O'FALLON C.C. SCHOOL DISTRICT #90 REGISTRATION FORM 1/26

Student Information

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

_____ **Age of student:** _____
First *Middle* *Last*

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

PRIMARY PHONE OF PARENT/GUARDIAN: _____

STUDENT'S ADDRESS:

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

Child's previous school:

_____
School Name *Street Address* *City* *State* *Zip*

Does this child have an active IEP or 504? ☐ Yes ☐ No	**Has this child ever had an IEP or 504? If yes, what school year?** ☐ Yes, _____ ☐ No	**Has this child ever been enrolled in any of the following:** __ Special Education __ Speech Therapy __ OT/PT __ Academic Intervention __ Social Work __ 504 Plan

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

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

Does this child wear: Glasses? __ *Yes* __ *No* **Contact Lenses?** __ *Yes* __ *No* **Hearing Aid?** __ *Yes* __ *No*

Will this child require busing? ___ *Yes* ___ *No*

Parent/Guardian Information

Parent/Guardian that resides with the student at the address listed above:

(1)_____ _____
Parent/Guardian Name *Relationship to Child*

Cell Phone:_____ **Work Phone:**_____ **Home Phone:** _____

Email Address:_____ **Employer:**_____

(2)_____ _____
Parent/Guardian Name *Relationship to Child*

Cell Phone:_____ **Work Phone:**_____ **Home Phone:**_____

Email Address:_____ **Employer:**_____

Address (if different from student)

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

Complete back side

Marital Status of Parents: (*Circle*) Married Separated Divorced Single Widowed

Is either Parent/Guardian Military? (Active Duty/Reserves)
☐ Yes ☐ No

Is either Parent/Guardian a Government Contractor?
☐ Yes ☐ No

Will either Parent/Guardian be deployed during the school year?
☐ Yes ☐ No

Is there another parent who should receive information concerning this child's grades, progress, etc.? ___*Yes* ___*No*

If yes, please give the information needed below.

_____

Name *Street Address* *State* *Zip* *Relationship to Child*

_____

Email Address *Cell Phone* *Work Phone* *Home Phone*

EMERGENCY CONTACTS: List persons (other than parent/guardian) to contact if you are unable to be reached.

Name	**Phone**	**Relationship to Student**
(1)_____	_____	_____
(2)_____	_____	_____
(3)_____	_____	_____

Day Care Provider Information:

_____

Name *Street Address* *City* *State* *Zip*

Phone:_____ **Does provider pick up the student after school?** ____*Yes* ____*No*

Is there someone who is not allowed by court order to be in contact with this student? ___*Yes* ___*No*
If yes, list below. Please provide copy of court order.

_____

Name *Street Address* *State* *Zip* *Relationship to student*

Your registration is not considered complete until all registration forms are completed, residency documents are turned in, and registration fees are paid, unless you have a waiver or have made arrangements for a payment plan with the Business Office. Transfers to another school in the District may be possible based on class size.

NOTE: Any person who knowingly enrolls or attempts to enroll in the schools of a school district on a tuition free basis, a pupil known by that person to be a non-resident of the district, or any person who knowingly or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information on this form shall be referred for criminal prosecution. A CHILD'S LEGAL RESIDENCE IS WHERE HIS/HER LEGAL GUARDIAN RESIDES. District #90 has the right to investigate your residency.

I voluntarily furnished the information on this form & certify that my student listed is a legal resident of O'Fallon School District # 90, residing within the boundary lines of said district.

PARENT/GUARDIAN SIGNATURE	**DATE**

O'Fallon District 90
Learning today, leading tomorrow

Dr. Carrie Hruby, Superintendent
Dr. Joi Wills, Asst. Superintendent
118 E. Washington St., O'Fallon, IL 62269
Phone (618) 632-3666 I 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 1/2026

Student Name: _____ **Birth Date:** _____

MEDICAL HISTORY

Please answer each question below.

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

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: _____

Revised 1/2026

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

O'Fallon District 90

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Assistant Superintendent

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Student's Name_____ **SIS ID:**_____
(Office use)

INSTRUCTIONS: This form is to be filled out by the student's parent or guardian, 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 select, 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 people 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 maintained until the completion of the action.

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Determining Eligible Immigrant Education Program Student

New Student Only rev. 1/26

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.*

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2026-2027 Elementary Parent/Student Handbook Sign-Off Form *rev. 1/26*

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.

☐ **Yes – I will access and read the 2026/2027 Parent Student Handbook for the District 90 Elementary Schools.**

☐ **Yes – I will make myself aware of the discipline policies and procedures.**

☐ **Yes – My child has permission to attend field trips, which have been scheduled.**

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 have received a copy of the "District Acceptable Use Policy for Student" approved by the Board of Education, and that I have read, understand, and 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 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 above mentioned items.

Student Name: _____

Parent Signature: _____ **Date:** _____

If you have any questions, please see your child's teacher and/or building principal. Thank you for your cooperation.

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Student Nighttime Residency Questionnaire 1/26

Please complete this form with the information that is the best of your knowledge.

Student Name: _____
First Middle Last

School: _____ Date of Birth: _____ Grade: _____

Where is the student currently living? (Check one box.)

- ☐ In a home/apartment that I rent, lease, or own
- ☐ In a motel/hotel
- ☐ In a shelter
- ☐ Sharing housing due to a loss of housing, economic hardship, or similar reason
- ☐ Moving from place to place
- ☐ In a home without running water, heat, or electricity
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (please describe): _____

Parent/Guardian Name: _____ Phone: _____

_____
Signature of Parent/Guardian Date

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11434. The answers to this residency information help determine the services the student may be eligible to receive. For more information, please contact the District Liaison, Mark Dismukes at (618) 632-6391.

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O'Fallon Public Library Opt Out 1/26

New Students

The O'Fallon Public Library is excited to offer all students a free library card, provided they meet residency requirements. Cards will be mailed to students. If a student is ineligible for a card based on residency, the library will reach out directly with details on how to obtain a public library card.

The O'Fallon Public Library is fine-free, making it easy to enjoy all the great resources it has to offer. For more information, visit https://ofpl.info/ or call 618-632-3783.

If you would like your information sent to the O'Fallon Public Library, there is no action required. If you already have a library card for your child or do not want one, please opt out below.

District 90 will send the following information to the library on your behalf:

- Student Full Name
- Student Date of Birth
- Student Physical Address
- Parent/Guardian Name
- Parent/Guardian Physical Address if different from student
- Parent/Guardian email address
- Parent/Guardian phone number

If you already have a library card or DO NOT want public library service for your child, you may opt-out by checking the box below and completing the requested information.

☐ My student already has a library card or I **DO NOT** want my child's demographic information sent to the O'Fallon Public Library and **DO NOT** want to receive public library service for my child.

Student First & Last Name: _____

Parent/Guardian First & Last Name: _____

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Home Language Survey (New Students Only) rev. 1/26

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**

Emergency Data Card

O'Fallon School District 90

Please Complete Legibly

Student Name _____ **DOB** _____ **Grade** _____

Address

Parent/Guardians in Home

Name	Relationship	Phone	Email
Name	Relationship	Phone	Email

Parent/Guardians not in Home

Name	Relationship	Phone	Email
Name	Relationship	Phone	Email

Emergency Contacts (other than parent/guardian)

Name	Relationship	Phone
Name	Relationship	Phone

Allergies (food or meds)

Medical Conditions and Treatments:

Medications (at home or at school)

Name	Amount	Time

Doctor Name Hospital

Other children attending D90 Schools:

Name	School

This information may be shared with medical personnel and school staff. Emergency personnel and/or ambulance may be called if necessary.

Signature Date