2950 GLENWOOD DYER ROAD, LYNWOOD, ILLINOIS 60411
WWW.SANDRIDGESD172.NET
(708) 895-2450
(708) 895-8654

Student Registration Checklist

The following items are required for Registration:

1. Completed registration packet all **new and returning** students.
2. Legal Information
   a. Certified birth certificate
      - Please provide the **Official Certified Birth Certificate** with a seal issued by the county/country in which the student was born. We do not accept any decorative hospital issued certificates, photocopies, or digital versions.

   b. Photo identification (or Passport) of person enrolling the student

   c. Any existing legal custody, divorce decree, or guardianship documents
      - If there are any legal documents pertaining to the custody of the student, you must provide a copy.
      - A Certification Agreement (DV-CA 122.2) can be provided as proof.
3. Current Proofs of Residency (see next page and enrollment form)
   - Must have current lease or mortgage statement
   - Must have current utility bill
   - Must have a license or state id with the in-district address.
4. New Student
   - Illinois State Transfer Form / Withdrawal Form (ISBE 33-78)
   - Public schools in the state of Illinois will provide the Illinois State Transfer Form at time of withdrawal stating the student is in good standing at the time of transfer.
   - Students coming from out of state, private schools, or out of country must provide some type of transfer/withdrawal form or the most recent report card from the previous school. The form must state the student is in good standing.
   - Most recent individualized education plan (IEP), if applicable.
   - Homeschooled students must provide a copy of a Home-Schooling Registration form and a recent progress report of the student's curriculum.
5. Health Information
   - **Early Childhood, Kindergarten, and 6th Grade Students** must provide a recent physical. Students in **Early Childhood, 2nd Grade, and 6th Grade Students** need a vision screening and dental examination.
   - All physicals must be dated within the 12 months preceding the start of school. The dental examination must be in before May 15, 2027.
   - Sports Physicals: For all students that wish to participate in a sport, the physical is valid for 365 days from the date of the physical examination and must have "interscholastic sports" marked "Yes" or "Limited".
   - If the physical is from out of state or country, you must have a completed physical from the state of Illinois.
6. Payment of Fees
   - Registration Fees: $125.00 per student
   - Either payment in full at time of registration or confirmation of payment plan through District 172.
   - Waiver Documentation (paycheck stubs, food stamp award letters, etc.)

Sandridge School District 172

STUDENT REGISTRATION INFORMATION

Student Name _____
Last First Middle Initial

Date of Birth _____ *(00/00/0000)* **Last Grade Attended:** _____

Country of Birth □ UNITED STATES _____, _____
City of Birth State

Student Lives with _____

Phone Number _____

GENDER
☐ FEMALE
☐ MALE

RACE
☐ AA
☐ WHITE
☐ HISPANIC
☐ AMERICAN INDIAN/ NATIVE AMERICAN
☐ ASIAN
☐ OTHER:

Relationship to Student ☐ **PARENT** ☐ **MOTHER ONLY** ☐ **FATHER ONLY** ☐ **GUARDIAN** _____
☐ **FOSTER** ☐ **AGENCY** ☐ **OTHER:** _____

Current Address: _____ _____
Street Apt/Lot # (if applicable)

_____ _____ _____
City State Zip Code

PLEASE ANSWER

Has your child ever been tested for Special Education Services? □ Yes □ No
If yes, when, and where _____

Has your child ever received Special Education Services? □ Yes □ No
If yes, when, and where _____

Does your child currently have an Individualized Education Plan (IEP)? □ Yes □ No

Has your child received Gifted Services? □ Yes □ No
If yes, when, and where _____

Has your child ever attended English Language Learner Classes? □ Yes □ No
If yes, when, and where _____

Does your child receive any other services? □ Yes □ No
If yes, when, and where _____

Does the family receive WIC? □ **Yes** □ **No**

Does the family receive TANF? □ **Yes** □ **No**

Does the family receive SNAP? □ **Yes** □ **No**

Does the family receive Housing Subsidy? □ **Yes** □ **No**

Does the family receive MEDICAID? □ **Yes** □ **No**

Does the family have access to the Internet at home? □ **Yes** □ **No**

Does the child's parents serve in the Armed Forces? □ **Yes** □ **No**

Sandridge School District 172

FULL NAMES AND ADDRESSES OF NATURAL PARENTS/GUARDIAN

Mother/Guardian: _____
LAST FIRST

Phone(s): _____
CELL HOME WORK

Email Address: _____

Father/Guardian: _____
LAST FIRST

Phone(s): _____
CELL HOME WORK

Email Address: _____

OTHER CHILDREN LIVING IN THE HOUSEHOLD

Name	Grade	Relationship to Student	School Attending

EMERGENCY CONTACT INFORMATION (Please provide at least 1 reliable contacts)

Emergency Contact Primary - who we can contact if we can't reach parent(s)/guardian(s)

Name: _____
LAST FIRST Relation

Contact Number: _____

☐ *Student May Leave with This Person*

Sandridge School District 172

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.

School District: Sandridge School District 172

Name of Child: _____

1. Is a language other than English spoken in your home? ☐ Yes ☐ No

   If yes, specify the language(s): _____

2. Does the student speak a language(s) other than English? ☐ Yes ☐ No

   If yes, specify the language(s): _____

If the answer to wither questions is yes, the law requires the school to access your child's English language proficiency.

Parent/Guardian signature: _____

Date: _____

* The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day ATVS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day ATVS in the future.

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REGISTRATION@SANDRIDGESD172.ORG

Illinois State Board of Education

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

Note: Every student's parents or guardians must respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.

Student name:_____ **DOB:** _____

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 race and Part B asks about the student's ethnicity. 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? Choose only one.

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

☐ **No, not Hispanic/Latino**

☐ **Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answers 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.)

Parent/Guardian Signature:_____ **Date:** _____

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.

SANDRIDGE
ELEMENTARY SCHOOL
STUDENT MEDICAL INFORMATION FORM
SCHOOL YEAR 2026–2027

This form must be completed by the parent/guardian to assist the School Nursing Office in providing safe and appropriate care for your child while at school. Please notify the school immediately of any changes to your child's medical information.

STUDENT INFORMATION

Student Name: _____

Date of Birth: _____

Grade: _____

Parent/Guardian Name: _____

Primary Phone Number: _____

Email Address: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

Authorized to Pick Up Student:

☐ Yes ☐ No

MEDICAL HISTORY

Does your child have any of the following medical conditions? (Check all that apply.)

☐ Asthma	☐ Environmental Allergies	☐ Migraines
☐ Diabetes	☐ Heart Condition	☐ Sickle Cell Disease
☐ Seizure Disorder	☐ ADHD/ADD	☐ Bleeding Disorder
☐ Food Allergies	☐ Anxiety	☐ Hearing Impairment
☐ Medication Allergies	☐ Autism Spectrum Disorder	☐ Vision Impairment

☐ Other: _____

ALLERGY INFORMATION

Does your child have any allergies?

☐ No ☐ Yes (Please complete below)

Allergy	Reaction/Symptoms

Parent/Guardian Signature: _____ Date: _____

Sandridge Elementary School
School Nursing Office
Student Health Services
School Year 2026–2027

School Nursing Office Review Date: _____

Reviewed By: _____

TOGETHER WE LEARN. TOGETHER WE LEAD.

SANDRIDGE ELEMENTARY SCHOOL

School Nursing Office – Student Health Services

STUDENT MEDICAL INFORMATION FORM (BACK SIDE)

School Year 2026–2027

1. PRESCRIBED MEDICATIONS

Does your child currently take any prescribed medications?

☐ No

☐ Yes (List below)

Medication Name	Reason for Medication	Dosage	Taken at School?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Important: *Any medication required during the school day must be accompanied by the appropriate medication authorization forms and supplied according to school policy.*

2. HEALTH CONDITIONS, RESTRICTIONS, OR SPECIAL INSTRUCTIONS

Please provide any medical conditions, physical restrictions, accommodations, dietary concerns, behavioral health considerations, physician recommendations, or special instructions that school personnel should be aware of.

_____

_____

_____

_____

3. EDUCATIONAL ACCOMMODATIONS AND SUPPORT SERVICES

Is your child currently receiving any educational accommodations or support services?

☐ No

☐ Yes (Check all that apply)

- ☐ Individualized Education Program (IEP)
- ☐ Section 504 Plan
- ☐ Other Educational Support Plan: _____

If applicable, please provide any health-related accommodations, services, or special considerations included in the student's educational plan that the School Nursing Office should be aware of.

_____

_____

4. MEDICAL EQUIPMENT USED AT SCHOOL

(Check all that apply)

- ☐ Inhaler
- ☐ EpiPen® / Epinephrine Auto-Injector
- ☐ Blood Glucose Monitor
- ☐ Insulin Supplies
- ☐ Seizure Rescue Medication
- ☐ Wheelchair
- ☐ Crutches
- ☐ Hearing Aid(s)
- ☐ Glasses
- ☐ Orthopedic Device/Brace

☐ Other: _____

5. HEALTHCARE PROVIDER INFORMATION

Primary Healthcare Provider: _____

Medical Practice/Clinic: _____

Office Phone Number: _____

Preferred Hospital or Emergency Medical Facility: _____

_____

6. PARENT/GUARDIAN ACKNOWLEDGMENT

I certify that the information provided on this Student Medical Information Form is true, accurate, and complete to the best of my knowledge.

I understand that the health and safety of my child may depend upon the accuracy of the information provided. I agree to notify Sandridge Elementary School and the School Nursing Office immediately of any changes to my child's medical conditions, medications, allergies, healthcare providers, emergency contacts, or other health-related information during the school year.

I understand that additional physician-completed forms, action plans, or medication authorization forms may be required for students with asthma, severe allergies, diabetes, seizure disorders, or other medical conditions requiring specialized health services during school hours.

I authorize the School Nursing Office to review and maintain this information as part of my child's confidential educational health record in accordance with applicable state and federal privacy laws.

Printed Name: _____

Signature: _____

Date: _____

7. SCHOOL NURSING OFFICE USE ONLY

	Yes	No
Health Care Plan Needed	☐	☐
Medication Authorization Needed	☐	☐
Emergency Action Plan Needed	☐	☐
Additional Documentation Requested	☐	☐
Follow-Up Required	☐	☐

Date Received: _____ Reviewed By: _____

Nursing Notes:

_____

_____

_____

SANDRIDGE

SCHOOL DISTRICT 172

CONCUSSION INFORMATION & PARENT ACKNOWLEDGMENT FORM

2026–2027 SCHOOL YEAR

Sandridge School District 172 is committed to the health, safety and well-being of every student. Concussions are a type of brain injury that can occur from a bump, blow or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

Your student's safety is our priority. Please read the information below carefully, discuss it with your student, and complete the acknowledgment section.

WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how the brain works. It can change the way a student thinks, feels, and acts. Concussions can occur during athletic activities, physical education, recess, or any time a student experiences a bump, blow, or jolt to the head or body.

SIGNS AND SYMPTOMS

Students may experience one or more of the following:

- Headache or pressure in head
- Nausea or vomiting
- Balance problems or dizziness
- Blurred or double vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Confusion or trouble concentrating
- Memory problems
- Fatigue or low energy
- Irritability or mood changes
- Not "feeling right"
- Trouble falling asleep



IMPORTANT:
Symptoms may appear right away or may not show up for hours or even days after the injury. Every concussion is different.



WHAT YOU SHOULD DO

If your student has a bump, blow, or jolt to the head or body and experiences any of the symptoms listed:

- **Seek medical evaluation right away.** Do not try to judge the severity of the injury.
- **Remove your student from activity immediately.** When in doubt, sit them out.
- **Report all injuries and symptoms to the coach, athletic trainer, physical education teacher or school nurse.**
- **Your student must be evaluated and cleared by an appropriate healthcare provider trained in concussion management before returning to activity or practice.**
- **Follow the required return-to-learn and return-to-play protocols as directed by school staff and healthcare providers.**

PARENT / GUARDIAN ACKNOWLEDGMENT (Please initial each statement.)

_____ I have read and understand the information provided above about concussions.

_____ I understand the potential risks and signs/symptoms of concussion.

_____ I understand that my student must report any injury to the head or body and any symptoms to a coach, athletic trainer, physical education teacher, or school nurse.

_____ I understand that my student may not return to activity or practice on the same day of a suspected concussion.

_____ I understand that my student must be evaluated and cleared by an appropriate healthcare provider trained in concussion management before returning to activity or practice.

_____ I understand that the District will follow return-to-learn and return-to-play guidelines to support my student's health and safety.

_____ I give permission for school staff to share information related to concussion management with appropriate healthcare providers as needed.

STUDENT INFORMATION (Please Print)

Student Name: _____ Grade (2026–2027): _____ Date of Birth: _____

PARENT / GUARDIAN INFORMATION (Please Print)

Parent/Guardian Name (Print): _____ Phone Number: _____

Email Address: _____

Parent/Guardian Signature: _____ **Date:** _____

SAFETY • RESPECT • RESPONSIBILITY • EXCELLENCE

Sandridge School District 172

SCHOOL DISTRICT MEDIA CONSENT PARENTAL PERMISSION FORM

Student Name: _____
Last First Middle Initial

To showcase and celebrate our students' achievements, Sandridge School District 172 may take pictures or videos of children as they participate in various activities. These photos/videos may sometimes be shared with district administration, TV, Newspaper, Educational sources, district web and social media sites.

Please check the box below for your decision on media consent.

☐ By **ACCEPTING** and submitting to this permission, you are agreeing to allow your student to appear in videos and photos.

☐ By **NOT ACCEPTING** and submitting, you do not want your child videotaped and/or photographed.

_____

Parent/Guardian (Print)

_____

Parent/Guardian (Signature)

_____

Date

SANDRIDGE SCHOOL DISTRICT - ACCEPTABLE USE OF TECHNOLOGY POLICY

Purpose of Technology Use

Sandridge School District provides technology resources to its students solely for educational purposes. Through technology, Sandridge School District provides access for students and staff to help from around the world. Expanding technologies take students and staff beyond the confines of the classroom, and offer tremendous opportunities for enhancing, extending, and rethinking the learning process. Providing these resources promotes educational excellence at Sandridge School District by facilitating resource sharing, innovation, and communication with the support and supervision of parents, teachers, and support staff.

The Opportunities and Risks of Technology Use

With access to computers and people worldwide comes the potential availability of material that may not be considered educational value in the school setting or that may be harmful or disruptive. Because network information is transitory and diverse, Sandridge School District can only partially predict or control what users may or may not locate. The Board of Education believes that the educational value of limited access to the information, interaction, and research capabilities that technology offers outweighs the possibility that users may obtain or encounter material inconsistent with the educational goals of the Sandridge School District.

In accordance with the Children's Internet Protection Act, Sandridge School District installs and operates filtering software to limit users' internet access to materials that are obscene, pornographic, harmful to children, or otherwise inappropriate, or disruptive to the educational process, notwithstanding that such software may in some instances block access to other materials as well. At the same time, Sandridge School District cannot guarantee that filtering software will, in all instances, successfully block access to materials deemed harmful, indecent, offensive, pornographic, or otherwise inappropriate. Filtering software does not negate or otherwise affect the obligations of users to abide by the terms of this policy and to refrain from accessing such inappropriate materials. Technology is only guaranteed error-free and dependable, and it is safe when used responsibly.

Among other matters, Sandridge School District is not liable or responsible for the following:

- Any information that may be lost, damaged, or unavailable due to technical or other difficulties.
- The accuracy or suitability of any information that is retrieved through technology.
- Breaches of confidentiality.
- Defamatory material; or
- The consequences that may come from failure to follow Sandridge School District policies or procedures governing the use of technology.

Privileges and Responsibilities

Sandridge School District's electronic network is part of the curriculum and is not a public forum for general use. Student users may access technology for only education purposes. The actions of student users accessing networks through Sandridge School District reflect on the district, therefore, student users must conduct themselves accordingly by exercising good judgment and complying with this policy and any accompanying administrative regulations and guidelines. Students are responsible for their behavior and communications using Sandridge School District computers and networks.

Student users of technology shall:

- Comply with copyright laws and software licensing agreements.
- Understand that email and network files are not private. Network administrators may review files and communications to maintain system integrity and monitor responsible student use.
- Respect the privacy rights of others.
- Be responsible at all times for the proper use of technology, including the proper use of access privileges, complying with all required system security identification codes, and not sharing any codes or passwords.
- Maintain the integrity of technology resources from potentially damaging messages, physical abuse, or viruses;
- Abide by the policies and procedures of networks and systems linked by technology.

Student users of technology shall not:

- Access, download, create, send or display offensive messages or pictures.
- Use harassing, offensive, obscene, or defamatory language.
- Harass or attack others.
- Vandalize or damage computer equipment, systems, networks, hardware, software, data, or programs;
- Knowingly spread computer viruses.
- Violate copyright laws or software licensing agreements;
- Use others' passwords or accounts;
- Misrepresent themselves or others;
- Trespass in others' folders, work, or files or gain unauthorized access to resources or entities;
- Reveal their personal address or phone number, or those of other users;
- Use Sandridge School District technology for non-school purposes or personal financial gain or to access or attempt to access restricted websites or other information unrelated to the curriculum and educational purposes of the school; and
- Use technology for any illegal purpose or activity.

Students may access the networks and technology resources only after submitting a signed Acceptable Use of Technology consent form in paper form or online. Parent or guardian permission is also required for minors.

Disciplinary Actions

Violations of this policy, or any administrative regulations and guidelines governing the use of technology, may result in disciplinary action, including loss of network access, loss of technology use, suspension or expulsion, or other appropriate disciplinary action. Violations of local, state, or federal law may subject students to prosecution by appropriate law enforcement authorities.

No Expectation of Privacy

Sandridge School District's electronic network is part of the curriculum and is not a public forum for general use. Users should not expect email or files stored on district servers to be private. Sandridge School District reserves the right to log technology use, monitor fileserver space utilization by users, and examine users' files and materials as needed and at its discretion. Users must recognize that there is no assurance of confidentiality concerning access to transmissions and files by persons outside or from persons inside the district.

Additional Rules/ Actions

The Superintendent/Principal or his/her designee may establish regulations and guidelines and shall take appropriate action to implement this policy.

Student Consent

I understand that my computer use is not private and that the school district will monitor my activity on the computer system. I have read the Acceptable Use Policy and regulations and agree to abide by these rules. I understand that violation of the policy or regulations may result in disciplinary action, including loss of technology use, suspension, or expulsion.

Printed Student Name:_____

Student Signature: _____

Parental Consent

I have read and understand Sandridge School District Acceptable Use Policy and regulations. In consideration for my child being able to use the district's electronic communications system and have access to the public networks, I, with this release the school district, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including without limitation the types of damage identified in the district's policy and administrative regulations.

Parent/Guardian Signature: _____

PARENTAL CONSENT FORM FOR ACCEPTANCE OF TECHNOLOGY USE

I have read this agreement and agree with the conditions of my child's use of the technology resources.

I release the district and its board members, agents, and employees, including its Internet Service Provider, from all liability related to my child's use or inability to use the technology resources.

I also indemnify the district and its board members, agents, and employees, including its Internet Service Provider, for any fees, expenses, or damages incurred a result of my child's use or misuse of the district's technology resources.

I authorize the district to consent to the sharing of information about my child to website operators as necessary to enable my child to participate in any program, course, or assignment requiring such consent under the Children's Online Privacy Protection Act.

I understand that data my child sends or receives over the technology resources is not private. I consent to having the district monitor and inspect my child's use of the technology resources, including any electronic communications that my child sends or receives through the technology resources.

I understand and agree that my child will not be able to use the district's technology resources until this agreement has been signed by both my child and me.

I have read this agreement and agree to its terms.

Printed Student Name:_____

Parents Signature: _____

Date: _____

SANDRIDGE ELEMENTARY SCHOOL

SCHOOL DISTRICT 172

PARENT ACKNOWLEDGMENT OF STUDENT ILLNESS, EXCLUSION & IMMEDIATE PICK-UP POLICY

2026–2027 SCHOOL YEAR

This form is required for student registration and must be completed by a parent or legal guardian.

STUDENT INFORMATION

Student Name	
Date of Birth	
Grade	
Teacher	

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name	
Primary Phone	
Secondary Phone	
Email Address	

AUTHORIZED EMERGENCY CONTACTS

Name	Relationship	Phone Number	Authorized Pickup
			YES / NO
			YES / NO

PARENT ACKNOWLEDGMENT

I understand that if my child becomes ill, injured, or develops symptoms requiring exclusion from school, I or one of my authorized emergency contacts must pick up my child immediately upon notification by school staff.

If my child develops a fever of 100.0°F (37.8°C) or higher while at school, school nursing staff may administer a fever-reducing medication, when medically appropriate and permitted under school policy, to reduce discomfort while awaiting pick-up.

Failure to respond to school communications or arrange prompt pick-up of an ill child may result in Sandridge Elementary School contacting the appropriate authorities, agencies, or services necessary to ensure the health, safety, and welfare of the child.

CONDITIONS REQUIRING EXCLUSION FROM SCHOOL

☐ Fever of 100.0°F or greater, especially when accompanied by chills, headache, body aches, earache, or sore throat.

☐ Vomiting or diarrhea.

☐ Undiagnosed or untreated skin rashes.

☐ Impetigo, head lice, scabies, ringworm, or similar communicable conditions.

☐ Any illness determined by school health staff to pose a risk to the student or others.

RETURN-TO-SCHOOL REQUIREMENTS

✓ Student must be fever-free for 24 hours without the use of fever-reducing medication.

✓ Student must be free from vomiting for 24 hours from the last episode.

✓ Student must be free from diarrhea for 24 hours from the last episode.

✓ Student has been on prescribed antibiotics for at least 24 hours when applicable.

✓ Any required medical documentation or clearance has been provided.

PARENT INITIALS REQUIRED

	Immediate pick-up is required when my child is excluded from school.
	A fever of 100.0°F or higher requires exclusion from school.
	My child must be fever-free for 24 hours without medication before returning.
	My child must be vomit-free for 24 hours before returning.
	Emergency contact information must remain current.
	Failure to arrange timely pick-up may result in involvement of appropriate authorities.

PARENT/GUARDIAN CERTIFICATION

I certify that I have read, understand, and agree to comply with the Sandridge Elementary School Student Illness, Exclusion, and Immediate Pick-Up Policy. I further certify that all information provided on this form is accurate and current.

Parent/Guardian Printed Name:
_____

Parent/Guardian Signature:
_____

Date: _____

School Nurse: _____

Date Received: _____

SANDRIDGE ELEMENTARY SCHOOL

School Year 2026–2027

EMERGENCY MEDICAL TREATMENT AND TRANSPORTATION PROCEDURES ACKNOWLEDGMENT

Student Information

Student Name: _____Date of Birth: _____/_____/_____
Grade: _____

Parent/Guardian Name: _____Primary Phone:
(_____)_____-_____

Insurance Information

Medical Insurance Carrier:
_____

Policy Number: _____ Group Number:
_____

Policy Holder Name: _____Relationship to Student:
_____

Insurance Company Phone Number: (_____)_____-_____

☐ My child is currently covered by medical insurance ☐ My child is not currently covered by medical insurance

Preferred Hospital (Optional):
_____

Emergency Medical Treatment and Transportation Procedures

Sandridge Elementary School reserves the right to activate Emergency Medical Services (EMS/911) whenever school nursing staff, administration, or authorized personnel determine that emergency medical evaluation, treatment, or transportation is necessary to protect the health and safety of a student. Prior parental notification or permission is not required when immediate medical intervention is warranted.

EMS Activation Guidelines

- Loss of consciousness or unresponsiveness
- Difficulty breathing or respiratory distress
- Severe allergic reaction or anaphylaxis
- Seizure activity or seizure-related emergency

- Significant head injury with concerning symptoms
- Suspected neck, back, or spinal injury
- Suspected fracture or dislocation
- Severe uncontrolled bleeding
- Chest pain or cardiac-related symptoms
- Altered mental status, confusion, or sudden behavioral changes
- Severe illness or high fever with concerning symptoms
- Any condition that, in the judgment of school personnel, requires emergency medical evaluation or transport

School Staff Accompaniment

If EMS transportation is required, a member of the Sandridge nursing staff or school administration will accompany the student during transport and remain with the student until a parent, guardian, or authorized adult arrives.

Financial Responsibility

Parents/guardians accept full responsibility for all ambulance, EMS, physician, hospital, diagnostic, treatment, and related medical expenses. Sandridge Elementary School, School District 172, and its employees shall not be liable for any costs associated with emergency medical treatment or transportation.

Parent/Guardian Acknowledgment

I acknowledge that I have read and understand the Emergency Medical Treatment and Transportation Procedures. I understand that EMS may be activated without prior notification when school personnel determine emergency care is necessary. I understand that a Sandridge staff member will accompany my child during EMS transport. I accept financial responsibility for all associated medical costs and release Sandridge Elementary School and School District 172 from liability for good-faith emergency medical decisions and transportation arrangements made to protect my child.

Parent/Guardian Name (Printed):

_____

Parent/Guardian Signature:

_____

Date: _____/_____/_____

School Use Only

Date Received: _____ Received By: _____

Transportation Form

Student Name: _____ Grade: _____

Address: _____

Bus transportation will be provided to students that live 1.5 miles or more away from the school for no fee. Bus transportation will be provided to families that live less than 1.5 miles from the school for a monthly fee of $100 for families with one student and $125 for families with two or more students. Failure to pay will result in loss of riding privileges for the month. Students are responsible for their own behavior on the bus. Bus infractions may lead to consequences such as but not limited to suspension or removal from the bus.

Requests to change a student's transportation arrangements must be submitted in writing to the Transportation Department at least 48 hours prior to the changes.

Arrival to School	**Dismissal from School**
My child will arrive at Sandridge by	My child will leave at Sandridge by
☐ Car	☐ Car
☐ Bus	☐ Bus
☐ Daycare:_____ (Daycare Name)	☐ Daycare:_____ (Daycare Name)
☐ Walk	☐ Walk

By signing this form, I confirm that this will be my child's mode of transportation for the school year. I also commit to providing adult supervision at the designated transportation site and agree to the choice I have selected below.

☐ My students will take the bus, and I will ensure they are prepared at the designated stop location five minutes before the scheduled pick up time.

☐ My student will be a car rider, arriving punctually at the specified time and adhering to the rules provided by the transportation staff onsite

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Contact Number: _____ Cell Home

Date: _____

FOR OFFICE ONLY:

Grade: _____ Teacher: _____

AM Bus #: _____ Bus Stop: _____

PM Bus #: _____ Bus Stop: _____

Copy to Transportation Dept. _____ Copy to Student File _____ Mileage: _____