Rooks Creek C.C.S.D. #425
228 Lydia St., Po Box 117
Graymont, IL 61743
Jodi Minnaert, Superintendent
Phone: 815.743.5346, Fax: 815.743.5394

As we start a new school year at Graymont Grade School, we would like to welcome Mrs. Jodi Minnaert as Graymont's new Superintendent. We look forward to her leadership and vision for our school and communinty.

Graymont's first day of school will be Wednesday, August 12, 2026 with a regular school day of 8:00 a.m - 3:00 p.m. Kindergarten dismisses at 1:00 p.m.

Breakfast and lunch menus are on the Rooks Creek website, www.rookscreek.k12.il.us or Teacher Ease.

In person registration is only required for new students to Graymont Grade School. Returning students need to bring the required paperwork and registration fee on the first day of school.

Only students who are residents of the District may attend Graymont Grade School without a tuition charge, except as otherwise provided by State Law. A student's residence is the same as the legal residency of the person who has legal custody of the student.

Bus routes will be sent home around the first week of August. If you do not receive one, please call the office, 815.743.5646.

Immunizations, Health, and Dental Exams:

- Entering kindergarten or first grade.
- Entering sixth and ninth grade.
- Enrolling in an Illinois school, regardless of the student's grade including nursery school, special education, Headstart programs operated by elementary or secondary schools, and students transferring into Illinois from out of state or out of country. All Illinois children in kindergarten, second, and sixth grades are required to have an oral health examination by a licensed dentist and to submit proof prior to May 15 of the school year. School dental examinations must be completed within 18 months of the deadline.
- Birth certificates must be in our office by the first day of school for all kindergarten students and all new students to Graymont Grade School.



Rooks Creek C.C.S.D. #425
228 Lydia St., Po Box 117
Graymont, IL 61743
Jodi Minnaert, Superintendent
Phone: 815.743.5346, Fax: 815.743.5394

Dear Parents:

This information comes from Senate Bill 0805-Public Act 093-0504, Amendment to the school code section 27-8.1.

Vision Screening will be done, as mandated, for the following children Pre-K, Kindergarten, 2nd and 8th grade. In addition, special needs students, teacher referrals and transfer students during the 2026-2027 school year. Vision screening is not a substitute for a complete eye and vision evaluation by an eye doctor. Your child is not required to undergo this vision screening if an optometrist or ophthalmologist has completed and signed a report from indicating that an examination has been administered within the previous 12 months and that evaluation is on file at the school. This notice is not a permission to test and is not requried to be returned. Vision screening is not an option.

If a vision examination report is not on file at school for your child, your child in the mandated age, grade group will be screened.

GRAYMONT GRADE SCHOOL
2026-2027
REGISTRATION FEES

Student's Name: _____

Grade: _____

Registration fee:
Kindergarten - 8th grade - $50.00 _____

Breakfast - $1.85/per day _____
Lunch - $3.10/per day _____
Milk $ .40/per milk _____

Total _____

Please make checks payable to Rooks Creek CCSD #425

I give my permission for Graymont Grade School and Graymont PTO to use my email address and/or cell phone number for all communications.

Cell # _____

Email_____

REQUIRED MEDICAL DOCUMENTS

Kindergarten:
- Physical Examination
- Up-to-date immunizations:
  DT/DPTaP(4), Polio (3), MMR (1), HepB(3), Hib(4), Varicella(2)
- Vision Exam
- Dental Exam

1st Grade:
- None if physical/immunizations are up-to-date

2nd Grade:
- Dental Exam

3rd, 4th, 5th Grade:
- None if physical/immunizations are up-to-date

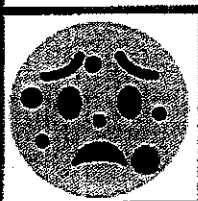
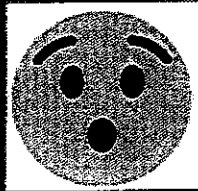
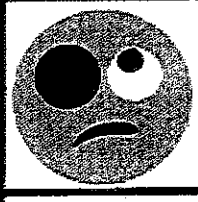
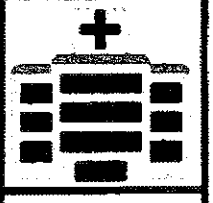
6th Grade:
- Physical exam
- Updated immunizations showing one dose of the Meningococcal Vaccine after 11th birthday

7th & 8th Grade:
- None if physical/immunizations are up-to-date.

In addition: Any student going out for a sport at St. Mary's will need a sports physical on file before they start practice of any sport.

Any student entering an Illinois Public School for the first time will need a current physical, up-to-date immunization record and an eye exam.

I Need to Stay Home if...

I have a **Fever**	I am **Vomiting**	I have **Diarrhea**	I have a **Rash**	I have **Head Lice**	I have an **Eye Infection**	I have been in the **Hospital**
						
Temperature of 100°F or higher	Within the past 24 hours	Within the past 24 hours	Body rash with itching or fever	Itchy head, active head lice	Redness, itching, and/or "crusty" discharge from eyes	Hospital stay and/or ER visit

I am Ready to Go Back to School When I am...

Fever free for 24 hours without the use of fever reducing medication.	Free from vomiting for at least 2 solid meals without the use of medications.	Free from diarrhea for at least 24 hours without the use of medications.	Free from rash itching or fever and evaluated by doctor if needed.	Treated with appropriate lice treatment at home and proof is provided to nurse.	Eye has returned to normal or have a note from doctor to return to school.	Released by my medical provider to return to school.

GRAYMONT GRADE SCHOOL
ENROLLMENT/EMERGENCY CARD

FOR OFFICE USE ONLY
SID # _____

Enrollment Date _____ Home School District _____ Serving School District _____

Grade Level (circle one) ECE PK K 1 2 3 4 5 6 7 8 9 10 11 12

STUDENT _____ Male ____ Female ____
Last Name First Name Full Middle Name

Date of Birth _____ City/State of Birth _____ Social Security # _____ Medicaid # _____

Ethnicity/Race *(Please select one as required by the state)* 1. Caucasian (white)_____ 2. American Indian/Alaskan Native _____

3. Asian _____ 4. Native Hawaiian/ Pacific Islander _____ 5. Black/African American _____

Is your child also Hispanic or Latino? Y N (Please circle) Home Language _____

Parent/Guardian 1 Name _____ Relationship to Child _____ Email Address _____

Address _____ City _____ State _____ Zip _____
Street Address P.O. Box #

Primary Phone _____ Other Phone _____ Work Phone _____ Ext. _____ Employer _____

Parent/Guardian 2 Name _____ Relationship to Child _____ Email Address _____

Address _____ City _____ State _____ Zip _____
Street Address P.O. Box #

Primary Phone _____ Other Phone _____ Work Phone _____ Ext. _____ Employer _____

Parent/Guardian 3 Name _____ Relationship to Child _____ Email Address _____

Address _____ City _____ State _____ Zip _____
Street Address P.O. Box #

Primary Phone _____ Other Phone _____ Work Phone _____ Ext. _____ Employer _____

Child lives with _____ Mother's Maiden Name *(for state purposes only)* _____

Siblings (First and Last Names) Please include additional siblings on the back of page

Name _____ Date of Birth _____ Age _____ Grade Level _____

Name _____ Date of Birth _____ Age _____ Grade Level _____

Name _____ Date of Birth _____ Age _____ Grade Level _____

In case of Emergency, Contact: (Person who is authorized to pick up child other than parent/guardian)

Name _____ Relationship _____ Daytime Phone _____ Other Phone _____

Name _____ Relationship _____ Daytime Phone _____ Other Phone _____

Name _____ Relationship _____ Daytime Phone _____ Other Phone _____

Name _____ Relationship _____ Daytime Phone _____ Other Phone _____

Medical Concerns: Diabetic? Yes No Heart Disease? Yes No Asthma? Yes No

Allergies (please list) _____ Other Medical Concerns/What action is necessary?

_____

_____

Family Doctor _____ _____ _____
Name City Phone

Signature of Parent/Guardian _____ **Date** _____

Rooks Creek CCSD 425
Graymont Grade School
2026 - 2027
Parental Consent Form

Child's Name:_____ Grade: _____

Is parent a member of the military: Yes _____ No _____
If yes, are you currently active: Yes _____ No _____

PLEASE INITIAL THE APPROPRIATE SPACE BELOW FOR THE FOLLOWING ITEMS:

1. If I cannot be reached when my child becomes ill or injured at school and needs emergency care, I authorize responsible school authorities to send my child, properly accompanied, to an available hospital or physician. I understand I assume all responsibility and expenses including transportation incurred by emergency care.
_____ Yes _____ No

2. I have received and read the Graymont Grade School Student Handbook that explains school policies.
_____ Yes _____ No

3. From time to time throughout the school year, classes will have the opportunity of taking field trips. Notification of these trips will be made prior to the trip. I give my permission for my child to go on field trips with his/her class.

_____ Yes _____ No

4.I have read the ***Student Internet Use Agreement.*** I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. 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 ***Agreement*** with my child. I hereby request that my child be allowed access to the District's internet.

_____ Yes _____ No

The district may request or require a student to provide password or other related account information in order to gain access to the student's account or profile on a social networking website if the district has reasonable cause to believe that the student's account on a social networking website contains evidence that the student has violated a disciplinary rule or policy.

5. I give my permission for my child to be photographed and have his/her name accompany photographs for newsletters and newspaper articles that are published in recognition of individual or class/team awards and accomplishments at Graymont Grade School.

_____ Yes _____ No

_____
Parent Signature Date

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 below and return this survey to your child's school.

Student's Name: _____

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

   Yes _____ No _____

   What language? _____

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

   Yes _____ No _____

   What language? _____

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

_____ _____

Parent/Legal Guardian Signature Date

Rooks Creek 425
Graymont Grade School
2026-2027
Medication Form

Child's Name:_____ Grade: _____

If your child is currently on medication, we are asking you to list below the dosage. In case we need to seek emergency treatment for your child, it is extremely important to know what medication your child is taking. List those taken at home and at school. Please let us know of any changes as they occur.

Medication	Dosage	When Given

I authorize the school district to release health information to a medical authority in the event of a medical emergency. I understand that I have the right to revoke this authorization by giving written notice to the school district. I understand that if the school district has already used or released my health information in reliance on this authorization, that I cannot revoke the authorization. If I refuse to sign this authorization, the above described health information will not be disclosed except as provided by law. I understand that this authorization is valid until the expiration date listed or until I revoke it in writing by delivering a written revocation to the school district.

Parent/Guardian signature:

Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

AFFIDAVIT OF ENROLLMENT AND RESIDENCY

REGULATORY SUPPORT & WELLNESS

This affidavit form may be used if you are an adult who has assumed responsibility for a pupil and provide the pupil with a fixed, night-time abode, **for reasons other than access to the educational programs of the school district.**

This form should *not* be used, however, if you are the natural or adoptive parent of the pupil, have been granted court-ordered custody or guardianship, or are receiving public aid on behalf of the pupil. For these situations, you are only required to provide documentation (such as a birth certificate or court order), without the need of an affidavit like this one.

This form is also *not* required for pupils who are sharing the housing of others due to lack of housing, economic hardship, or similar reason, or are otherwise homeless as defined in state and federal law. **Homeless pupils must be enrolled immediately.**

If you have ***any*** questions about residency, including homelessness, please contact the Illinois State Board of Education's Regulatory Support & Wellness Division at (217) 782-5270.

I, _____ (*Name of Adult*), reside at _____ (*Address*),

which is located within the boundaries of _____ (*School District*).

Provide the appropriate information and check each of the following:

☐ I am at least 18 years of age.

☐ I have provided proof in the form(s) of _____ (*Proof of Residency*)

that I am a resident of _____ (*School District*).

☐ I have assumed and exercise responsibility for _____ (*Name of Pupil*).

☐ I provide a fixed, night-time abode for _____ (*Name of Pupil*).

☐ _____ (*Name of Pupil*) is not living with me for the purpose of having access to the educational programs of the school district.

☐ I understand that knowingly or willfully providing false information to a school district regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of nonresident tuition is a Class C misdemeanor.

☐ I understand that knowingly enrolling or attempting to enroll a pupil in the school of a school district of a tuition free basis when I know that pupil to be nonresident of the school district, unless the nonresident pupil has a lawful right to attend, is a Class C misdemeanor.

_____	_____	_____
Date	*Signature of Adult*	*Adult (Print Name)*
_____	_____	_____
Date	*School District Employee (Signature)*	*School District Employee (Print Name)*

2026-2027 Proposed Public School Calendar for Rooks Creek CCSD 425, RCDT Admin Submitted to the ROE Admin, as of 11/25/2025

Codes: X = attendance day; XHI, XHPT, XID, XDS, XHS, XHSW, XHIH, XHPH, XHSH = half attendance day; XH = holiday attendance waiver; FPT, FPTH, WFPT = full day parent teacher conference; FI, WFI, FIH = teacher inservice; PI, TI, TIH = parent/teacher institute; ED = emergency day; XED = proposed emergency day; HOL = holiday; NIA = not in attendance

Total Days of Attendance: 176 **Regular Day:** 8:00AM - 3:00PM **Instruct. Day Lgth:** 6 Hrs. 6 Mins.

July 2026

Mon	Tue	Wed	Thu	Fri	Sat	Sun
29	30	1	2	3 HOL	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

July Atnd: 0 Accum: 0

August 2026

Mon	Tue	Wed	Thu	Fri	Sat	Sun
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10 TI	11 TI	12 X	13 X	14 X	15	16
17 X	18 X	19 X	20 X	21 X	22	23
24 X	25 X	26 X	27 X	28 X	29	30
31 X	1	2	3	4	5	6

Aug Atnd: 14 Accum: 14

September 2026

Mon	Tue	Wed	Thu	Fri	Sat	Sun
31	1 X	2 X	3 X	4 X	5	6
7 HOL	8 X	9 X	10 X	11 X	12	13
14 X	15 X	16 X	17 X	18 X	19	20
21 X	22 X	23 X	24 X	25 X	26	27
28 X	29 X	30 X	1	2	3	4
5	6	7	8	9	10	11

Sept Atnd: 21 Accum: 35

October 2026

Mon	Tue	Wed	Thu	Fri	Sat	Sun
28	29	30	1 X	2 X	3	4
5 X	6 X	7 X	8 X	9 X	10	11
12 HOL	13 X	14 X	15 X	16 X	17	18
19 X	20 X	21 X	22 X	23 FPT	24	25
26 X	27 X	28 X	29 X	30 X	31	1
2	3	4	5	6	7	8

Oct Atnd: 21 Accum: 56

November 2026

Mon	Tue	Wed	Thu	Fri	Sat	Sun
26	27	28	29	30	31	1
2 X	3 NIA	4 X	5 X	6 X	7	8
9 X	10 X	11 X	12 X	13 X	14	15
16 X	17 X	18 X	19 X	20 X	21	22
23 NIA	24 NIA	25 NIA	26 HOL	27 NIA	28	29
30 X	1	2	3	4	5	6

Nov Atnd: 15 Accum: 71

December 2026

Mon	Tue	Wed	Thu	Fri	Sat	Sun
30	1 X	2 X	3 X	4 X	5	6
7 X	8 X	9 X	10 X	11 X	12	13
14 X	15 X	16 X	17 X	18 X	19	20
21 NIA	22 NIA	23 NIA	24 NIA	25 HOL	26	27
28 NIA	29 NIA	30 NIA	31 NIA	1	2	3
4	5	6	7	8	9	10

Dec Atnd: 14 Accum: 85

January 2027

Mon	Tue	Wed	Thu	Fri	Sat	Sun
28	29	30	31	1 HOL	2	3
4 TI	5 X	6 X	7 X	8 X	9	10
11 X	12 X	13 X	14 X	15 X	16	17
18 HOL	19 X	20 X	21 X	22 X	23	24
25 X	26 X	27 X	28 X	29 X	30	31
1	2	3	4	5	6	7

Jan Atnd: 18 Accum: 103

February 2027

Mon	Tue	Wed	Thu	Fri	Sat	Sun
25	26	27	28	29	30	31
1 X	2 X	3 X	4 X	5 X	6	7
8 X	9 X	10 X	11 X	12 X	13	14
15 NIA	16 X	17 X	18 X	19 X	20	21
22 X	23 X	24 X	25 X	26 X	27	28
1	2	3	4	5	6	7

Feb Atnd: 19 Accum: 122

March 2027

Mon	Tue	Wed	Thu	Fri	Sat	Sun
22	23	24	25	26	27	28
1 X	2 X	3 X	4 X	5 X	6	7
8 X	9 X	10 X	11 X	12 X	13	14
15 X	16 X	17 X	18 X	19 FPT	20	21
22 NIA	23 NIA	24 NIA	25 NIA	26 NIA	27	28
29 NIA	30 X	31 X	1	2	3	4

Mar Atnd: 17 Accum: 139

April 2027

Mon	Tue	Wed	Thu	Fri	Sat	Sun
29	30	31	1 X	2 X	3	4
5 X	6 X	7 X	8 X	9 X	10	11
12 X	13 X	14 X	15 X	16 X	17	18
19 X	20 X	21 X	22 X	23 X	24	25
26 X	27 X	28 X	29 X	30 X	1	2
3	4	5	6	7	8	9

Apr Atnd: 22 Accum: 161

May 2027

Mon	Tue	Wed	Thu	Fri	Sat	Sun
26	27	28	29	30	1	2
3 X	4 X	5 X	6 X	7 X	8	9
10 X	11 X	12 X	13 X	14 X	15	16
17 X	18 X	19 X	20 X	21 X	22	23
24 TI	25 XED	26 XED	27 XED	28 XED	29	30
31 HOL	1	2	3	4	5	6

May Atnd: 15 Accum: 176

June 2027

Mon	Tue	Wed	Thu	Fri	Sat	Sun
31	1 XED	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19 HOL	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11

June Atnd: 0 Accum: 176

Graymont Grade School

2026-2027 School Calendar

August	10	No School	Teacher Institue
	11	No School	Teacher Institue
	12	First Day of School	
September	1	No School	Labor Day
October	12	No School	Columbus Day
	22	Dismiss @ 2:00	
		P/T Conferences	
		Report Cards	
	23	No School	
November	3	No School	Election Day
	20	Dismiss @ 2:00	
	23-27	No School	Thanksgiving Break
December	18	Report Cards	
		Dismiss @ 2:00	
	21-31	No School	Christmas Break
January	1	No School	Christmas Break
	4	No School	Teacher Institue
	5	School Resumes	
	19	No School	Martin Luther King Day
February	15	No School	Presidents Day
March	17	Report Cards	
	18	Dismiss @ 2:00	
		P/T Conferences	
	19-29	No School	Spring Break
May	21	Last Day	
		Fun Day	
		Report Cards	
		Dismiss @ 2:00	

Graymont Grade School

2026-2027

- **Graymont Grade School will be providing pencils, erasers, and glue for all students.**
- **Please have all supplies marked with your child's name or initials (including each individual marker, crayon, and pencil).**
- **All students will need tennis shoes for PE. They do not need to be new.**

Kindergarten Supply List

- 4-pack of Expo dry-erase markers
- 2 -8-ct. pack of markers (one pack for after Christmas)
- 2-8-ct washable watercolor paints
- Box of 24-ct crayons
- 4-Pack Play Doh
- 1-Homework folder with 2 pockets
- Pair of Fiskar scissors (blunt cut)
- Bottle of hand sanitizer
- Container Baby Wipes
- 2-Large Boxes of Kleenex
- Paint smock (an adult button shirt works well)
- Box of Ziplock bags - any size
- Headphones

1st/2nd Grade Supply List

- Box 24 ct crayons-Crayola preferred,
- Set of Crayola washable watercolor paints-16 colors
- Box of 10 ct broad tip washable markers-**classic colors**, Crayola preferred
- 4-6 chisel tip dry-erase markers
- Scissors
- 1 fine point black Sharpie
- 4-pack Play-Doh (4 oz cans)
- 6 qt. clear plastic storage box with lid
- 1 2-pocket folder (any color/design but blue)
- 2 blue, plastic 2-pocket folders
- 2 large boxes of tissues
- Bottle of hand sanitizer-**boys only**
- Pack of baby wipes or wet wipes-**girls only**
- Headphones or earbuds
- Wireless mouse
- Book bag

3rd/4th Grade Supply List

- 1 box of 24 Crayola Crayons
- 1 box of 10 broad tip washable markers (classic colors)
- 1 box of colored pencils (8 or more)
- Scissors
- 1 6 qt. clear plastic container with lid
- 1 highlighter
- 1 package of EXPO Dry Erase Markers
- 1 expo marker eraser (optional)
- 1 package of notebook paper
- 1 composition notebook
- 3 pocket folders-one needs to be GREEN please
- 1 in. 3-ring binder – NO TRAPPER KEEPERS PLEASE
- 1 blue or black ball point pen
- 2 large boxes of tissues
- Wireless mouse (optional)
- Headphones
- Book bag

5th – 8th Grade Supply List

- 1 Bottle Germ X
- 4 Box of Kleenex
- 2 Box of colored pencils
- 1 Scissors
- 2 Red ball point pens
- 1 Package highlighters
- 1 Trapper keeper (required)
- 1 Three ring binder pencil pouch
- 6 Folders with pockets
- 4 Notebooks
- 3 Package dry erase markers
- 1 Scientific calculator – Model TI-30 XII –this model works the best for students
- 2 Package of 100 lined notecards
- Wireless mouse (optional)
- Earbuds