

O'FALLON C.C. SCHOOL DISTRICT #90 REGISTRATION FORM

1 STUDENT'S NAME: (exactly as shown on certified birth certificate)

_____ Age of student: _____
First Middle Last

2 Child is called: _____ Date of Birth: _____ Grade Level: _____ Sex: _____ Gender Identity: _____

3 PRIMARY PHONE OF PARENT/GUARDIAN: _____

4 ADDRESS OF STUDENT, PARENT AND/OR GUARDIAN:

_____ *Street Address, Box No., Lot No., R.R. No. City State Zip*

5 Child's previous school if other than O'Fallon District 90:

_____ *School Name Street Address City State Zip*

6 Does this child have an active IEP or 504 on file at the child's previous school? ___ Yes ___ No

7 Has this child ever had an IEP or 504? ___ Yes ___ No If so, what school year? _____

8 Has this child ever been enrolled in any of the following programs?

___ Special Education ___ Academic Intervention ___ Speech Therapy ___ OT/PT ___ Social Work ___ 504 Plan

9 Is this child in Foster Care? ___ Yes ___ No If yes, Case Manager's name: _____

10 Has this child ever repeated a grade? ___ Yes ___ No Grade level repeated: _____

11 Does this child wear: Glasses? ___ Yes ___ No Contact Lenses? ___ Yes ___ No Hearing Aid? ___ Yes ___ No

12 Will this child require busing? ___ Yes ___ No

PARENT/GUARDIAN INFORMATION

Adults with whom this child lives:

(1) _____
First Name Last Name Relationship to Child

Place of Employment Work Phone Number Email Address
Military? ___ Yes ___ No Home Phone: _____ Cell Phone: _____
Government Contractor? ___ Yes ___ No Work Address, if Yes: _____

(2) _____
First Name Last Name Relationship to Child

Place of Employment Work Phone Number Email Address
Military? ___ Yes ___ No Home Phone: _____ Cell Phone: _____
Government Contractor? ___ Yes ___ No Work Address, if Yes: _____

Optional: Will parent/guardian(s) be deployed during the school year? ___ Yes ___ No

CONTINUE TO
REVERSE SIDE



Dr. Carrie Hruby, Superintendent
 118 E. Washington St., O'Fallon, IL 62269
 Phone (618) 632-3666 | Fax (618) 632-7864
 www.of90.net

Student Name: _____ School: _____ Grade: _____
 D.O.B: _____ Sex: _____ Gender Identity: _____ Previous School: _____ State: _____
 Address: _____

Parent/Guardian Name	Relationship	Primary Phone	Check if Live Locally

PERMISSION FOR TREATMENT

I, _____ (*Parent/Guardian Name*), parent or legal guardian of _____ (*Student Name*) am a resident of the O'Fallon School District 90 and enroll my child in District 90. I hereby authorize, and consent to School District 90, its employees and agents, and _____ (*Provider*), my child's licensed health-care provider or any licensed provider in his or her group practice, or emergency personnel, on my behalf and in my stead, to administer first aid or emergency medical assistance to my child. This permission and consent extends to the right of School District 90, its employees and agents to arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel and for such physician or other medical personnel to apply such emergency techniques which, in their judgment, they deem appropriate to treat any injury sustained by my child.

I do hereby agree to hold harmless and indemnify the school district, its employees and agents, either jointly or severally from and against any and all claims, demands, damages, or causes of action or injuries, resulting from or arising out of the provision of emergency medical treatment by school personnel or by a physician and/or other medical personnel.

In case the school officials are unable to contact me (parent/guardian) or any of the designated emergency contacts and my child needs to be transported to a hospital, decisions will be made in the best interest of the child. The law in the State of Illinois states the EMS must transport to the nearest hospital. The person can then be transported to the hospital of my choice.

First Hospital Choice: _____ **Second Hospital Choice:** _____

Medications: _____

Allergies to medications: _____

Allergies: Food _____ Other _____

Symptoms of Allergic Reactions: _____

Health Concerns/Diagnosis: _____

The information on this page and the reverse side may be shared with administrative, educational and emergency personnel.

Signature: _____ Date: _____

This form should be placed in the health folder.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Revised 1/2022

Student Name: _____

Birth Date: _____

MEDICAL HISTORY

<p>ALLERGIES: (Food, Drug, Insect, Other)</p> <p>Reaction:</p> <p>Food: ___ Airborne ___ Contact ___ Ingestion Epipen? Y N</p> <p>Can student have food processed in a facility with the allergen? Y N</p>	<p>MEDICATION: (List all prescribed or over the counter taken on a regular basis)</p> <p>Home: _____</p> <p>School: _____</p>
<p>Diagnosis of Asthma? Y N Inhaler use? Y N ___ Home ___ School Asthma Action Plan? Y N</p> <p>Triggers: _____ <i>If yes, provide school a copy.</i></p>	
<p>Birth Defects Y N _____</p> <p>Developmental Delay Y N _____</p> <p>Blood Disorders?</p> <p>Hemophilia, Sickle Cell, Other. Y N (please explain)</p>	<p>IEP or 504 Plan? Y N _____</p> <p>Loss of function of one of paired organs (eye; ear; kidney; testicle) Y N _____</p> <p>Hospitalizations Y N (please explain)</p>
<p>Diabetes Y N Type: I II ___ CGM ___ Blood sugar testing ___ Insulin injection ___ Insulin pump</p>	
<p>Head Injuries Y N</p> <p>___ concussion (age & treatment) _____</p> <p>___ skull fracture (age & treatment) _____</p>	<p>Surgeries Y N (please explain)</p>
<p>Seizures Y N Type: _____</p> <p>Seizure Action Plan? Y N <i>If yes, provide school a copy.</i></p>	<p>Serious injury or illness Y N (please explain)</p>
<p>Heart Problems</p> <p>Shortness of Breath Y N</p> <p>Heart Murmur Y N Restrictions? Y N</p> <p>High blood pressure Y N</p> <p>Dizziness or chest pain with exercise Y N Restrictions? Y N</p>	<p>TB skin test positive Y N Year _____</p> <p>TB disease Y N Year _____</p> <p>Treatment: _____</p>
<p>Eye/Vision Problems Y N Last exam _____</p> <p>___ Glasses ___ Contacts ___ Amblyopia (lazy eye)</p> <p>___ Loss of Vision ___ right eye ___ left eye</p> <p>Ear/Hearing Problems Y N</p> <p>___ hearing loss ___ right ear ___ left ear</p> <p>___ hearing aids ___ right ear ___ left ear</p> <p>Bone/Joint problems/ injury; scoliosis? Y N (please explain)</p>	<p>Family tobacco use Y N</p> <p>Alcohol/Drug use Y N</p> <p>Family history of sudden death before age 50; explain Y N</p> <p>Dental: Last exam _____</p> <p>___ Braces ___ Bridge</p> <p>___ Plate ___ Other _____</p>
<p>Last medical exam _____ Physician: _____</p>	<p>Childhood Illnesses: ___ Chickenpox (yr) _____</p> <p>___ Pertussis or Whooping Cough (yr) _____</p>
<p>Other Concerns:</p>	

Information may be shared with appropriate personnel for health and educational purposes. I further give permission for school medical personnel to contact my medical providers during the school year to clarify or receive guidance on immunization status, ER visits, and treatment impacting care at school.

Parent/Guardian Signature _____ Date _____ Phone: _____

New Student

In fall 2007, the U.S. Department of Education issued new guidance on the collection and reporting of race and ethnicity data for public school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of the nation's diversity. The new data collection process requires respondents to answer a two-part question, indicating ethnicity first and then one or more of five races. (In the past, individuals were allowed to choose only one race or ethnicity category.)

The Illinois State Board of Education (ISBE) will use this data for the school report card. This requires school districts to identify race and ethnicity for all students—and the identification is to be done by parents or guardians. If a student's parents or guardians decline to indicate race and/or ethnicity, observer identification by school district staff is required.

The new race and ethnicity data will be used in the same manner as previously collected data, e.g., in reporting and analyzing test results by race and ethnicity. The information will not be used to check immigration status, and the confidentiality of individual student information will be protected.

*On the back side of this letter, please find the form that parents or guardians need to complete to identify race and ethnicity for their children. Please complete one form per child, and be sure to answer both parts of the two-part question. (Remember that school district staff is required to provide any missing information by observer identification.) *This form must be turned in at the time of registration.**

Thank you for your cooperation in providing the needed data. Please direct any questions you may have to your building principal.

Sincerely,

Mrs. Carrie Hruby, Superintendent
O'Fallon Community Consolidated School District #90

Please complete the SURVEY on the back of this letter



Carrie Hruby
SUPERINTENDENT

118 E. Washington St. O'Fallon, IL 62269
Phone: (618) 632-3666 | Fax: (618) 632-7364
www.of90.net

New Student

Student's Name: _____

SIS ID: _____

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.

Determining Eligible Immigrant Education Program Student

New Student Only rev. 1/19

Student Name: _____ School: _____

Was your child born outside of the United States? Yes No

Is your child between the ages of 3 and 15? Yes No

Has your child ever attended a school outside of the United States?
Yes No

If yes, what school did he/she attend?

School: _____

City/Country: _____

Last Year Attended: _____

**** Note to school offices: Please forward this form to the District Office, if all three boxes are marked "yes". Please attach a copy of the student's certified birth certificate to the form.**



Carrie Hruby
SUPERINTENDENT

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Home Language Survey (New Students Only) rev. 11/23

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 that need to be assessed for English language proficiency.

Please answer the questions below and return the survey during registration.

Student's Name: _____ School: _____ Grade: _____

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

Circle one:

YES

NO

If yes, what language(s)? _____

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

Circle one:

YES

NO

If yes, what language(s)? _____

If the answer to either of the above questions is yes, the law requires the school to assess your student's English language proficiency.

Parent/Guardian Signature

Date

O'Fallon District 90
2024-2025 Junior High Parent/Student Handbook Sign-Off Form *rev. 1/24*

I am aware the Student/Parent Handbook will be available in August online at www.of90.net. I will read the Handbook and will ask questions should I have concerns regarding the rules and expectations. I agree to be responsible for following all of the rules and expectations of the school and understand the consequences for failing to follow the requirements.

I understand that this Handbook may be amended during the year without notice. This Handbook is the latest version and is applicable to all students upon the implementation of any change. The Administration will notify all parents and students in writing, where possible, of any changes to the Handbook as soon as is practicable.

My signature below indicates that I will access and read the 2024-2025 Parent/Student Handbook for District 90 Junior High Schools and become aware of the Discipline Policies and Procedures (Chapter Seven) and the Attendance and Promotion Policy (Chapter Two) as well as the other District 90 policies and procedures presented therein. In addition, I give my permission for the following: **(check all that apply)**.

- Yes - My student may watch movies rated up to and including PG.
- Yes - My student has permission to attend field trips that are scheduled.
- Yes - My student can be photographed for school-related purposes, such as sport/club/activity photos to be used in school-related publications including newsletters, school website, social media, yearbook, and local newspapers.
- Yes - My student's name and grade may be included in the Daily Announcements posted on the school website in the event he/she receives special recognition for achievements.
- Yes - My student's name and grade may be included in the Honor Roll listing published in the O'Fallon Progress/Belleville News-Democrat and O'Fallon Weekly if his/her grades warrant, and may be included in a program for any school-sponsored event.

Authorization for Access to District Technology System by Students

This form must be read and signed by each student and by his/her parent/guardian as a condition of using the District Technology system.

By signing this Authorization, I acknowledge that I will access and read the "District Acceptable Use Policy for Students" approved by the Board of Education, and I agree to follow the Technology Use Guidelines.

By signing this Authorization, I acknowledge that access to the District Technology System is provided as a privilege by the District and that inappropriate use may result in discipline, as may off-site use of electronic technology which disrupts or can reasonably be expected to disrupt the school environment.

By signing this Authorization, I consent to my student using these educationally-appropriate online resources including, but not limited to, Google Apps for Education, BrainPop, Discovery Education, and other related services. In addition, I authorize the School District to provide my student's full name, username, password, and related information to the online resources for the purpose of accessing the educational online resources.

I ACKNOWLEDGE THAT I HAVE NO EXPECTATION OF PRIVACY IN MY USE OF THE DISTRICT TECHNOLOGY SYSTEM, AND THAT THE DISTRICT HAS THE RIGHT TO AND DOES MONITOR USE OF THE SYSTEM.

Please complete and sign for all the above mentioned items

Student Name (Print): _____

Student Signature: _____

Parent Signature: _____ Date: _____