

**Pleasantdale District 107 Elementary School
2009-2010 New Student Registration Packet
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Don't forget! There are grade-specific medical forms in addition to these.

If you have any questions about the forms, please call the school office:

Elementary: 708-246-4700

Middle: 708-246-3210

Pleasantdale School District 107

7450 S. WOLF ROAD
BURR RIDGE, IL 60527

STUDENT REGISTRATION FORM

GRADE ENTERING: _____

STUDENT'S NAME: _____
(Last) (First) (Middle)

STUDENT'S ADDRESS: _____
(Street) (City) (Zip Code)

PHONE: () _____ NICKNAME: _____ SEX: _____ M _____ F
Unlisted: YES OR NO (circle one)

BIRTHPLACE: _____ DATE OF BIRTH: _____
(City/County - State)

Was English the first language your child learned? _____ YES _____ NO
If no, what language(s) is spoken? _____

What is the ethnic background of the student? **Please circle one:**
White Black American Indian/Alaskan Native Asian/Pacific Islander Hispanic Multi-Racial

List any special services such as Speech, Resource, Chapter 1, Gifted, or any other your child may have received:

OTHER MEMBERS IN HOUSEHOLD other than parent or guardian:

<u>Name (First and Last):</u>	<u>Relationship to Student:</u>
_____	_____
_____	_____
_____	_____

FATHER'S NAME: _____ WORK PHONE: () _____
Circle One: Married Divorced Single

MOTHER'S NAME: _____ WORK PHONE: () _____
Circle One: Married Divorced Single

GUARDIAN/STEP-PARENT: _____
(Name) (Address) (Phone)

PARENT SIGNATURE _____ DATE _____

Pleasantdale School District 107

2009-10 Registration Fee Form

(Please list all students in family on one form - check made payable to Pleasantdale School District 107)

Fees	Student's Last Name	Student's First Name	Grade	Student Fee	Milk Fee (Optional)	Total
Milk \$30						
K - \$20						
Gr. 1-4 \$35						
Gr. 5 \$65						
Gr. 6 \$45						
Gr. 7 \$65						
Gr. 8 \$80	GRAND TOTAL					

Please return to school with student or mail to school by Friday, May 15, 2009.

Thank you for your cooperation!

Questions can be directed to:

Elementary 708-246-4700

Middle 708-246-3210

Pleasantdale School District 107

Enrollment and Residency Form

Student Name _____ Grade _____

District Address _____

The parent or legal guardian of each new student must submit the following **original** documents to enroll in Pleasantdale School District 107:

- _____ Child's original birth certificate
- _____ Original custody papers in the case of divorce or guardianship
- _____ Current physical
- _____ "Student Transfer Form" (if transferring from an Illinois public school)
- _____ Original proofs of residency listing the name and address- one from each column:

Column A

- ___ Driver's license
- ___ Cable or satellite bill
- ___ Land line phone bill (not cellular)
- ___ Public aid card
- ___ Voter registration card

Column B

- ___ Gas utility bill
- ___ Electricity bill
- ___ Tax bill
- ___ Water bill

Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered will be dropped from the attendance rolls immediately. Parents or guardians making a fraudulent registration will be subject to the payment of retroactive tuition charged for nonresident students.

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

Signature of Parent/Guardian

Date

Relationship to Child: _____

Telephone _____

For District Use Only

Residency Verified by District Office: _____
By Map _____
By Tax Rolls _____
By _____

Verified by _____ Date _____

Superintendent's Signature _____ Date _____

Forwarded to District office on _____ by _____ **Required documents attached**
Date Office Personnel

Emergency Information

Please Print

PUPIL _____ DATE OF BIRTH _____
Last name First MI Month/Day/Year

GRADE _____ ADVISOR _____ BUS RIDER YES _____ NO _____

ADDRESS _____ HOME PHONE _____
Street Town ZIP Area Code - Number

STUDENT RESIDES WITH : Mother _____ Father _____ Both _____ Other _____

MOTHER/GUARDIAN _____

Address _____ Home Phone _____
Street Town ZIP Area Code - Number

Place of Business _____ Work Phone _____
Area Code - Number

Cell Phone _____ Beeper _____ E-Mail _____
Area Code - Number Area Code- Number

Name of Other Adult in Household _____ Relationship to Child _____

FATHER/GUARDIAN _____

Address _____ Home Phone _____
Street Town ZIP Area Code - Number

Place of Business _____ Work Phone _____
Area Code - Number

Cell Phone _____ Beeper _____ E-Mail _____
Area Code - Number Area Code - Number

Name of Other Adult in Household _____ Relationship to Child _____

List Two Responsible Adults who will assume responsibility for your child if you cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Health Information or Chronic Health Conditions of Student _____

Allergies _____ Medications _____

Glasses _____ Contact Lenses _____ Prosthetics _____

School Authorities have our consent to act in an emergency, in securing the necessary transportation and aid for the preservation of our child's health . If school officials deem medical care to be immediately necessary, the child may be taken to La Grange Memorial Hospital. We, as parents or guardians, agree to assume all responsibility and expense, including transportation costs, incurred while handling emergency care.

Administration of all medications at school , including over the counter drugs, requires both a doctor's order and parent consent. Medicines must be sent in the original container labeled with name and instructions. No student will be allowed to carry any medication on them at any time.

SIGNATURE OF PARENT _____ DATE _____

Pleasantdale School District 107

Elementary School Phone :708-246-4700
Elementary School Fax :708-246-4625

Middle School Phone:708-246-3210
Middle School Fax: 708-352-0092

MEDICAL REGISTRATION PACKET

Dear Parent/Guardian,

We have created this form to guide you with the registration process. The medical forms that are required for each grade are listed below. In order to help you identify each medical form, the letter "M" with a "number" is at the top right corner. On the "State of Illinois" forms (physical and dental), we have included their identifying logos, located on the top right or left corners. All forms are required by the 1st day of school but in order to process all the forms, we ask you to please send them in as soon as you get them done and please keep copies for your records.

ALL STUDENTS are required to turn in a school medication authorization form (M1), it has 3 medication sections: "Prescription", "Over the Counter", and the "Asthma Inhaler" section.

The "Sports Physical" form (M2) is required for any 7th, 8th graders who are participating in any after school competitive sports and 5th graders competing in cross country only.)

Find your child's grade and below are listed the required forms:

Due by the 1st day of school (may turn in forms during the summer)

Preschool 3-4-year old

- Current Illinois Certificate of child health examination form (DHS Logo)
- Medication authorization form (M1)

Kindergarten

- Current Illinois certificate of child health examination form (DHS Logo)
- Dental Exam form (State seal logo)
- Medication Authorization form (M1)
- Vision Examination form

1st Grade

- Medication Authorization form (M1)

2nd Grade

- Dental Exam form (State seal logo)
- Medication Authorization form (M1)

3rd & 4th grade

- Medication Authorization form (M1)

5th grade

- Medical Authorization form (M1) This form is also used for Outdoor Education Trip
- Sports physical exam form required before 1st practice for **cross country ONLY** (5th graders can only do cross country) (M2)

6th grade

- Current Illinois certificate of child health examination form (DHS Logo) (sports physical is already included on exam sheet)
- Dental exam form (state seal logo)
- Medical Authorization form (M1)

7th grade

- Sports physical exam form required before 1st tryout for boys/girls basketball, volleyball, softball, soccer, cross country, cheerleading (M2)
- Medical Authorization form (M1)

8th grade

- Sports physical exam form required before 1st tryout for boys/girls basketball, volleyball, softball, soccer, cross country, cheerleading (M2)
- Medical Authorization form (M1) This form is also used for the 8th grade field trip-Cedar Point in Ohio

New Students/Transferring students

- if transferring from Illinois have records forwarded or new certificate of child health examination (DHS Logo) **within 15 days of enrollment**
- New student transferring from another state must have a Illinois certificate of child's health (DHS Logo) **within 15 days**
- Check your child's grade for required forms (above)

All grades are required to turn in a Medication Authorization sheet (M1) for each child.

Physician signature required for **all forms**, and especially for **any** over the counter medications.

Dentist signature required for dental exam form.

Students with **Asthma(inhaler)** should use medical form (M3)

Students needing Emergency Plans (M4) examples Diabetic, Epilepsy, Epipen (allergic reactions) These are available on our website

THE ONLY EXCEPTION IS WHEN YOU HAVE "CHECKED" THE BOX INDICATING YOU DO NOT WANT ANY MEDICATIONS GIVEN DURING SCHOOL HOURS - THEN A PARENT SIGNATURE ONLY IS NEEDED.

PLEASANTDALE SCHOOL DISTRICT 107 (M1)

7450 S. Wolf Road
Burr Ridge, IL. 60527

Elementary School Phone: 708-246-4700
Elementary School Fax: 708-246-4625

Middle School Phone: 708-246-3210
Middle School Fax: 708-352-0092

Required All Grades

**SCHOOL MEDICATION AUTHORIZATION FORM &
Overnight field trips: 5th grade Outdoor Education (overnight) or 8th grade Overnight trip**

STUDENT'S NAME: _____ GRADE: _____ DATE: _____

HOME PHONE: _____ EMERGENCY PHONE: _____ BIRTHDATE: _____

PHYSICIAN NAME AND PHONE: _____

ALLERGIES _____ DIAGNOSIS _____

LIST DAILY MEDICATIONS _____

TO BE COMPLETED BY STUDENT'S PHYSICIAN: all sections

PRESCRIPTION MEDICATION, Dosage and Frequency, Physician Signature _____ M.D. Initials _____ required

1. _____
2. _____
3. _____
4. _____

Dr. (please check box if you approve) that when you prescribe any prescription medications throughout the school year, we(nurse) are able to administer one dose during school hours **MUST INITIAL ABOVE**

"OVER THE COUNTER" Medications approved for student (please checkmark each type for approval): **Physician Signature required**

- Acetaminophen (Tylenol) Ibuprofen (Advil, Motrin) Anti Diarrhea Anti-itch (Calamine) Antacids (Tums) Advil /Tylenol Cold +Sinus
- Anbesol Benadryl allergy tabs/(Spray for reaction) Cough drops Cold medication Cough suppressant Chloraseptic(Sore Throat Spray)
- Contact solution Rewetting drops(contacts) Eye Drops (Visine reg. or allergy) Expectorant Nasal Spray Excedrin Decongestant

Other _____

I do not want any medications given to my child during school hours. I understand by checking this space that I am willing to come to school to administer medications as needed.

Note - unless specified, dosage will be administered as per directions on medicine container

I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize Pleasantdale School District 107 and its employees and agents, in my behalf, to administer or to attempt to administer to my child(or to allow my child to self-administer, while under the supervision of the employees and agents of the District), lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a registered nurse and specifically consent to such practices.** I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts of said medication.

PARENT SIGNATURE (REQUIRED) _____ **Date:** _____

PHYSICIAN SIGNATURE (REQUIRED) _____ **Date:** _____

Pleasantdale School District 107

Acceptable Use Policy for Students

Acceptable Use Policy for the Internet

School District 107 believes that the Internet offers resources and opportunities for learning and preparing our students for the future. The educational purpose of the Internet is to assist with gathering and exchanging of information. Using the Internet effectively will enrich the classroom experience. Students will be locating information, researching problems and developing solutions using the Internet.

Fair Use

All use of materials in District 107 must honor and abide by the Fair Use Guidelines for Educational Multimedia. These guidelines may be reviewed at:

<http://www.utsystem.edu/OGC/IntellectualProperty/ccmcguid.htm>

Privilege

The use of the Internet is a privilege, not a right, and inappropriate use may lead to access privileges being revoked, school disciplinary action, and/or appropriate legal action. Based upon the guidelines in this policy, the staff will deem what is inappropriate use.

Netiquette

The use of the Internet must be in support of and consistent with the mission and educational objectives of the district and the generally accepted rule of network etiquette, "netiquette". These include, but are not limited to the following:

- Be polite.
- Use appropriate language.
- Use time efficiently and plan ahead.
- Keep personal name addresses and phone numbers confidential.
- Treat all communication and information accessible via the Internet as private property.
- Downloading from the Internet is not permitted without teacher permission.
- Use the network to access, send, and receive data that is free of racist, sexist, inflammatory, abusive, obscene, vulgar, threatening or in any way inconsistent with the school's code of conduct.
- Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes but is not limited to illegal activities, copyrighted material, threatening or obscene materials or material protected by trade secret. Messages relating to, or in support of, inappropriate activities will be reported to the relevant authorities.

Security

Security on any computer system is a high priority. Only authorized accounts may be used. Any attempt to log onto the District's system as another user or using a private account will result in disciplinary action as described in the privilege section. Computer accounts, passwords and other types of authorization that are assigned to individual users will not be shared with others in order to maintain confidentiality.

Password guidelines include:

- Students may not give passwords to anyone or allow anyone else to access their account.
- Students may not use anyone else's password.
- Students are responsible for all activity relating to their account.

Email and Social Networking

- No student personal email accounts may be granted.
- Students may not use personal email at school.
- Students are not allowed to individually access chat rooms, bulletin boards, podcasts, instant messaging etc.
- Students are not allowed to access social networking sites.

Classroom Technology Use

- Students may use classroom technological resources only with the permission of the classroom teacher.
- No personal software may be installed.

Vandalism

Vandalism is defined as any malicious attempt to harm or destroy any part of the network, hardware and software including the data of any other user. Vandalism will result in disciplinary action as described in the privilege section.

Responsibilities

Effective use of the Internet becomes a joint commitment for all users. The following list reflects shared responsibilities.

The District will:

Ensure that each district computer with Internet access shall have a filtering device that blocks entry to visual depictions that are (1) obscene (2) pornographic, or (3) harmful or inappropriate for students, as defined by the Children's Internet Protection Act and as determined by the Superintendent or designee. The Superintendent or designee shall enforce the use of such filtering devices. An administrator, supervisor, or other authorized person may disable the filtering device for bona fide research or other lawful purposes provided the person receives prior permission from the Superintendent or system administrator. The Superintendent or designee shall include measures in this policy's implementation plan to address the following:

- Prohibiting student access to inappropriate matter as well as restricting access to harmful materials;
- Assuring student safety and security through direct supervision;
- Prohibiting unauthorized access, including "hacking" and other unlawful activities; and
- Prohibiting unauthorized disclosure, use and dissemination of personal identification information.

Parents/Guardians will:

- Read and abide by the terms and conditions stated in the Acceptable Use Policy.
- Talk to their children about setting up family guidelines for using the Internet
- Accept full responsibility for supervision of students' use of the Internet while not in school.
- Monitor materials generated at home to determine appropriateness for the school setting.

Students will:

- Read and abide by the terms and conditions stated in the Acceptable Use Policy.
- Report any incident or information that violates this policy.

Application for Internet Use:

All District 107 students who use the Internet must complete the following form. Both students and their parent/guardian **MUST** sign and return this completed form.

Student Contract For Internet Use:

I have read the Acceptable Use Policy and will abide by the terms and conditions stated. I further understand that any violation may lead to my access privileges being revoked, school disciplinary action, and/or appropriate legal action.

Student Name (please print): _____

Grade in 2009-10: _____

Student Signature: _____

Date: _____

Parent or Guardian:

As the parent or guardian of this student, I have read the terms and conditions stated in the acceptable use policy. I recognize it is impossible for District 107 to restrict access to all controversial materials and I will not hold District 107 or its employees responsible for materials acquired on the Internet. Further, I accept full responsibility for supervision of my students' use of the Internet while not in school. I hereby give my permission for my child to use the Internet at school.

Parent or Guardian Name (please print): _____

Signature: _____

Date: _____

Daytime Phone: _____

Evening Phone: _____

Pleasantdale School District 107

7450 S. WOLF ROAD
BURR RIDGE, IL 60527

STUDENT TEXTBOOK LOAN REQUEST

Under Public Act 79-961, the State of Illinois has helped local school districts underwrite the cost of providing textbooks for elementary school students. Under this “free loan” public act, Pleasantdale School has been able to request and receive a sizable number of textbooks at no expense to the District.

In order to submit the District’s application to the state, it is necessary to have a signed request form on file. Because the advantages to the District and to your child, we ask that you sign this form.

In accordance with Section 2-3.54 of the School Code of Illinois we ask parents to sign below also indicating their request for the loan of mathematics/science equipment and instructional materials.

REQUEST

I hereby request the loan of secular textbooks in accordance with Public Act 70-961 of 1975.

I hereby request the loan of mathematics/science equipment and instructional materials in accordance with Section 2-3.54 of The School Code of Illinois.

I understand these requests will remain valid as long as my child is enrolled in Pleasantdale School and that I may withdraw these requests at any time.

Name of student (**please print**)

Date

Grade

Signature of Parent/Guardian: _____

Pleasantdale School District 107

Weapons Rule and Consequences

Directions to Parents/Guardians:

In accordance with state and federal law, School District 107 adopted a no-tolerance weapons policy (7.190) that is strictly enforced. Please read these rules and consequences to your children and discuss their importance. Then sign this form together to assure compliance. The form will be kept on file and renewed on a yearly basis.

The Rule:

No weapons of any kind, or replicas of weapons, are allowed on school grounds, school buses or at school activities.

What are Weapons?

Weapons include any type of gun, knife (including pocket knives), martial arts material or sling shot.

Weapons also include any type of object that can be used in a fight.

What are the Consequences?

The consequence for breaking this rule will be suspension from school (for up to 10 days) or expulsion from school (for up to 2 years). The Board of Education will determine which consequence is deserved.

Understanding:

I understand the Pleasantdale Weapons Rule and also understand that I can be suspended or expelled if I violate it.

Student's Name (please print): _____

Student's Signature: _____

2009-10 Grade: _____

Parent/Guardian(s) (please print): _____

Parent/Guardian(s) Signature: _____

Date: _____

Pleasantdale School District 107

7450 S. WOLF ROAD
BURR RIDGE, IL 60527

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 students that 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 _____ Grade _____

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

No _____

Yes _____

If you checked "Yes", what language? _____

2. Is your child fluent in a language other than English?

No _____

Yes _____

If you checked "Yes", what language? _____

Signed _____
Parent/Guardian

Date _____

Pleasantdale School District 107

7450 S. WOLF ROAD
BURR RIDGE, IL 60527

PARENTAL RELEASE

Mail To:

Name and address of previous school

Student's Name _____

Parent's Name _____

Date of Birth _____

Phone _____

Student's Last Day _____

Fax _____

Student's Grade Level _____

Residence Before Transfer:

New Residence:

I, _____ hereby authorize _____
(Parent or Guardian) (Person or Agency)

_____ to release any and all : Student Cumulative
Records, Medical Records, Special Education Records, and Psychological Records pertaining to
my child to:

Pleasantdale Elementary School
8100 School Street
LaGrange, IL 60525
Attn: Penny Defenbaugh

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

Office Use Only: Education Records Mailed _____ Yes Date _____
Special Ed Records Mailed _____ Yes Date _____

Is My Child Sick Enough To Stay Home?

A difficult decision must be made by parents of school-age children when a child complains of not feeling well on a school day. The parent must decide whether the child stays home or goes to school. What is a parent to do? How can you be sure that you make the right choice. You don't want to keep the child home if he/she really isn't sick, but you also don't want to send a sick child to school. This information is not intended as medical advice, but can be used as guidelines to be followed until your doctor can be contacted for his/her opinion.



Fever

A fever indicates that there is a problem in the body. The best way to check for fever is with a thermometer, which every home should have. No child with a temperature over 100 degrees should be sent to school. If a thermometer is not available, check the child's forehead with the back of the hand. If it is hot, keep the child home and have the child's temperature taken with a thermometer. A child must not return to school until he/she has been fever free for 24 hours.

Cold, Sore Throat, or Cough

The common cold is a frequent malady in children. A child very congested with a hacking cough belongs home in bed, even without a fever. A child with a sore throat, but no other symptoms, may go to school. If however, white spots are on the throat or a temperature is present, the doctor should be contacted.

Rash

A rash may be the first symptom of a childhood illness, such as 5th's disease or chicken pox. A rash, or "spots" may cover all of the body or may only be in one area. Do not send your child to school with a rash, unless your doctor has determined that it is not contagious.

Stomach Ache, Vomiting, or Diarrhea

In general complaining of only a stomach ache, without other symptoms is not reason in itself to keep a child home from school. If vomiting or diarrhea occurs, the child should stay home. The child may return to school after the vomiting or diarrhea has stopped for 24 hours. If any of these symptoms do not improve, worsen or consistently reoccur, your doctor should be notified.

Pain



Toothache-Notify your dentist

Earache-May seek physician advice

Headache-A headache as the only symptom is not reason for a child to stay home. If the headache consistently reoccurs, a reason should be sought, such as the need for glasses.

Children need to be in school for learning to occur, but at the same time they cannot learn if they are ill. Unnecessary absence from school may affect a student's attitude, work habits, and progress. Use this information as a guide. A call to the school nurse is another resource that can be utilized to help you decide.

Should I send my child to school?

Keep in mind **sick** children belong at home and **well** children belong in school.