1311 Vandalia Road Hillsboro, IL 62049 | *Hillsboro Community Unit School District #3* | 217-532-2942

Today's Date :_____/_____/_____

HCUSD #3 STUDENT ENROLLMENT FORM

Student's: Last Name | First Name | Middle Name | Preferred or Nick Name

Sex: | Birthdate: | Birth Certificate: (County/State) /

Has this child attended a Hillsboro School before? YES____NO ____

Grade _____

Teacher_____

School Bus #_____

Please indicate who the student is living with:
1-father & mother
2-father
3-mother
4-guardian
5-other _____

Parent/Guardian Information:

Name_____

Street:_____P.O. Box_____

City & Zip_____, IL _____

Home Phone: _____

Cell Phone: _____

Email address: _____

Does this student have an Individualized Education Plan?
YES _____ NO _____
ACTIVE DUTY MILIARY (REQUIRED)
YES _____ NO _____

Mother's Name | Mother's Occupation & Place of Employment | Mother's Work Phone Number

Father's Name | Father's Occupation & Place of Employment | Father's Work Phone Number

Please check the box next to any above phone number you DO NOT wish to have called as part of the Instant Messaging phone system.

Emergency Information: In order to safeguard your child in case of early dismissal, illness, or accident: If you do not have a phone or cannot be reached, whom shall we contact and where shall we send your child?

Relative/Friend #1 :	Name:	Relationship:	Phone:
Relative/Friend #2 :	Name:	Relationship:	Phone:

Doctor's Info :	Doctor:	Doctor's Phone:
Hospital's Info:	Hospital's Name:	Hospital's Phone:

Child covered by: (Mark one) _____Insurance _____Medical Card _____All Kids _____Not covered

Health History	Yes	No
ADD/ADHD		
Heart		
Seizures		
Asthma		
Diabetes		
Glasses		
Hearing aid		

Allergies (food or medicine): _____

_____

Please state all medications being taken:

1.

2.

3.

Ethnic Code: (Check one)

Asian_____ Hispanic_____

Black_____ White_____

American Indian_____Multi-Racial_____

Other:_____

Is a language other than English spoken in the student's home? Yes____No ____
If yes, which language?_____

Does the student speak a language other than English? Yes____No ____
If yes, which language? _____

ADDITIONAL COMMENTS:

Consent of Parent/Guardian: I agree to the release of health information on my child to appropriate school or health authorities and to Medicaid as needed for reimbursement.

Signature:_____X Date:_____X

Beckemeyer Elementary 532-6994 | Coffeen Elementary 534-2314 | Hillsboro Junior High 532-3742 | Hillsboro High School 532-2841

Beckemeyer Elementary School

1035 Seymour Avenue, Hillsboro, Illinois 62049

Mr. Zach Frailey, Principal Mrs. Michelle Reeves, Assistant Principal

217-532-6994, Fax-217-532-5153 www.hillsboroschools.net

AUTHORIZATION FOR EXCHANGE OF CONFINDENTIAL RECORDS

Please release all records pertaining to student named below

_____

Name of School

_____

Address

School Records _____ Any & All Medical Records _____

I.E.P. _____ Social/Family History _____

Psychological Reports _____ Other _____

_____

Student Name Birth Date

_____

Address

_____ _____

Signature of Parent or Guardian Date

Send Records To:

Beckemeyer Elementary School
1035 Seymour Ave.
Hillsboro, IL 62049
Phone: 217-532-6994
Fax: 217-532-5153

HILLSBORO COMMUNITY UNIT SCHOOL DISTRICT #3

McKinney-Vento Act

Student/Family Questionnaire

Your child may be eligible for additional services through the McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Presently, are you and/or your family in any of the following situations? **CIRCLE YES OR NO**

YES / NO Living with relatives or others due to lack of housing (doubled-up)
YES / NO Staying in a shelter
YES / NO Temporarily living in a Motel/hotel due to loss of housing, economic hardship or similar reason
YES / NO Living in a car, park, campground, abandoned building or similar substandard housing
YES / NO Unknown nightly residence (non-permanent)



IF YOU ANSWERED NO TO ALL OF THE ABOVE, DO NOT COMPLETE THE REMAINDER OF THIS FORM

Fill in the names of the students that the above information pertains to:

Student First Name	Student Last Name	D.O.B.	Grade	School Name

I certify that according to information provided above, the student(s) listed meet the definition of "Homeless" as stated in the McKinney-Vento Homeless Assistance Act.

Print Parent/Guardian Name Signature Date

Transportation Information

Student _____ Teacher_____

_____ Will be picked up or walk (Circle Days) M T W Th F

_____ Will go to A.S.K. (Circle Days) M T W Th F

_____ Will Ride Bus (Circle Days) M T W Th F

Primary Drop Off Address:_____

Secondary Drop Off Address: _____

Special Instruction:

Parents of students who normally ride the bus must designate one primary and on secondary drop off location. Students who do not normally ride a bus may designate one drop off location to be used as needed along an established route as long as there is room on the bus. **This form must be completed and on file in the school office before students can utilize their alternate bus stop.** When utilizing the alternate P.M. bus stop please notify the school office one hour prior dismissal.

Fee Waiver Request

_____
Student Name

Families that receive SNAP and/or TANF benefits automatically qualify to have most school fees waived. If your family does not receive these benefits but has low/moderate income, you may still qualify for a fee waiver. For example, a family of 4 with a household income of less than $39,000 per year qualifies for a fee waiver. If you think you may qualify, please review the chart and complete the form at the links below.

Automatic School Wavier
SNAP
TANF
Income Eligible Medicaid
Foster Child
Homeless

____ Yes, my child qualifies under at least one of the scenarios listed above.

Family Financial Chart

Household Size	Annual Income	Monthly Income	Twice Per Month Income	Every Two Weeks Income	Weekly Income
1	$29,526	$2,461	$1,231	$1,136	$568
2	$40,034	$3,337	$1,669	$1,540	$770
3	$50,542	$4,212	$2,106	$1,944	$972
4	$61,050	$5,088	$2,544	$2,349	$1,175
5	$71,558	$5,964	$2,982	$2,753	$1,377
6	$82,066	$6,839	$3,420	$3,157	$1,579
7	$92,574	$7,715	$3,858	$3,561	$1,718
8	$103,082	$8,591	$4,296	$3,965	$1,983
For each add family member add	$10,508	$876	$438	$405	$203

___ My child does not qualify under the automatic waiver but may qualify under the family financial chart listed above. I will click here to fill out the district's Household and Income form and return it to the school office for consideration of a fee waiver.

___ No, my child does not qualify for a school fee waiver under these circumstances.

_____ _____
Parent Signature Date

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STUDENT AGENDA AND HANDBOOKS

Agenda books are provided for each student at an initial fee of $7 per student. This fee is included in the school fees that are collected during registration. **If an agenda book is lost, it must be replaced within three (3) days with a replacement fee of $7.**

I acknowledge being offered a hard copy and provided electronic access to the Student/Parent Handbook and School Board policy on student behavior.

I understand that the Student/Parent Handbook and School District policies may be amended during the year and that such changes are available on the School District website or in the school office.

I understand that my failure to return this acknowledgment will not relieve me or my child from being responsible for knowing or complying with School and School District rules, policies, and procedures.

_____ _____

Parent/Guardian Signature Date

The Hillsboro Community School District fosters a student-centered culture with high expectations for each student to reach his or her full potential.

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Student's Name: _____

Biometric Collection

The school district collects biometric information from its students only for identification and/or fraud prevention purposes. The district will collect a fingerprint from your child that will be linked to his or her food service account. This information will not be shared with any company or agency outside of the school district. If you wish to read the entire policy it can be found on the district's website.

_____

Parent/Guardian Signature

Internet Use Agreement

All use of electronic networks shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. **The failure of any user to follow district-approved procedures will result in the loss of privileges, disciplinary action, and/or legal action.** If you wish to read the entire Acceptable Use Policy it can be found on the district's website.

_____

Parent/Guardian Signature

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Field Trip Permission

I give permission for my child to participate in all local field trips taken by Beckemeyer School during the 2026-2027 school year. Prior notification of events will be given to parents and guardians by the classroom teacher.

_____

Parent/Guardian Signature

Using a Photograph or Videotape of a Student

Students may occasionally appear in photographs and video recordings taken by school staff members, other students, or other individuals authorized by the building principal. Sometimes the school may want to identify a student in a school picture by name. While the school limits access to school buildings by outside photographers, it has no control over local media or other entities that publish a picture of a named or unnamed student. To see the full photograph and videotape policy please read the student handbook.

_____

Parent/Guardian Signature

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Your child's regular attendance is extremely important for academic success. Most of what elementary students learn is from what they see and hear in class, interaction with peers in group settings, and with hands-on materials, and technology in the classroom. Students who have poor attendance are at a serious academic disadvantage. Consistent absences and tardiness set life-long habits for poor work ethic later in life!

Hillsboro District #3 Elementary Schools will be strictly enforcing the attendance policy outlined in your elementary student's handbook. The following procedures will be followed for fairness and consistency in enforcing that policy.

1. Parents/guardians are responsible for making a phone call to the school each day their child is absent. If a child is absent and the school has not been contacted, the school will call the provided contact number. We must be able to verify the reason for absence or it will be considered *unexcused.* The procedure also ensures that you are made aware that your child is not at school, in the event that you thought otherwise.
2. After the 5th cumulative absence, excused or unexcused, a letter will be sent home to review our attendance policy.
3. After the 10th cumulative absence, excused or unexcused, a referral will be made to the Regional Office of Education's Truancy Officer. The officer will discuss with you your child's attendance pattern and the consequences of continued absentees. Illinois School Code requires that adults who have custody of children between the ages of 7 and 17 years of age have a responsibility to ensure that child attends school regularly.

Students that have been referred to the Regional Office of Education for the Regular Attendance Program (RAP) or truancy services will not be allowed the 10 parent verifiable absences. These students will be required to have a doctor's statement to validate the absence for the remainder of the school year or until the student is off the truancy/RAP list.

Our tardiness policy is also outlined in your student handbook. Students who are consistently late for school are at a significant disadvantage. After the 5th tardy, you will receive a letter from your child's school reviewing the policy. After the 7th tardy, a referral will be made to Regional Office of Education Attendance Specialist. After the 10th tardy a referral will be made to ROE Truancy Officer.

_____ _____

Parent/Guardian Signature Date

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