



CUSD 300 ENROLLMENT DOCUMENT CHECKLIST: Kindergarten – not previously enrolled in CUSD300

ENROLLING GUARDIAN/PARENT DRIVER'S LICENCE or STATE ID:

AFFIDAVIT CONCERNING STUDENT RESIDENCY:

Form completed with listed documentation attached from Categories A and B

STUDENT DATA FORM

Completed and copies of required documents attached is applicable

HOME LANGUAGE SURVEY

RACE AND ETHNICITY IDENTIFICATION FORM

CHILDREN OF U.S. MILITARY PERSONNEL SURVEY

CUSD 300 STUDENT HEALTH PROFILE FORM

MEDICAL RECORDS

Physical Form

TRANSPORTATION FORM

BIRTH CERTIFICATE

Copy attached to registration forms



Students

7:60-E5 Affidavit Concerning Student Residency

Generally, Illinois law provides that the residence of a student is deemed to be the same as the residence of the person who has legal custody of the student and permits only students who are residents of the School District to enroll and attend on a tuition-free basis. The person claiming custody must also reside in the School District. To assist the School District in determining residency and legal custody, the appropriate forms must be completed and documentation will be required. The School District may investigate the residency of any student before or after enrollment and require the involved persons to provide additional information to be considered by the School District in determining residency.

Name(s) of Student(s): Grade(s): Name(s) of Custodial Parent/Legal Guardian:

Three sets of horizontal lines for entering student names, grades, and guardian names.

Address of Student(s) – street, city, zip:

[This must be the address where the student(s) regularly sleeps, eats meals, and spends weekends.]

Horizontal line for entering the student address.

Main Phone Number(s) of Custodial Parent/Legal Guardian:

[If phone number changes after enrollment, the parent/guardian is responsible for contacting the school with the updated information.]

Horizontal line for entering the guardian phone number.

Name(s) of Persons Enrolling Student(s):

[If different from custodial parent/legal guardian above, explain your relationship to the student, and include address and phone number(s).]

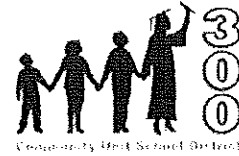
Horizontal line for entering enroller names.

As initial proof of residency, the person with whom the student lives in the School District and who claims custody of the student must include with this form at least one document from Category A and at least two documents from Category B, all of which must be acceptable by the School District. If the person enrolling the student claims the student is (1) homeless, (2) enrolling based on determination of the Department of Children and Family Services [DCFS], or (3) enrolling with the intent to establish residency within 30 calendar days, only the appropriate line in Category C must be checked; all necessary documentation must be included.

*It is not required to show personal information (account #'s, payment amounts, etc.) on these documents.

Category A – Check and include a copy of at least one of the following:

- Most recent real estate tax bill for the D300 residence showing you as the taxpayer
Signed lease for the D300 residence
Closing statement for the purchase of the D300 residence
HUD settlement statement showing your D300 residence address
Notarized letter from the owner of the D300 residence stating that you reside at the residence and the duration of your residency there (must also include 2 items from Category B below)
Other documentation approved by school staff or additional information:



Category B – Check and include a copy of at least two of the following; documents must be dated within the last 2 months:

- Driver's license or Illinois State ID showing your D300 residence address
- Utility bill for your D300 residence (gas, electric, water)
- Public Aid card showing your D300 address
- Home or apartment insurance certificate with your D300 address
- State of Illinois automobile registration with your D300 address
- Receipt for city vehicle sticker with your D300 address
- Cable television or home Internet bill for your D300 residence
- Bank statement with your D300 address
- Pay stub showing your D300 address
- Medical bills showing your D300 address
- Other documentation approved by school staff or additional information: _____
- Documents will be provided within 30 days of today's date: _____

Category C – None of the items in Categories A or B above are applicable because:

- The student is eligible for enrollment under the McKinney-Vento Homeless Assistance Act
- The student is enrolling based on the determination of DCFS (Include official documentation)
- Residency will be established within 30 calendar days (Include documentation for real estate contract, closing, or lease; complete appropriate Temporary Enrollment Form)
- Additional information: _____

Custody – Check as many of the following as are applicable:

- I am the natural or adoptive parent
- The student lives with me on a full-time basis
- I provide the student with a regular place to sleep (“regular” means virtually full-time, includes most weekends, holidays, and school vacation periods)
- The student is a special education student
- The student is a foreign exchange student and has been approved by the school administration
- The student is at least 18 years old
- I have a court order giving me custody or guardianship (provide appropriate documentation)
- I am a caretaker relative of the student receiving aid for the student from the Illinois Department of Public Aid (provide appropriate documentation)
- I am a foster parent of the student who was placed with me by DCFS (provide appropriate documentation)
- I am a representative of the childcare facility with which the student has been placed by DCFS (provide appropriate documentation)
- The student is under 18 years of age but has been emancipated by court order or marriage (provide appropriate documentation)
- I have been appointed as short-term guardian of the student (provide appropriate documentation)



If you are not the natural or adoptive parent with legal custody of the student, clearly state the reason(s) why the student is living with you:

Include any additional pertinent information:

Illinois law has made it a crime, punishable by imprisonment and fine, to knowingly or willfully present any false information regarding the residency of a student for purposes enabling that student to attend on a tuition-free basis or to knowingly enroll or attempt to enroll a student on a tuition-free basis when the student is known to be a non-resident of the School District or a non-resident of the attendance area he or she is attending. The School District will seek prosecution to the full extent of the law of any person whom the School District believes has committed any residency-related crime. Additionally, a civil lawsuit may be initiated by the School District. I affirm that I am a resident of Community Unit School District 300 and of the school attendance area my child attends and that the information presented in this affidavit and in connection with any investigation of my residency or the residency of the student is true, complete and accurate. I understand that I may be subject to criminal prosecution for perjury if I have knowingly answered anything falsely.

Name of Person Enrolling Student

Signature of Person Enrolling Student

Date

FOR REGISTRAR OR SCHOOL/DISTRICT USE ONLY

Additional Information/Notes _____

Name and Title of School Official

*Signature of School Official

Date

***IT IS THE SCHOOL OFFICIAL'S RESPONSIBILITY TO CONTACT ALL OTHER D300 SCHOOLS AFFECTED BY THE INFORMATION ASSOCIATED WITH THIS AFFIDAVIT**

Grey Section for School Use Only

Transportation Y _____ N _____
Graduation Year _____
Home Building _____
Serving Building _____

Entry Student _____
Grade _____
Teacher _____
Date # _____

PLEASE PRINT

Student Information (Please provide student's complete legal name as it appears on the birth certificate)

Student's **Legal** Name _____
Last First Middle Mother's Maiden Name

Student's Home Address _____ Apartment _____

City _____ County _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____
(If different from home address)

Male ___ Female ___ Date of Birth ___/___/___ Birthplace _____
City, State Country if not USA Date entered USA

Residence Phone (_____) _____

Student's email address: _____ Student's Cell Phone (_____) _____

Student is transferring from:

School Name City State

Special class or program that this child has participated in: _____
Special Education, Bilingual, Dual Language etc.

Has this child or any other child in the family attended any District 300 school before? This child Yes No Other child(ren) Yes No

Please respond to both items:

- Custody of this child is held by: Both Parents Mother, Sole Father, Sole Single Parent Court Ordered Legal Guardian Foster Care DCFS Other
- Parents are: Married Separated Divorced Father Deceased Mother Deceased Never Married

Parent/Guardian Information - YOU MUST PROVIDE THIS INFORMATION

PLEASE NOTE that all numbers that you list for both the primary AND secondary residences will receive an automated phone call from District 300's Rapid Communication System in the case of an emergency. For general news, automated phone calls will go to the primary household number.

<p>Student Primary Residence Parent/Guardian</p> <p>_____ <small>Last Name First Middle</small></p> <p>Relationship to Student _____</p> <p>Home Phone _____</p> <p>Work Phone Number _____ Ext. _____</p> <p>Cell Phone _____</p> <p>Email Address _____</p> <p>Preferred Communication Language <input type="checkbox"/> English <input type="checkbox"/> Spanish Most District-level communication will be sent via Email</p> <p>Please Complete Back Side of This Form</p>

<p>Student Primary Residence Additional Parent/Guardian</p> <p>_____ <small>Last Name First Middle</small></p> <p>Relationship to Student _____</p> <p>Home Phone _____</p> <p>Work Phone Number _____ Ext. _____</p> <p>Cell Phone _____</p> <p>Email Address _____</p> <p>Preferred Communication Language <input type="checkbox"/> English <input type="checkbox"/> Spanish Most District-level communication will be sent via Email</p>

Student Secondary Residence Parent/Guardian

 Last Name First Middle
 Address _____

 Relationship to Student _____

Home Phone _____

Work Phone Number _____ Ext. _____

Cell Phone _____

Email Address _____

Preferred Communication Language English Spanish
Most District-level communication will be sent via Email

Student Secondary Residence Other Parent/Guardian

 Last Name First Middle
 Address _____

 Relationship to Student _____

Home Phone _____

Work Phone Number _____ Ext. _____

Cell Phone _____

Email Address _____

Preferred Communication Language English Spanish
Most District-level communication will be sent via Email

Other School-Aged Children in Family:

_____ First and last name of child	_____ Date of Birth	_____ School this child attends
_____ First and last name of child	_____ Date of Birth	_____ School this child attends
_____ First and last name of child	_____ Date of Birth	_____ School this child attends
_____ First and last name of child	_____ Date of Birth	_____ School this child attends
_____ First and last name of child	_____ Date of Birth	_____ School this child attends
_____ First and last name of child	_____ Date of Birth	_____ School this child attends

Emergency Contact Information:

Please list the name(s) of up to two **local person(s)** who can be contacted to assume responsibility for your child in the case of an emergency (including a health emergency), if the school is **unable to contact a parent/guardian**.

Name of person _____ Relationship to student _____

Address _____ Home Phone Number (_____) _____

Cell/Other Phone Number (_____) _____ Sequence (order of preference of contact) 1 2

Name of person _____ Relationship to student _____

Address _____ Home Phone Number (_____) _____

Cell/Other Phone Number (_____) _____ Sequence (order of preference of contact) 1 2

If neither parent nor legal guardian can be contacted I authorize school personnel to take emergency action as deemed necessary.

Signature of Parent or Legal Guardian
 (10/11)

Date



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 need for bilingual and English as a Second language education services in the schools.

Please answer the questions below:

If a family answers "yes" to either question 1 or 2, the student will be screened to determine if he/she qualifies for entry into one of the programs offered in District 300 for English Language Learners (ELL's).

Student's Name: _____ ID Number: _____ Grade: _____

Student's native language: _____ School: _____

1) Is a language other than English spoken in your home? _____ Yes _____ No

If yes, what language: _____ by whom? Parent/Guardian _____ other _____

2) Does your son/daughter speak a language other than English? _____ Yes _____ No

If yes, what language: _____

3) If born outside the United States what was the first date of entry to this country: _____

How many years has the student lived in the United States? _____

4) Has your child ever received instruction in a bilingual or ESL program in any other school district?

_____ Yes _____ No

5) Does the Parent/Guardian understand English? _____ Yes _____ No

If no, what language does the Parent/Guardian Understand? _____

Signed: _____

(Parent or Guardian)

Date: _____

Community Unit School District 300
300 Cleveland Ave. Carpentersville, IL 60110

Re: Illinois State Board of Education
New U.S. Department of Education Race and Ethnicity Data Standards

Dear Parent or Guardian:

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 the new categories starting with data to be reported for the 2010-11 school year. This requires school districts to re-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.

Enclosed is 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.) Return the completed form to your child's school with their registration materials.

Thank you for your cooperation in providing the needed data.

Race and Ethnicity Identification Form

CUSD 300
300 Cleveland Ave.
Carpentersville, IL 60110 (847)426-1300

School _____

To Parents/Guardians:

Complete and return this form to your student's school with their registration materials. Please complete Parts 1 and 2 by completely darkening the circle beside your answers.

Student _____

Last Name

First Name

Grade

Student ID

Part 1: Ethnicity Designation

Directions: Read the definition below and completely darken the circle that indicates this student's heritage.

Is this student Hispanic or Latino? (Select one answer.)

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic or Latino**.

Yes

No

Part 2: Race Designation

Directions: Read the definition below and completely darken the circle or circles that indicate this student's race. You must select at least one race, regardless of ethnicity designation. More than one response can be selected.

Indicate the student's race. (Select all that apply answer.)

American Indian or Alaska Native: A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a 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 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.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North 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.

Part 3: I verify the information on this form is accurate.

I refuse to re-identify the race and ethnicity of this student.

Signature, Parent/Guardian

Date

Signature, Parent/Guardian

Date

FOR SCHOOL USE ONLY

I am the observer who completed this form due to parent/guardian refusal to re-identify.

Signature, Observer

Date



Children of U.S. Military Personnel

Why must I take this survey?

Illinois State Board of Education
Children of U.S. Military Personnel System

School District 300 is required by the Illinois State Board of Education to now provide the opportunity for parents/guardians to respond to data collection regarding Children of U.S. Military Personnel.

"At the time of annual enrollment or at any time during the school year, a school district or a recognized non-public school, except for sectarian non-public schools, serving any of grades kindergarten through 12 shall provide, either on its standard enrollment form or on a separate form, the opportunity for the individual enrolling the student to voluntarily state whether the student has a parent or guardian who is a member of a branch of the armed forces of the United States and who is either deployed to active duty or expects to be deployed to active duty during the school year. Each school district and recognized non-public school shall report this enrollment information as aggregate data to the State Board of Education."

Please submit information for each student who may be impacted.

1. Parent/Guardian is a member of a branch of the United States armed forces

Yes

No

2. If yes, are you currently deployed to active duty or expect to be deployed to active duty during the 2013 school year:

Yes

No

Only answer the following questions if you answered Yes to questions 1 and 2 above

3. Student name(s) Please include first and last name(s)

4. School your child(ren) attend

5. Birth Date(s)

6. Grade(s)

Thank you for taking this survey. We appreciate the time you spent taking this survey. If you have any questions please contact your child's school.

CUSD 300 STUDENT HEALTH PROFILE FORM

Name of Student: _____ Date of Birth: _____
Last name First name Middle Initial

Name of School: _____ Grade: _____ Home Phone: _____

Parent(s)/Guardian(s): _____

Clinic/Physician Name: _____ Phone: _____

MEDICATIONS YOUR CHILD TAKES:

HEALTH CONCERNS:

Please list any additional Medications or Health Concerns for your child

Last completed by Parent/Guardian _____ Last Date Completed _____

My child does not have any current health concerns

Printed _____ Signature Parent/Guardian _____ Date _____



Dear Parent or Guardian:

We are enclosing a new physical (double-sided) form as a reminder that **all students entering Early Childhood and Kindergarten are required to have a physical examination and all current immunizations upon entry.** This legal statute was instituted by the State of Illinois to help prevent contagious diseases and to ensure continued good health among the students. The following information is required:

A current physical exam, recorded on the approved form, and signed by a Physician, Advance Nurse Practitioner (APN) or Physician Assistant (PA). **A current exam is one that was completed within 1 year of entry into early childhood and Kindergarten. The Health History Section must be completed and signed by a parent or guardian.** The diabetes screening must be completed on the health examination form. Children through the age of six must be screened for lead poisoning. Incomplete forms will not be accepted and will be returned to you for completion.

New Illinois Department of Public Health rules for the 2014-2015 school year now mandate children **entering Kindergarten show proof of having received two doses of varicella (chicken pox) or proof of immunity.**

New Illinois Department of Public Health rules for the 2014-2015 school year now mandate **children 24 to 59 months of age** who have not received the primary series of pneumococcal conjugate vaccine, according to the recommended vaccination schedule, shall **show proof of receiving one dose of pneumococcal vaccine.**

We urge you to make an appointment immediately and take the attached physical examination form with you to your appointment for completion. We recommend that you keep a copy of the current physical and immunizations for your records. **All forms must be completed and returned to the school nurse no later than the first day of attendance. Students that do not meet these requirements will not be allowed to attend school until these requirements have been met.** Please contact the health office at your child's school if you have any questions regarding these requirements.

Sincerely,
School Health Services



State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES
CFS 600
Rev 2/2013



Student's Name			Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle	Month/Day/Year			
Address			Parent/Guardian		Telephone # Home Work	
Street			City		Zip Code	

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Vaccine / Dose	1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	DTP or DTaP																	
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Hepatitis B (HB)																		
Varicella (Chickenpox)										COMMENTS:								
MMR Combined Measles Mumps. Rubella																		
Single Antigen Vaccines	Measles			Rubella			Mumps											
Pneumococcal Conjugate																		
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza																		

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
-----------------	-----------	-------	------

3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
Lab Results Date MO DA YR (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN													
Date													Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
Age/Grade													
	R	L	R	L	R	L	R	L	R	L	R	L	
Vision													
Hearing													

Last First Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during night coughing?	Yes	No	Hospitalizations? When? What for?	Yes	No
Birth defects?	Yes	No	Surgery? (List all.) When? What for?	Yes	No
Developmental delay?	Yes	No	Serious injury or illness?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	TB skin test positive (past/present)?	Yes*	No
Diabetes?	Yes	No	TB disease (past or present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No	Tobacco use (type, frequency)?	Yes	No
Seizures? What are they like?	Yes	No	Alcohol/Drug use?	Yes	No
Heart problem/Shortness of breath?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No
Heart murmur/High blood pressure?	Yes	No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Dizziness or chest pain with exercise?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Parent/Guardian Signature	Date	
Ear/Hearing problems?	Yes	No			
Bone/Joint problem/injury/scoliosis?	Yes	No			

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA
HEAD CIRCUMFERENCE if < 2-3 years old **HEIGHT** **WEIGHT** **BMI** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes No And any two of the following: **Family History** Yes No
Ethnic Minority Yes No **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes No **At Risk** Yes No

LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes No **Blood Test Indicated?** Yes No **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. **No test needed** **Test performed**

Skin Test: Date Read / / **Result: Positive** **Negative** **mm** _____

Blood Test: Date Reported / / **Result: Positive** **Negative** **Value** _____

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Normal	Comments/Follow-up/Needs
Skin			Endocrine		
Ears			Gastrointestinal		
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary		LMP
Nose			Neurological		
Throat			Musculoskeletal		
Mouth/Dental			Spinal Exam		
Cardiovascular/HTN			Nutritional status		
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health		
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other		

NEEDS/MODIFICATIONS required in the school setting **DIETARY** Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes **No** If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)

PHYSICAL EDUCATION Yes No Modified **INTERSCHOLASTIC SPORTS** Yes No Limited

Print Name _____ (MD,DO, APN, PA) Signature _____ Date _____

Address _____ Phone _____

(Complete Both Sides)

Community Unit School District 300 Student Transportation Request Form

TO BE COMPLETED FOR BUS STUDENTS ONLY

Please note that bus routes and bus stops are determined by the student's home address, OR the address of the child's before and after school day care provider.

Name of Student: _____
Last Name First Name Middle

School _____ Grade _____ Student ID _____

_____ My student will require transportation and lives more than 1½ miles from his/her school, or meets the D300 criteria for transportation eligibility.

_____ My student will NOT require transportation to/from school, I will provide transportation to and from school for my student.

Complete the following ONLY if the student's pickup (before school) and/or drop off (after school) address are different from the home address shown on the Student Profile/Data Form. We cannot accommodate multiple stops, there can only be one pick up address and one drop off address per student.

DAYCARE PROVIDER MUST BE IN THE SCHOOL'S ATTENDANCE AREA AND MEET ELIGIBILITY CRITERIA

Name of Before School Day Care Provider: _____

Pickup Address: _____
Street Number Prefix Street Name Type Suffix Unit
City Zip Code Phone Number

Name of After School Day Care Provider: _____

Drop Off Address: _____
Street Number Prefix Street Name Type Suffix Unit
City Zip Code Phone Number

Parent/Guardian Signature Date

For School Office Use, school staff enters data into IC and retains document

New Request Date Received _____ Eligible _____
 Change Date Entered in IC _____ Not Eligible _____
 School address if no transportation Date Entered in IC _____

COMMUNITY UNIT SCHOOL DISTRICT 300 2014-2015

July 14						
Su	M	Tu	W	Th	F	Sa
		1	2	3	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		

August 14						
Su	M	Tu	W	Th	F	Sa
					1	2
3	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						

September 14						
Su	M	Tu	W	Th	F	Sa
	1	2	3	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				

October 14						
Su	M	Tu	W	Th	F	Sa
			1	2	3	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	

Qtr 1 - 41 days

November 14						
Su	M	Tu	W	Th	F	Sa
						1
2	3	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						

December 14						
Su	M	Tu	W	Th	F	Sa
	1	2	3	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				

Qtr 2 - 44 days (Sem. 1, 85)

AUGUST

PreK-12 students non-attend. day; teachers 8AM to 1PM 11, 12
PreK-12 students' first day of attendance (full day) 13

SEPTEMBER

Labor Day - District Closed 1

OCTOBER

PreK-12 students non-attend. day; teachers 8AM to 3PM 10
End of Quarter 1 10
Columbus Day - District Closed 13

NOVEMBER

PreK-12 non-attend. day; parent-teacher conferences 24, 25
Thanksgiving - District Closed 26, 27, 28

DECEMBER

End of Quarter 2; Semester 1 19
Winter Break Dec. 22 through Jan. 2
District Holiday - District Closed 24, 25, 31

JANUARY

District Holiday - District Closed 1
PreK-12 students & teachers resume classes 5
PreK-12 students non-attend. day; teachers 8AM to 3PM 16
Martin Luther King, Jr. - District Closed 19

FEBRUARY

Presidents' Day - District Closed 16
PreK-12 students non-attend. day; teachers 8AM to 3PM [ROE] 27

MARCH







End of Quarter 3 13
Spring Break 23 through 27

APRIL

District Holiday - District Closed 3
Non-Attendance Day if NO Emergency Closings 6
[Regular Attendance Day if Emergency Closings Occur]

MAY

Jacobs High School Graduation, Sears Centre (10:30) 16
Dundee-Crown High School Graduation, Sears Centre (2:30) 16
Hampshire High School Graduation, Sears Centre (6:30) 16
End of Quarter 4; Semester 2 22
PreK-12 last attendance day if NO emergency closings 22
Memorial Day - District Closed 25
PreK-12 last possible attendance day if emergency closings 28

- | | | | |
|-------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------|---------------------------|
|  | = No Student/Teacher Attendance |  | = Teacher Attendance Only |
|  | = District Closed |  | = Begin/End of Semester |
|  | = Emergency Day (see April 6) |  | = End of Nine Weeks |

**ALL DATES SUBJECT TO CHANGE THROUGHOUT SCHOOL YEAR
PENDING BOARD OF EDUCATION APPROVAL (BOE approved 01/28/13)**

**SEE PROFESSIONAL DEVELOPMENT CALENDAR FOR
EARLY RELEASE/LATE ARRIVAL DATES [to be posted at later date]**

January 15						
Su	M	Tu	W	Th	F	Sa
					1	2
3	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						

February 15						
Su	M	Tu	W	Th	F	Sa
1	2	3	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					

March 15						
Su	M	Tu	W	Th	F	Sa
1	2	3	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				

Qtr. 3 - 46 days

April 15						
Su	M	Tu	W	Th	F	Sa
1	2	3	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				

May 15						
Su	M	Tu	W	Th	F	Sa
					1	2
3	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						

Qtr. 4 - 43 days (Sem. 2, 89)

June 15						
Su	M	Tu	W	Th	F	Sa
	1	2	3	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				



D300 Kindergarten Readiness Checklist



This checklist identifies key areas/skills that will help a child be ready for kindergarten and provides examples of ways to develop these skills in young children.

1. Vocabulary and Language

Development

- Shortly after birth, read storybooks with your child every day.
- Throughout the day, talk with your child. For example, name pieces of clothing while you fold laundry and ask your child which family member a particular piece of clothing belongs to - or name each food item as you put it in your cart at a grocery store and ask your child what his/her favorite food is.
- Play guessing games with your child. (For example. I see something yellow, can you find it?)



2. Letter Recognition & Sounds

- Help your child learn the alphabet (both uppercase/capital letters (B) and lower case letters (b).
- Help your child write their name using an uppercase (Capital) first letter followed by lowercase letters.
- Practice rhyming words and talk about how words make up stories. (For example, make up a story about pans and fans)

3. It is important for children to learn about a variety of topics. This is called “background knowledge.”

- Read to your child – both real life stories and make believe stories.
- Talk about where you are going when you travel with your child – even if you are going on short trips to the store or to visit relatives.

4. Number Recognition and Counting

- Help your child count items in your grocery cart or crayons in a box.
- Help your child write the numbers 0 through 20 and then show your child what 2 is (2 cats, 2 pizzas (2 spoons)

5. Problem Solving Skills

- Help your child understand its ok to make mistakes and then learn from them.
- Help your child learn to communicate their needs and wants. Teach them to say, “ I need help, I want milk” etc.
- Teach your child to share and take turns with siblings and friends.



6. Be able to follow directions

- Help your child follow at least two step directions, such as put on your coat and your shoes or wash your hands and brush your teeth or take out a piece of paper and write your name on it.



7. Self-Help Skills

- Make sure your child can communicate when he/she needs to go to the bathroom and can use the restroom by him/herself – including zipping and buttoning pants.
- Make sure your child can tie shoes and button or zip their coats.
- Make sure your child can wash hands and blow his/her nose.
- Make sure your child can clean up after him/herself and put things away.

8. Self-Control

- Help your child finish a task, even if they get frustrated.
- Help your child to manage anger properly. (When they get frustrated, talk to them)



9. Act Independently

- Help your child learn to solve disputes without an adult helping.
- Understand and follow routines, such as getting ready for bed.

10. Respect Others

- Teach your child to respect authority and respond to adult instructions.

11. Learn and Interact in a Structured Environment

- Help your child learn to sit still.
- Help your child learn not to interrupt when someone else is talking.
- Help your child to behave appropriately in the home, restaurant, store or any other public setting.



To enroll new kindergarten students, please contact the individual school, or the [Teaching and Learning team](#) at (847) 551-8403

If you are interested in a Developmental Screening, or would like information for pre-school programming, please call (224) 484-2300