Illinois State Board of Education

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

DOLTON SCHOOL DISTRICT 149

2026-2027

Student's Name: _____ **SIS ID:** _____

(pre-printed by school district) (pre-printed by school district)

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

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

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

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to that question below marking one or more boxes to indicate what you consider this student 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 of 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 America.)

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.

Parent Signature Line: _____

Dolton School District 149
New Student Registration Form
2026-2027

A person who knowingly or willfully provides false information to a school district regarding the residency of a pupil for the purpose of enabling the pupil to attend any school in the district without the payment of a nonresident tuition charge commits a Class C misdemeanor (not more than thirty days in jail and/or a fine not to exceed $1500.00). School Code 105ILCS 5/20.1b & 730ILCS 5/5-9-1

Student Last Name: _____ Student First Name: _____

Student Middle Name: _____ Birthdate____/_____/_____

Ethnic Origin: _____ Gender: F M Last Grade Attended_____

Home Phone #: _____ Cell/Pager #: _____

Office Use Only:
Residency Verified By:
_____

Homeless? Yes_____ No _____ if yes, complete the residency verification forms and contact our Homeless Liaison to set up an appointment at 708-868-8300.

Family Street Address: _____City: _____ IL 604 _____

Parent/Guardian/Foster Name: _____
(Circle one) Last Name First Name

Address if different from above: _____

Employer: _____ Work Phone #_____

Parent/Guardian/Foster Name: _____
(Circle one) Last Name First Name

Address if different from above: _____

Employer: _____ Work Phone #_____

Primary Language Spoken at Home: _____

Pertinent Medical
Information:_____

_____

_____

_____

Emergency Contact: _____Relationship: _____

Phone #: _____

Please check one of the statements below in reference to member of branch of the Armed Forces of the United States.

___ I am a parent or guardian who is a member of a branch of the armed forces of the United States and who is deployed to active duty.

___ I am not a parent or guardian who is a member of a branch of the armed forces of the United States.

SCHOOL INFORMATION

Previous School (s) Attended

Grade/Year	School	Address	District	City	State	Last Attended
/						
/						
/						
/						

Siblings attending District 149:

Name _____ School _____

Name _____ School _____

Name _____ School _____

Was your child receiving any special services beyond the regular classroom?

Learning Disabilities _____Yes ____No Counseling or Social Work ____Yes ____No

Accelerated or Gifted ____Yes ____No Speech or Language Therapy ____Yes ____No

Behavior Disordered _____Yes ____ No Band Instrument ____Yes ____No

Has your child ever been retained? _____Yes _____No If yes, at what grade level _____

Was behavior a problem for your child in his previous school (s)? _____Yes _____No

If yes, please explain using specific examples:

_____
_____
_____
_____

DOLTON SCHOOL DISTRICT 149

RESIDENCY ATTESTATION FORM
2026-2027

To be used when a lease is not available:

In order to comply with Dolton School District 149 proof of residency requirement, I verify the following information for

Name of Student(s) and Custodian(s)

_____

_____

_____

I, _____ am the _____ owner _____ lease holder _____ landlord residence
(place an X in the appropriate space)

located at _____
Number, Street, Apt# City State Zip Code

I attest that the student(s) named above and his/her custodian(s) have been living at the above address since _____(date).

Owner/Leaseholder/Landlord _____ _____
Signature Date

Home Address _____ Phone _____

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

Leaseholders must attach a copy of the current lease.

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

Office Use Only

Has a transfer from previous school: _____ Yes _____No

Has a current IEP: _____Yes _____No Busing Transportation: _____Yes _____No

Student: _____

Assigned to Homeroom#: _____ Teacher: _____

7/28/2022

DOLTON SCHOOL DISTRICT 149

School District 149

292 Torrence Avenue
Calumet City, Illinois 60409
708-868-8300
708-868-7850
www.sd149.org

HEALTH HISTORY
2026-2027

Name: _____ Gender: _____ Date: _____
Last First M.I.
Address: _____ Phone # _____

Place of Birth: _____ Date of Birth: _____

Does child have any major physical disability? _____ Yes _____ No
If yes, please explain:
_____

Is your child allergic to peanuts/peanut oil? _____ Yes _____ No
If yes, please explain:
_____

Does your child wear glasses? _____ Yes _____ No

Is your child taking any medications? _____ Yes _____ No
If yes, please explain:
_____

Disease History	YES	NO	**Disease History**	YES	NO
Allergy	____	____	Scarlet Fever	____	____
Asthma	____	____	Streptococcus Infection	____	____
Bronchitis	____	____	Heart Disease	____	____
Otitis (ear infection)	____	____	Rheumatic Fever	____	____
Chicken Pox	____	____	Pneumonia	____	____
German Measles	____	____	Diabetes	____	____
Measles	____	____	Epilepsy	____	____
Mumps	____	____	Convulsions (seizures)	____	____

Name(s) of siblings attending school:

Names	**School**	**Grade**
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of emergency in where the parent/guardian cannot be reached, the following should be contacted:
Name: _____ Phone#_____
Name: _____ Phone # _____

07/2022

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Age of Vaccination	DTP	TD	OPV or IVP	MMR	HIB	Hep B	Varicella	Tdap	Meningococcal MCV
1-2 months						X			
2 months	X		X		X				
4 months	X		X		X	X			
6 months	X		X		X				
6-18 months						X			
12-15 months				X	X		X		
15 months	X								
2-3 years*					X				
4-6 years**	X		X	X		Series	X		
10-11 years***						Series		X	X
Every 10 years		X							

*Preschool students must have completed the immunizations on this line and above.

**This series of boosters is required before starting school.

***All students entering 6th grade must have completed series of Hepatitis B and other required series before starting school.

If you need assistance concerning this information, please contact the Cook Country Department of Public Health, your physician, or your school nurse.

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School District 149

August 2026

Dear Parents/Guardians:

The following are requirements for physical examinations, immunizations, dental examinations and vision examinations for the **2026-2027** school year. All forms are located in the School Health Office and on our district website at www.sd149.org.

- **Physical Examinations/Immunizations are due October 15, 2026.** All children are required by Illinois law to have a **physical examination and required immunization** by a licensed physician prior to entrance into **pre-kindergarten, kindergarten, and 6th grade.**
- **A Diabetes screening is mandatory** as a part of the physical health examination.
- In conjunction with the health physical, a **mandatory Lead screening** is required for children aged **1-7 years old.**
- **Dental Examinations are due May 15, 2027**. A **dental examination** is mandatory for entry into **kindergarten, 2nd, and 6th grades.**
- **Vision Examination**-Public Act 95-671, effective January 1, 2008, requires that all children enrolling in kindergarten in a public, private or parochial school and any student enrolling for the first time in a public, private or parochial school shall have an eye examination. Each child is to present proof of having been examined by a licensed physician or a licensed optometrist within the previous year before October 15 of the school year.
- **Tdap-**A new rule was enacted in August 2011 to increase the proportion of students in grades **6th-12th** who are vaccinated against pertussis. The new rule stipulates that children entering grades **6th-12th** must show proof of receiving one dose of Tdap regardless of the interval since the last DTaP, DT or Td dose.
- **MCV –** A new rule was enacted in August 2015. All students entering **6th** grade must show proof of receiving one dose of MCV.

During School year 2026-2027 students entering 6th, 7th, or 8th grade will be required to provide documentation of receipt of one dose of Tdap.

The chart explains all the **required immunizations needed before entry into pre-kindergarten, kindergarten and 6th grade for the 2026-2027 school year**.

DTP (*diphtheria, tetanus & pertussis)*/**TD** (*tetanus & diphtheria)*/**OPV** or **IVP** (*polio vaccine)*/**MMR** (*measles, mumps & rubella*)/**HIB** *(type of meningitis*)/**Hep B** (*hepatitis B vaccine/**Tdap** (tetanus, diphtheria, & pertussis) **MCV** (Meningococcal)*

DOLTON
SCHOOL DISTRICT 149

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Home Language Survey
2026-2027

The State of Illinois 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 identify students that 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_____

School_____

Age _____ Grade _____ Date of birth _____

1. Is there a language other than English spoken in daily interaction in your home? Yes _____ No _____

   If yes, what language? _____

2. Does your child speak a language other than English in your daily interaction in your home? (**This does not include language learned in a classroom setting.)** Yes _____ No _____

   If yes, what language? _____

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

3. Will you require an interpreter for school related information? Yes _____ No _____

_____ _____

Parent/Guardian Signature Date

Screener Date: _____ Enrollment Date: _____

DOLTON SCHOOL DISTRICT 149

PARENT IN GOOD STANDING
FORM 2026-2027

I, _____ agree that my child is in "good standing"
Parent/Guardian Name

(with academics, medical compliance and discipline). I further agree that my child(ren) was/were not expelled during the period in which I am enrolling. I understand that if this information is found to be falsified, my child(ren) will be transferred out of School District 149.

This form in only good for one (1) school year, private/parochial school transfer document.

Child's Name _____

District 149 School _____ Grade _____

Parent/Guardian Signature _____

Home Address _____

DOLTON
SCHOOL DISTRICT 149

School District 149

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CONSENT FOR RELEASE OF SCHOOL STUDENT RECORDS
2026-2027

I hereby consent to the release of the following information from the school student records of:

Student Name: _____

□ Education information from the: □ Permanent Record □ Temporary Record

□ Psychological, Social and Medical Information

□ Other:

_____

_____

Please release the above information to the following school/person:

School Name: _____

Address:_____

Telephone/Fax:_____

The reason for release:_____

I understand that I have the right to inspect, copy, and challenge the contents of the school student records in question prior to release and the right to limit any consent for the release of the school student records designated records or designated portions of information in the school student records.

Name: _____ Date: _____

Signature of Parent/Guardian

DOLTON
SCHOOL DISTRICT 149

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August 2026

Dear Parent/Guardian**:**

The School Code of Illinois, Chapter 105, Article 5/27-8.1 states that all children are required to have a physical examination and all required immunizations prior to kindergarten and 6th grade and irrespective of grade, immediately prior to entrance into school if the child has not been previously examined. **For entry into kindergarten, 2nd and 6th grade a Dental Examination is mandatory.** Failure to provide the required medical records will result in your child and/or children being withdrawn from our district for the 2026-2027 school and a transfer will be issued.

_____Record of physical examination

_____Complete record of immunizations that comply with Illinois requirements

_____**All 6th graders need a New Physical Examination, Tdap, and Meningococcal Conjugate (MCV4)**

_____DTaP or Tdap

_____Polio (OPV/IPV) booster

_____MMR: 1st MMR, 2nd MMR (measles, mumps, rubella)

_____Hepatitis B series (1st, 2nd, 3rd)

_____Written schedule for completion of required immunizations

_____Varicella Vaccine: 1st Varicella, 2nd Varicella or proof of the chicken pox disease

_____Dental Exam

_____Kindergarten eye examination or eye examination waiver form

It is our goal to have all of our students return to Dolton School District 149. If you are in need of assistance, please feel free to contact your building principal or school nurse.

Thank you,

Dr. Mellodie L. Brown
Superintendent of Schools

DOLTON SCHOOL DISTRICT 149

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New Student Registration Requirements 2026-2027

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SCHOOL CODE: 105KLCS 5/20.12B & 730 ILCS 5/5-9-1.

Below is a list of acceptable proofs of residency that are required to register a new student in Dolton School District 149. **All documents must have an address within the Dolton School District 149 attendance boundaries.**

Mandatory Documents:

- Original certified birth certificate
- Valid state issued I.D. or driver's license *
- Official transfer from the child's previous school
- Current/updated physical including immunization records

Category A: One (1) document from this list:

- Real Estate tax bill
- Signed lease
- Mortgage document or payment book
- Residency Attestation
- Military housing letter
- Section 8 letter

Category B: Two (2) documents from this list:

- Utility bill (i.e.: gas bill, electric bill, water bill)
- Phone bill (no cellular phone bills)
- Cable bill
- Vehicle registration
- Bank statement
- Public Aid card/Medicaid card
- Credit card statement
- Paycheck stub
- City sticker receipt

***Dolton School District 149 fully complies with all registrations for undocumented immigrants in compliance with Plyer v. Doe to ensure equal educational access for all!**

DOLTON SCHOOL DISTRICT 149

NEW STUDENT REGISTRATION – REQUIRED DOCUMENT LIST
2026-2027 SCHOOL YEAR

Student Name _____ Grade _____ School Year _____

Parent/Guardian Name _____ Contact Number _____

Address _____

Mandatory Documents:

☐ Original certified birth certificate

☐ Valid state issued I.D. or driver's license *

☐ Official transfer from the child's previous school

☐ Current/updated physical including immunization records

Category A: One (1) document from this list:

☐ Real Estate tax bill

☐ Signed lease

☐ Mortgage document or payment book

☐ Residency Attestation

☐ Military housing letter

☐ Section 8 letter

Category B: Two (2) documents from this list:

☐ Utility bill (i.e.: gas bill, electric bill, water bill)

☐ Phone bill (no cellular phone bills)

☐ Cable bill

☐ Vehicle registration

☐ Bank statement

☐ Public Aid card/Medicaid card

☐ Credit card statement

☐ Paycheck stub

☐ City sticker receipt