

NEW & KINDERGARTEN STUDENT PACKET



Taft School District 90
1605 South Washington Street
Lockport, IL 60441
Phone: (815) 838-0408 Fax: (815) 838-5046
www.taft90.org

OFFICIAL REQUEST FOR RECORDS

Date of Request: _____ Grade: _____

Name of Previous School: _____

Address: _____

City/State/Zip: _____

School Telephone: _____ School Fax: _____

Student Name: _____ DOB: _____

Please send the cumulative record for this student so proper placement can be made and record keeping maintained. Please include the following records

1. All Medical and Immunization Records
2. Custody/Legal Guardianship Papers (if applicable)
3. Present Grades
4. Attendance Record
5. Student's Cumulative file and Standardized Test Scores
6. ISBE Student Transfer Form (if transferring from an Illinois Public School)
7. Any Special Education Records, including most recent IEP, Psychological Evaluations, Social History, Educational Evaluations.

Thank you in advance for your prompt attention to this request.

Please mail all the above information to:

Student Records
Taft District 90
1605 S. Washington Street
Lockport, IL 60441

Under the provisions of Public Law 93-380, I hereby give my permission to release information requested above. I also certify that my student is not currently serving a suspension or expulsion imposed by the school from which the student is transferring.

Parent/Guardian Signature

Date

In accordance with the revised federal statutes, permission of the parent is no longer required when records are requested by authorized school personnel. (Fed. Register Vol. 41#118-24673, June 17, 1976)

TAFT DISTRICT 90 REGISTRATION REQUIREMENTS

The following items are required for registration:

(Registrations will not be accepted without the required documents.)

New Students

- _____ 3 Proofs of Residency
- _____ Official Request for Records
- _____ Registration Invoice
- _____ Student Information Sheet
- _____ Residency Verification Form
- _____ Certificate of Residence
- _____ Loan of Textbooks
- _____ Home Language Survey
- _____ Parent Photo Permission Slip
- _____ Health Information Form
- _____ Race and Ethnicity Data Standards
- _____ Google App
- _____ Certified Birth Certificate (**must be state or county issued. We will make a copy.**)
- _____ ISBE form (**students transferring within Illinois schools only**)
- _____ If not from State of IL, a letter of good standing from public / private school
- _____ Custody papers (if applicable)
- _____ Applying free/reduced lunch form (if applicable)

Returning Students

- _____ 3 Proofs of Residency
- _____ Registration Invoice
- _____ Student Information Sheet (**with only the changes from the previous year filled in**)
- _____ Certificate of Residence
- _____ Health Information Form
- _____ Applying free/reduced lunch form (if applicable)

Medical

- _____ School Physical (**K, 6, New**)
 - _____ Dental (**K, 2, 6**)
 - _____ Eye Examination (**K**)
- (Please view the student health record requirements form located in the parent packet for more information.)**

Special Accommodations Information

- _____ IEP (**copy of most recent evaluation.**)
- _____ 504 Plan
- _____ RTI paperwork

Note: Allow a 2 day processing time prior to new students starting classes during the school year.

TAFT SCHOOL DISTRICT 90
1605 South Washington Street Lockport, Illinois 60441
Telephone: (815)838-0408 / Fax: (815)838-5046

2016-2017 REGISTRATION

All registration information **MUST** be completed and turned in **before** student is placed on *school class list*. All registration fees must be paid before the first day of school or a payment plan **MUST** be set up with the school office.

Student's Name: _____ Grade: _____

Consumable Material Fee:

Early Childhood/Pre-K/Speech/ Kindergarten-8th **\$170.00**

Lock Fee for **5th grade** **\$6.00**

Non Athletic Activity Fee (per activity) **\$35.00**

Athletic Activity Fee (per activity) **\$50.00**

8th Grade Graduation Fee **\$30.00**

Kindergarten only

Please circle one: No Preference AM PM Reason for Preference: _____

PLEASE NOTE: When submitting payment please specify where you want the payment applied. Students may not participate in any activity until the activity fee(s) have been paid. Make Check or Money Order payable to Taft School District 90. You may also pay by credit card by using the E-Pay link on Taft's website www.taft90.org.

_____ **Fees Attached: Amount \$ _____/Check # _____/ Cash _____**

Apply payment to the following: _____

_____ **Paid using the E-Pay link confirmation # _____**

_____ **I will pay the full amount by the first day of school.**

_____ **I am eligible to apply for Free/Reduced Lunch/Fee Waivers. I have completed the request for an application.**

****I understand that fees not paid by the end of the year will be turned over to collections.****

Printed Name of Parent/Guardian (responsible for payment)

Date

Signature

Best contact number

TAFT SCHOOL DISTRICT 90

STUDENT INFORMATION

2016-2017

Date of Birth _____

PLEASE PRINT

Student Name: _____ Grade Entering _____
Last First Middle

Student Address: _____
Street City State Zip

Primary phone at which to contact you during the day: (_____) _____

Birth Place: _____ (City, State) Male ____ Female ____ Homeless: Yes ____ No ____

Is this student currently following an individualized education plan (IEP)? Yes ____ No ____

Is this student currently following a 504 plan? Yes ____ No ____

What is the student's race? American Indian or Alaska Native ____ Asian ____ Black or African American ____

Hispanic/Latino ____ Native Hawaiian or Other Pacific Islander ____ White ____

Two or More Races ____ If you checked two or more races PLEASE indicate the two races by checking them above.

Student lives with: both parents ____ mother only ____ father only ____
mother and stepfather ____ father and stepmother ____ other: _____

Mother/Guardian Information

Last Name _____ First Name _____

Employer _____ Work Number _____ Ext. _____

Cell Phone Number _____ E-Mail Address _____

Father/Guardian Information

Last Name _____ First Name _____

Employer _____ Work Number _____ Ext. _____

Cell Phone Number _____ E-Mail Address _____

EMERGENCY INFORMATION

In case of an emergency, when parents cannot be reached, please indicate someone we could attempt to call (neighbors or relatives living close by) who would be able to pick up your child:

Name _____ Relationship to student _____ Phone (_____) _____

Name _____ Relationship to student _____ Phone (_____) _____

Name _____ Relationship to student _____ Phone (_____) _____

I give my permission for the school to have my child taken to a hospital in the event of a serious accident or illness if I cannot be contacted. I will assume financial responsibility for this. This form may be photocopied for emergency and hospital. personnel in an emergency.

Parent Signature _____ Date _____

Taft School District 90
Residency Verification
2016-2017

Taft School District 90 requires that all students attending school be bona fide residents of the district. To be a resident a student must be living with a resident of the district who is his/her parent or an approved guardian with legal custody and control documents. At the time of registration, parents/guardians will be required to **provide three (3) original documents as proof of residency, all of which must show the Lockport address where the student resides.**

Registration of a student who is not a resident is a fraudulent act. Only students who are eligible by the statute may enroll tuition-free in the school. A person who knowingly or willfully represents to any representative of the District any false information regarding the residency of a student for the purpose of enabling that student to attend school without payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor – 105ILCS5/10-20.12b. Any student found to have been fraudulently registered will be disenrolled from the district immediately and the parent/guardian will be assessed the current cost from the time the student has been enrolled with District 90.

I have presented the following **three original proofs of residency that indicate my Lockport address:**

Category I (ONE document required)

- () Real Estate Tax Bill
- () Signed and Dated Lease
- () Mortgage Papers
- () Closing Papers/Proof of Closing Date
- () Loan Statement

Category II (TWO documents required)

- () Gas/Electric/Water Bill
- () Driver's License/ State ID
- () Vehicle Registration
- () Home /Apt. Insurance Papers
- () Voter Registration

I certify that I understand the residency requirements and the penalty for fraudulent registration.

Signature of Parent/Guardian

Date

Address

OFFICE USE ONLY

_____ Residency Satisfied

_____ Tuition Paid

_____ Fees Paid

TAFT SCHOOL DISTRICT 90
CERTIFICATE OF RESIDENCE

NAME OF STUDENT: _____ AGE: _____
Address: _____ Phone: _____
Father's Name: _____ Living _____ Deceased _____
Father's Address: _____ City: _____ State: _____ Zip: _____
Mother's Name: _____ Living _____ Deceased _____
Mother's Address: _____ City: _____ State: _____ Zip: _____

Answer the following questions:

1. Are the student's parents divorced or separated? Yes _____ No _____
If yes, who has custody of the student? Mother _____ Father _____ Joint _____
If custody is jointly held, which parent provides the student's primary regular nighttime abode? (i.e., at which parent's residence does the student sleep on a regular basis?)
Mother _____ Father _____
2. Does the student reside with a person other than his/her natural/adoptive parents?
Yes _____ No _____
If yes, please answer the following questions:
A. Name of the adult with whom the student now resides: _____
B. Address: _____ City: _____ State: _____ Zip: _____
C. Is this person a relative of the student? Yes _____ No _____
D. If yes, what relation is (s)he to the student? _____
E. Is the person with whom the student resides the legal guardian or custodian of the student?
Yes _____ No _____
F. If yes, please attach a copy of the guardianship or custody order.
3. Is the student eligible for special education or other special services? Yes _____ No _____
If yes, please provide a copy of the student's most recent Individualized Education Program (I.E.P.) or Section 504 Plan and provide the name and address of the student's most recent prior school district of attendance.
4. Does an Illinois public agency have legal guardianship of the student? Yes _____ No _____
If yes, please attach a proof of legal guardianship.
5. Has a court ordered a residential placement for the student? Yes _____ No _____
If yes, please attach a copy of the court order.
6. Is the student homeless? Yes _____ No _____
If yes, is the student currently living in the School District? Yes _____ No _____
A. In what school district was the student last enrolled? _____
B. In what school district was the student enrolled when last permanently housed?

I certify that I am the parent(s) or legal guardian(s) of the above named student and that this child's residence has not been established solely for the purpose of attending District schools. I further certify that the above information is correct to the best of my knowledge.

_____ Date: _____
(Parent(s) or Guardian(s) Signature(s))

Note: It is contrary to the policy of the Board of Education to admit students who do not legally reside with their parents or legal guardians within the District boundaries. The information you provide will be used by school officials to help establish the eligibility of each applicant for admission. Falsification of information on this form or otherwise submitted to the District may result in your child being excluded from school, and may expose you to monetary liability under Illinois law for payment of tuition for such time as your child was illegally enrolled in the District. Further, any person who knowingly enrolls or attempts to enroll a non-resident student in the District or presents to the District any false information regarding the residency of a student commits a Class C misdemeanor and may be referred for criminal prosecution.

TAFT SCHOOL DISTRICT 90

1605 S. Washington Street, Lockport, Illinois 60441-4299

815/838-0408 Fax 815/838-5046

Web Site: www.taft90.org

STUDENT REQUEST FOR THE LOAN OF TEXTBOOKS

STUDENT NAME: _____

ADDRESS: _____

I hereby request the loan of secular (non-religious) textbooks in accordance with Section 18-17 of the School Code (Ill. Rev. Stat. 1989, Ch. 122, Par. 18-17).

Taft School District 90

Name of School

Lockport

City

Will

County

Parent's Signature

Date

FOR SCHOOL USE ONLY
DATE
DATE OF STUDENT TRANSFER
DATE OF STUDENT GRADUATION

TAFT SCHOOL DISTRICT 90

1605 S. Washington Street

Lockport, IL 60441

815-838-0408

HOME LANGUAGE SURVEY

Information from this form helps identify students who need to be assessed for English language proficiency.

Student's Name _____

Grade _____

Section I

Was English the first language your child learned? Yes No

Does your child speak a language other than English? Yes No

What language? _____

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

What language? _____

If your child's native language is English, you do not need to complete the remainder of this form. If your child's native language is not English, please complete the remainder of this form.

Section II

Has your child attended school in a country other than the United States? Yes No

Name of School _____

Name of Country _____

Grades Attended _____

When did your child begin attending school in the United States?

Date _____

Grade _____

Has your child received English Language Learner or bilingual assistance in another school in the United States? Yes No

Name of School _____

Name of State _____

Grades Attended _____

Parent/Guardian Signature

Date

TAFT SCHOOL DISTRICT 90

1605 S. Washington Street
Lockport, IL 60441
(815) 838-0408

PHOTO PERMISSION SLIP

Pictures of Unnamed Students. Students and/or their work may occasionally appear in photographs and videotapes taken by school staff members, other students, or other individuals authorized by a school administrator. These pictures may be used, without identifying the students, in various publications including the school yearbook, newsletter, and website. No consent or notice is needed or will be given before the school uses pictures of unnamed students taken while they are at school or a school-related activity.

While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a student. School staff members will not, however, identify a student for an outside photographer without the consent of a parent/guardian. (See below.)

Pictures of Named Students. In order to publish a student's picture or a student's work with the student identified by name, parent/guardian consent is required. The school may want to identify students in order to acknowledge those students who participate in activities or deserve special recognition.

Please check one box below.

☐

I give permission for my child's photo and full name, and/or work to appear in any school-sponsored material, publication, videotape, or website; and in the local newspaper. This also includes naming the school he/she attends. I may revoke this consent at any time by notifying a school administrator.

☐

I do not give permission for my child's photo and full name, and/or work to appear in any school-sponsored material, publication, videotape, or website; and in the local newspaper.

Child's Name (Printed)

Grade

Date

Parent/Guardian's Name (Printed)

Parent/Guardian's Name (Signed)

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

Dear Parent or Guardian:

The U.S. Department of Education has 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) is using the new categories which started with data reported for the 2011-2012 school year. 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.

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).

Thank you for your cooperation in providing the needed data.

Sincerely,

Taft School

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

Student's Name: _____ **Date:** _____

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 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: _____

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.

TAFT SCHOOL DISTRICT 90

Dear Parent/Guardian,

Taft is pleased to announce our transition to Google Apps for Education for students and teachers is moving forward. This new system, powered by Google, will provide Gmail to our school, as well as a suite of other Google products such as Google Docs and Sites that will enable us to better communicate, share, and collaborate. We will be joining over 8 million other students and teachers that are already using Google Apps at schools around the world. We are excited to offer Google Apps as it represents an important step towards developing a 21st century approach to curriculum and learning. These tools will support the high levels of collaboration that are required in today's classroom to prepare students with the communication and collaboration skills they're going to need.

What's included in Google Apps?

- Gmail gives 7.5+ Gigabytes of e-mail storage with extra security provided by Postini. Voice and video chat are also built-in for free computer-to-computer calling.
- Google Calendar lets you create and share school or class calendars and events.
- Google Docs lets you create and share documents, spreadsheets, presentations, drawings, and forms. You can also upload any file to Google Docs and share it with others.
- Google Sites makes it easy to collect, share, and publish all types of content in a single website through easy embeds of Google Docs, Calendars, videos and other media without HTML.
- Also included are Google Groups for mailing lists, discussion groups, and broad sharing, Google Video for domain-limited video distribution, as well as other tools that can be added on to the domain.

What are the benefits of Google Apps and what's included?

- Anytime, anywhere access -Google Apps works in any browser on any computer, which means you can access your e-mail, calendars, and documents from school, at home, or any other device with a web connection.
- No flash drives are required with documents and files stored in Google Docs.
- Students can easily collaborate with students from other classes, buildings, schools, districts or even different countries, working together on group projects.
- Teachers can be involved throughout the whole assignment process providing comments and feedback directly in the documents.
- Students can develop an e-portfolio of work throughout their years at Taft, and in high school.
- Through websites, calendars, and e-mail, parents can stay informed about the latest assignments and activities.

Taft School District 90 requires that all students have an Acceptable Use Agreement signed in order to participate in using the new Google Apps offering. Please ensure that both Acceptable Use Agreements, one for the district ([found in the student-parent handbook](#)) and one for Google Apps ([found in this packet](#)) are signed and returned to school. ONLY students in grades 3-8 will be issued individual accounts. Students in Kindergarten through grade 2 will use a generic account facilitated by their classroom teacher, but will still be required to have a signed Google Apps Acceptable Use Agreement.

We are excited to be bringing these tools to the district. For more information, please visit http://www.google.com/apps/intl/en/terms/education_terms.html for Google Terms of Service and http://www.google.com/apps/intl/en/terms/use_policy.html for Google Program Policies.

Sincerely,

Taft School

Taft School District 90 Google Apps for Education Acceptable Use Policy

Taft School District 90 has the ability to create accounts for all students to allow for collaborative sharing using Google Apps for Education. These accounts will be used for school related projects. However, no student will be assigned an account without parent or guardian approval. The rules governing proper electronic communications by students are included in the Google Technology Acceptable Use Policy and Taft School District Policy 6:235 and may be found on the Taft School District website at www.taft90.org. Once accounts are assigned, students gain access to the wealth of collaborative tools available through Google Apps.

This account is housed on Google servers, thereby giving your child access to Google Docs (word processor, spreadsheet, and presentation software), @students.taftsd90.org G-Mail addresses, calendar, plus additional services. This will allow each student to collaborate with teachers and other students at Taft for specific educational purposes.

Official E-mail Address - Students will be assigned an @students.taftsd90.org student e-mail account. This account will be considered the student's official Taft School District e-mail address until such time as the student is no longer enrolled at Taft School. The naming convention will be first name and last initial followed by an ID number ending with @students.taftsd90.org. For example: John Test could be JohnT123456@students.taftsd90.org.

Conduct - Students are responsible for good behavior just as they are in a traditional school setting. It is illegal to use obscene, profane, threatening, or disrespectful language. Communication with others should always be course related. Students should never say anything via e-mail that they would not mind seeing on the school bulletin board or in the local newspaper. Students should notify the teacher of anything inappropriate or that makes them uncomfortable. Bullying will not be tolerated and the privacy of others shall be respected at all times.

Access - Restriction Access to and use of Google Apps for Education is considered a privilege accorded at the discretion of Taft School District. The District maintains the right to immediately withdraw the access and use of the account when there is reason to believe that violations of law or School Board policies have occurred. In such cases, the alleged violation will be referred to the Principal for further investigation and application of necessary consequences as indicated in the Student-Parent Handbook and related Taft School District Policies.

Security & Content Filtering – Taft School District partners with the Will County Regional Office of Education's Professional Development Alliance, and cannot and does not guarantee the security of electronic files located on Google systems. Although Google and the Professional Development Alliance do have powerful content filters in place, the School District cannot assure that users will not be exposed to non-educational material.

Privacy - As with any other school resource, Taft School District reserves the right to access and review content in the Google Apps for Education system at any time, consistent with Board Policy 6:235. The School Board complies with all state and federal privacy laws. As with any educational endeavor, we feel that a strong partnership with families is essential to a successful experience. Therefore, we are asking your permission to provide a Google Apps account to your child. Please fill out and return this permission slip to the main office.

Google Apps for Education

Taft School District 90 Student Permission Form

Student Name: _____

Student ID#: _____ Grade: _____ Date of Birth: _____

Parent/guardian:

_____ I DO give permission for my child to be assigned a Google Apps account.

_____ I DO NOT give permission for my child to be assigned a Google Apps account.

Parent signature: _____

Date: ____/____/____

Student:

I agree to adhere to the guidelines stated above for use of my Google Apps account.

Student signature: _____

Date: ____/____/____

*****NOTE:** This form is valid from the date of signature until the student is unenrolled from Taft School District, or their privileges revoked for violation of District or Google acceptable use policies.

TAFT SCHOOL DISTRICT 90
YEARLY HEALTH INFORMATION
2016/2017 School Year



Healthy Schools

Student's Grade: _____

Student Name: _____ Phone: _____ Birthdate: _____

Doctor's Name: _____ Phone: _____ Last Exam: _____

Dentist's Name: _____ Phone: _____ Last Exam: _____

The health of your child is one of the most important factors in their school progress. Since that information is so important in assisting us provide the best for your child, we are requesting that you take a moment to complete this health information sheet. Please remember this information remains confidential.

HEALTH HISTORY	CIRCLE ONE		IF YES PLEASE COMMENT	HEALTH HISTORY	CIRCLE ONE		IF YES PLEASE COMMENT
Diagnosis of asthma?	Y	N		Loss of function of one or paired organ?	Y	N	
Wakes during the night coughing?	Y	N		Hospitalization? When? What for?	Y	N	
Birth defects?	Y	N		Surgery? (List all) When? What for?	Y	N	
Developmental delay?	Y	N		Serious injury or illness?	Y	N	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain?	Y	N		TB skin test positive (past/present)?	Y	N	
Diabetes?	Y	N		TB disease (past/present)?	Y	N	
Head injury/Concussion/ Passed out?	Y	N		Tobacco use (type/frequency)?	Y	N	
Seizures? What are they like?	Y	N		Alcohol/Drug use?	Y	N	
Heart problems? Shortness of breath?	Y	N		Family history of sudden death before age 50? Cause?	Y	N	
Heart murmur? High blood pressure?	Y	N		Dental problems?	Y	N	
Dizziness or chest pain with exercise?	Y	N		Braces?	Y	N	
Eye/Vision Problems?	Y	N		Bridge?	Y	N	
Glasses?	Y	N		Plate?	Y	N	
Contacts?	Y	N		Bone/Joint problem/injury/ scoliosis?	Y	N	
Ear/Hearing Problems?	Y	N		Other concerns?	Y	N	
Allergies? Seasonal?	Y	N	List allergies/reactions:				
To medication?	Y	N	List allergies/reactions:				
To foods?	Y	N	List allergies/reactions:				
To insects?	Y	N	List allergies/reactions:				

Please list all medications your child needs to take at school:

MEDICATION	DOSE	TIME

NOTE: If your child will be taking medication at school, whether prescription or over-the-counter, please have your physician complete the school medication authorization form.

Does your child have **any restrictions** at school? Y N If yes, then a physician's not is **required**.

Please indicate restrictions: _____

Parent/Guardian Signature: _____ Date: _____

Taft School District 90
Financial Assistance – Request for Application

Dear Parent/Guardian:

Please complete this form and return with your registration packet if you would like to receive an application for free/reduced fees and lunches at Taft School District 90.

This is not an application; this is a *request* for an application.

If you complete and return this form we will mail an application for free/reduced fees and lunches to you. Please note that the State of Illinois requires that we do not release these applications until ~4 weeks prior to the first day of school.

You need only complete one form per family, not per child. A new application must be completed each school year and we must receive and approve your application before your child can receive free or reduced fees and lunches.

Please print clearly. Application should be mailed to:

Name _____

Address _____

List All Children at Taft School District 90 School (PK-8)

Name _____ Grade ____ Name _____ Grade ____

Name _____ Grade ____ Name _____ Grade ____

Name _____ Grade ____ Name _____ Grade ____

PLEASE BE ADVISED THAT IF YOU DO NOT COMPLETE AN APPLICATION OR ARE NOT APPROVED FOR A FEE WAIVER, YOU MUST PAY FULL REGISTRATION FEES, EITHER ALL AT ONCE OR BY A PAYMENT PLAN AGREEMENT.

Signature _____ Date _____