

Father's Name _____

Address _____

Employer _____

Home Phone # _____ Cell Phone # _____

Work # _____ Hours At Work A.M. _____ P.M. _____

Mother's Name _____

Address _____

Employer _____

Home Phone # _____ Cell Phone # _____

Work # _____ Hours At Work A.M. _____ P.M. _____

Step-Father's Name _____

Address _____

Employer _____

Home Phone # _____ Cell Phone # _____

Work # _____ Hours At Work A.M. _____ P.M. _____

Step-Mother's Name _____

Address _____

Employer _____

Home Phone # _____ Cell Phone # _____

Work # _____ Hours At Work A.M. _____ P.M. _____

EMERGENCY CONTACT: Must be someone other than parent - List 2

Name

Relationship

Phone #

Name

Relationship

Phone #

Parent/Guardian is a member of the armed forces?

-Currently is deployed to active duty?

-Expects to be deployed to active duty during the school year?

YES

YES

YES

NO

NO

NO

Parent/Guardian Signature

Date

U.S. Department of Education Ethnicity and Race Report

The U.S. Department of Education has issued new guidelines on the collection and reporting of race and ethnicity data for public schools and staff. Please complete this form and return to your child's school.

Student's Name: _____ SIS ID# _____
(School to Supply)

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 to 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 maintain 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, and 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 Signature: _____ Date: _____



Forrestville Valley School District # 221

Home Language Survey

The state requires the district to collect a Home Language Survey for every 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 who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name: _____

1. Is a language other than English spoken in your home?

Yes _____

No _____

If yes, what language? _____

2. Does your child speak a language in your home other than English?

Yes _____

No _____

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

Parent/Guardian Signature

Date



Forrestville Valley School District #221

Residency Verification Checklist 2017-18

Student Name _____

Parent/Guardian Name _____

ALL NEW & RETURNING STUDENTS:

Please provide **TWO** of the following items of identification reflecting an address within the Forrestville Valley School District #221:

- ___ Driver's license
- ___ Home ownership (title or deed)
- ___ Apartment lease
- ___ Voter registration
- ___ Copy of utility bill
- ___ Copy of auto insurance bill
- ___ Library card
- ___ Documentation approved by Superintendent
- ___ Other (describe)

NEW STUDENTS ONLY:

Please complete the following steps:

- ___ Complete Certificate of Residence form
- ___ Provide a certified copy of birth certificate
(If entering kindergarten, the student must be five years of age before September 1)
- ___ Provide records of transfer
- ___ Provide record of physical examination with immunizations
- ___ Provide I.S.B.E. Student Transfer form from transferring district

Does the student reside with his natural or adoptive parents?
If no, please check one of the following:

YES NO

- ___ On student's own (is student 18 years of age or emancipated?)
- ___ Guardian/custodian (obtain copy of court order)
- ___ Relative (obtain copy of court order or refer to Superintendent)
- ___ Placed by DCFS (obtain copy of court order)
- ___ Homeless (refer to Superintendent)
- ___ Other (refer to Superintendent)



Forrestville Valley School District #221



CERTIFICATE OF RESIDENCE

2017-18

Student's Name: _____

Age: _____

Address: _____

Phone #: _____

Father's Name: _____

Living Deceased

Father's Address: _____

Phone #: _____

Mother's Name: _____

Living Deceased

Mother's Address: _____

Phone #: _____

Please answer the following questions:

1. Are the student's parents divorced or separated? Yes No
 - a. Who has custody of the student? Mother Father Joint
 - b. If custody is jointly held who claims the student as a dependent on their federal income tax return? Mother Father
 - c. With which parent does the student reside? Mother Father
 - d. Please attach a copy of the custody order.

2. Does the student reside with a person other than his/her natural or adoptive parents? Yes No

If the answer to the above question is "Yes", please answer the following questions:

- a. What is the name of the adult with whom the student now resides?

- b. Address: _____
- c. Is this person a relative of the student? Yes No
- d. If "Yes", what relation is she/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 services? Yes No

If "Yes", please provide a copy of the student's most recent Individualized Education Program (I.E.P), or provide us with a name and address of the school district from which we may obtain a copy.

4. Does any Illinois public agency have legal guardianship of the student? Yes No

If "Yes", please attach proof of legal guardianship.

5. Has a court ordered a residential placement for the student? Yes No

6. Is the student homeless? Yes No

If "Yes":

a. Is the student currently living in the School District? Yes No

b. In what school district was the student last enrolled?

c. In what school district was the student enrolled when 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 #221 schools. I further certify that the above information is correct to the best of my knowledge.

Parent(s) or Guardian(s) Signature

Date

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 #221 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 shall be referred for criminal prosecution.



Forrestville Valley School District #221

Parent/Student Signature Form

2017-18

The district is required to present the following five (5) agreements for your review. Please review the handbooks and policies and sign below.

PARENT/STUDENT HANDBOOK:

I have reviewed the guidelines, discipline plan, and athletic standards, which will improve the learning environment in the Forrestville Valley Schools.

These guidelines are not intended to create a contractual relationship with the student; rather, it is intended to describe the school and its current general practices, procedures, rules and regulations at the time of publication for appropriate code of conduct.

ACCEPTABLE USE OF ELECTRONIC NETWORK:

I agree to and accept the Acceptable Use of Electronic Network terms and conditions.

ELECTRONIC DEVICE HANDBOOK:

I agree to and accept the Electronic Device Agreement as presented and understand that Forrestville Valley School District #221 owns the device, software, and issued peripherals. If the student is no longer enrolled in Forrestville Valley School District #221 schools, the device will be returned in good, working order. In no event shall the student or parent/guardian hold Forrestville Valley School District #221 liable for any claim of damage, negligence, or any breach of duty resulting from any act or omission related to the unauthorized use of the device.

MEDICATION PERMISSION:

I have reviewed and completed the Medication Permission form.

STUDENT ACCIDENT INSURANCE WAIVER:

All students in grades K-12 are offered the opportunity to enroll in an accident insurance plan. Please refer to our website for information on the *2017/2018 Student Accident Insurance Program* if applicable to you. If not, please check below:

I have adequate insurance to protect my son/daughter in case of an accident.

I certify that I have reviewed all information provided above and understand that the Forrestville Valley School District #221 agreements are made available on the district website: www.fvvsd221.org.

By signing below, parent/guardian and student acknowledge, review and accept the following:

- Parent/Student Handbook
- Electronic Device Handbook
- Student Accident Insurance Waiver

- Acceptable Use of Electronic Network
- Medication Permission

Parent/Guardian Signature

Date

Student Signature

Date

(Please complete BOTH sides.)



Forrestville Valley School District #221

Release of Student Information 2017-18

DIRECTORY INFORMATION:

The law and school district policy designate certain information as "Directory Information". Throughout the school year, the district may release directory information regarding students, limited to: student name, address, gender, grade level, birthdate and place, parent/guardian name and address, academic awards, degrees and honors, information regarding school-sponsored activities, organizations and athletics, major field of study, and period of attendance in school. A parent/guardian or eligible student may prohibit the release of any or all of the above information by delivering a written objection to the Building Principal.

USING A PHOTOGRAPH OR VIDEO OF A STUDENT:

Students may occasionally appear in photographs and videos taken by school staff members or other individuals authorized by the Building Principal. The district may use these pictures, without identifying the student, in various publications, including the school yearbook, school newspaper, and district website. No consent or notice is needed or will be given before the district uses these pictures of unnamed students taken while they are at school or a school-related activity.

In order for the district to publish a picture with a student identified by name, a parent or guardian must give prior written permission.

MILITARY & INSTITUTIONS OF HIGHER EDUCATION (GRADES 9-12 ONLY):

From time to time, military recruiters and post-secondary educational institutions request the names, telephone numbers, and addresses of our secondary students. The school must provide this information unless the parent/guardian requests that this is not to be disclosed without their prior written consent.

Please respond to the following statements by placing a check in the "Yes" or "No" column and then sign in the space below.

STATEMENT	YES	NO
I grant permission to have my child's name and picture on the district website and local media.		
I grant permission to have my child's name and picture in the school yearbook or other school-produced print.		
I grant permission to have my child's information released to military recruiters. (GRADES 9-12 ONLY)		
I grant permission to have my child's information released to institutions of higher education. (GRADES 9-12 ONLY)		

I certify that I have reviewed all information provided above and understand that the Forrestville Valley School District #221 Parent/Student Handbook is made available on the district website: www.fvvsd221.org.

Student Name / Grade / School

Date

Parent/Guardian Signature

(Please complete BOTH sides.)



Forrestville Valley School District #221

Confidential Student Health Information



STUDENT'S NAME: _____ Grade/School: _____

NO, my student DOES NOT have health issues.

YES, my student DOES have health issues. **PLEASE CHECK ANY CONDITIONS LISTED BELOW THAT APPLY TO YOUR STUDENT.** If you have any questions or concerns about your child's health, please contact the school nurse.

ADD/ADHD

Allergies – Food

Allergies – Insect

Allergies – Medicine

Asthma

Birth Defects

Bone/Joint Problems

Depression

Diabetes

Ear/Hearing Problems

Migraines

Glasses/Contacts

Heart Problems

Physical Restrictions

Other

If your child has a condition not listed above, please describe in detail below:

If your child requires medication during school hours, please refer to the section regarding medication found in the *Parent-Student Handbook* and obtain a *Request for Administration of Medicine* form from the school office.

Parent / Guardian Signature

Date



Forrestville Valley School District #221

Busing Information

2017-18

STUDENT'S NAME: _____ Grade/School: _____

NO, my student **DOES NOT** need busing.

PLEASE NOTE: There will be **ONE** address for pick-up and **ONE** address for drop-off.

AM Pick-Up: Yes No (Write Address below if **DIFFERENT** than Home Address)

Name: _____

Address: _____

Phone #: _____

PM Pick-Up: Yes No (Write Address below if **DIFFERENT** than Home Address)

Name: _____

Address: _____

Phone #: _____

Other Considerations/Comments:

Parent / Guardian Signature

Date

****Busing requests will be reviewed before assignment to routes. Please note any legal constraints by all parties involved will override district authorization and/or district ability to accommodate a variety of issues. The following are a few examples of such issues; child custody rights, out of district transportation, sex offender information, etc. Please keep us informed of any changes.**

TRANSPORTATION OFFICE USE ONLY:

AM Bus # / Driver:		PM Bus # / Driver:	
Parent Notified:	Driver Notified:	School Notified:	



Forrestville Valley School District #221

Skyward Family Access Sign-Up 2017-18

By Signing and returning this form, you are authorizing Forrestville Valley School District #221 to provide you with one login and password for all your children in FVSD #221.

Parent/Guardian Name (please print): _____

Email Address: _____

You will receive your login and password by email.

Student Name (print)	Grade	School

**Please return this form to your child's school secretary.
Login and password information will not be communicated by phone.**

I agree to keep my user name and password confidential. I will notify my child's school secretary immediately if I become aware that anyone else has accessed my password. Any misuse of this system will result in me being permanently restricted from future use.

Parent/Guardian Signature

Date



Forrestville Valley School District #221

Fee Waiver Form

2017-18

(IF APPLICABLE)

All registration must include payment of fees for students to be considered enrolled. Any parent/family applying for a fee waiver for **INSTRUCTIONAL FEES ONLY** (K-5 — \$110; 6-12 — \$135) must complete the following information. All other fees, including fees for electives, are due at time of registration & are not subject to the Fee Waiver process.

PARENT'S NAME: _____ DATE SUBMITTED: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____

I request a FULL waiver of **INSTRUCTIONAL FEES** for the following reason:

_____ AFDC Number: _____

_____ Food Stamps Number: _____

_____ Foster Child

_____ Other (please explain): _____

LIST ALL STUDENTS ATTENDING FORRESTVILLE VALLEY SCHOOLS

STUDENT'S NAME	SCHOOL	TOTAL FEES
TOTAL AMOUNT OWED:		

Parent/Guardian Signature & Date

Superintendent Signature & Date