.

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. This *Authorization* does not attempt to state all required or prescribed behavior by users. However, some specific examples are provided. The failure of any user to follow the terms of the *Authorization for Electronic Network Access* 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.

Terms and Conditions

Acceptable Use - Access to the District's electronic network must be: (a) for the purpose of education or research, and be consistent with the District's educational objectives, or (b) for a legitimate business use.

Privileges - The use of the District's electronic networks is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrator will make all decisions regarding whether or not a use has violated the terms of access privileges and may deny, revoke, or suspend access at any time. His or her decision is final.

Unacceptable Use - The user is responsible for his or her actions and activities involving the network. Some examples of unacceptable uses are:

- a. Using the network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any State or federal law;
- b. Unauthorized downloading of software, regardless of whether it is copyrighted or de-virused;
- c. Downloading copyrighted material for other than personal use;
- d. Using the network for private financial or commercial gain;
- e. Wastefully using resources, such as file space;
- f. Hacking or gaining unauthorized access to files, resources or entities;
- g. Invading the privacy of individuals, that includes the unauthorized disclosure, dissemination, and use of information about anyone that is of a personal nature including a photograph;
- h. Using another user's account or password;
- i. Posting material authored or created by another without his/her consent;
- j. Posting anonymous messages;
- k. Using the network for commercial or private advertising;
- Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material; and
- m. Using the network while access privileges are suspended or revoked.

Network Etiquette - You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

- a. Be polite. Do not become abusive in your messages to others.
- b. Use appropriate language. Do no swear, or use vulgarities or any other inappropriate language.
- c. Do not reveal the personal information, including the addresses or telephone numbers, of students or colleagues.

- d. Recognize that electronic mail (e-mail) is not private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
- e. Do not use the network in any way that would disrupt its use by other users.
- f. Consider all communications and information accessible via the network to be private property.

No Warranties - The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages the user suffers. This includes loss of data resulting from delays, non-deliveries, missed-deliveries, or service interruptions caused by its negligence or the user's errors or omissions. Use of any information obtained via the Internet is at the users own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.

Indemnification - The user agrees to indemnify the School District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of, any violation of this *Authorization*.

Security - Network security is a high priority. If you can identify a security problem on the Internet, you must notify the system administrator or Building Principal. Do not demonstrate the problem to other users. Keep your account and password confidential. Do not use another individual's account without written permission from that individual. Attempts to log-on to the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk may be denied access to the network.

Vandalism - Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.

Telephone Charges - The District assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment or line costs.

Copyright Web Publishing Rules - Copyright law and District policy prohibit the re-publishing of text or graphics found on the Web or on District Web sites or file servers, without explicit written permission.

- a. For each re-publication (on a Web site or file server) of a graphic or a text file that was produced externally, there must be a notice at the bottom of the page crediting the original producer and noting how and when permission was granted. If possible, the notice should also include the Web address of the original source.
- b. Students and staff engaged in producing Web pages must provide library media specialists with e-mail or hard copy permissions before the Web pages are published. Printed evidence of the status of "public domain" documents must be provided.
- c. The absence of a copyright notice may not be interpreted as permission to copy the material. Only the copyright owner may provide the permission. The manager of the Web site displaying the material may not be considered a source of permission.
- d. The "fair use" rules governing student reports in classrooms are less stringent and permit limited use of graphics and text.
- e. Student work may only be published if there is written permission from both the parent/guardian and student.

Use of Electronic Mail - The District's electronic mail system, and its constituent software, hardware, and data files, are owned and controlled by the School District. The School District provides e-mail to aid students and staff members in fulfilling their duties and responsibilities, and as an education tool.

- a. The District reserves the right to access and disclose the contents of any account on its system, without prior notice or permission from the account's user. Unauthorized access by any student or staff member to an electronic mail account is strictly prohibited.
- b. Each person should use the same degree of care in drafting an electronic mail message as would be put into a written memorandum or document. Nothing should be transmitted in an e-mail message that would be inappropriate in a letter or memorandum.
- c. Electronic messages transmitted via the School District's Internet gateway carry with them an identification of the user's Internet "domain." This domain name is a registered domain name and identifies the author as being with the School District. Great care should be taken, therefore, in the composition of such messages and how such messages might reflect on the name and reputation of the School District. Users will be held personally responsible for the content of any and all electronic mail messages transmitted to external recipients.
- d. Any message received from an unknown sender via the Internet should either be immediately deleted or forwarded to the system administrator. Downloading any file attached to any Internetbased message is prohibited unless the user is certain of that message's authenticity and the nature of the file so transmitted.
- e. Use of the School District's electronic mail system constitutes consent to these regulations.

Internet Safety

Internet access is limited to only those "acceptable uses" as detailed in these procedures. Internet safety is almost assured if users will not engage in "unacceptable uses," as detailed in this *Authorization*, and otherwise follow this *Authorization*.

Staff members shall supervise students while students are using District Internet access to ensure that the students abide by the Terms and Conditions for Internet access contained in this *Authorization*.

Each District computer with Internet access has a filtering device that blocks entry to visual depictions that are: (1) obscene, (2) pornographic, or (3) harmful or inappropriate for students, as defined by the Children's Internet Protection Act and as determined by the Superintendent or designee.

LEGAL REF.:

No Child Left Behind Act, 20 U.S.C. §6777.

Children's Internet Protection Act, 47 U.S.C. §254 (h) and (l).

Enhances Education Through Technology Act, 20 U.S.C §6751 et seq.

720 ILCS 135/0.01.

Authorization for Electronic Network Access Form

Submit to Building Principal

Parent/Guardian Signature

Students and their parent/guardians need only sign this Authorization for Electronic Network Access once while the student is enrolled in the School District.

Staff members need only sign this Authorization for Electronic Network Access once while employed by the School District. Staff member Please check the appropriate box: Parent/Guardian of student Student * 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 e-mail and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use of, or inability to use the Internet. User Name (please print) Date **User Signature** * Students are required to have a parent/guardian read and agree to the following: I have read this Authorization for Electronic Network Access. 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 is not in a school setting. I have discussed the terms of this Authorization with my child. I hereby request that my child be allowed access to the District's Internet. Parent/Guardian (please print) Date

Page 4 of 4 Policy 6:235-E2



Worth Ave. Group Electronic Device Insurance Coverage

Insuring Personal Property Since 1971
Application valid for 2019-2020 school year

Darien Public School District #61

Darien, IL

Your school has chosen Worth Ave. Group as the vendor of choice to insure school-issued device given to students and faculty. Insurance with Worth Ave. Group will protect the device against an assortment of damages. This insurance policy will provide full replacement cost coverage. This policy is also transferable to a replacement unit.

Worth Ave. Group Coverage

Coverage Details

Accidental Damage (Drops & Spills)	Device	Coverage	Deductible	Price
✓ Cracked Screen	destructive to compare the designation of the second contractive consequences of the second	To be the second		THE STREET STREET, STR
✓ Liquid Submersion	3rd & 6th Grades - Acer R751T	\$305.00	\$0.00	\$31.00
✓ Fire, Flood & Natural Disaster	- ACEI N/JII	e - qualiform — quantité du ministre d'amic se sebudes eques se	n nives and an income and added the same of the contract of the same of the sa	* Mile drawn wanter services and water applications and
✔ Power Surge By Lightning	4th & 7th Grades	\$286.00	\$0.00	\$30.00
✓ Theft & Vandalism	- Lenovo 500e		Ţ 0.00	430.00
Manufacture Defect & Mechanical Failure	5th & 8th Grades	\$210.00	\$0.00	\$23.00
Standard Wear & Tear	- Acer C740	\$210.00	÷0.00	\$25.00

Policy Term: 8/21/2019-8/21/2020

Deadline to purchase coverage: October 13, 2019

To purchase please visit:

https://gpo.worthavegroup.com/gpo/darien61

Worth Ave. Group is affiliated with National Student Services, Inc. Since 1971, Worth Ave. Group has been the leader in providing personal property insurance designed specifically for students, faculty and staff of colleges and universities. Our expertise has now expanded to include K-12 education, businesses, and individuals. Our corporate headquarters is located in Stillwater, Oklahoma. We are licensed in all states, including Alaska and Hawaii. We are underwritten by an A.M. Best Company (Rated A - Excellent), an organization rating insurance companies based on operating performance and financial strength.

We accept Visa, Mastercard, American Express, Discover & Paypal

O Cosmetic Damage

Unexplained Loss



Worth Ave. Group PO Box 2077 Stillwater, OK 74076 worthavegroup.com | (800) 620 - 2885