

**Pleasantdale District 107 Elementary School
2011-2012 Kindergarten Registration Packet
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If you have any questions about the forms, please call the school office: 708-246-4700

Extended Day Kindergarten
\$300 Non-Refundable Deposit
Check # _____ Cash _____

Half Day

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

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) Ibufrofen (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:



**STATE OF ILLINOIS
DEPARTMENT OF HUMAN SERVICES
CERTIFICATE OF CHILD HEALTH EXAMINATION**

Please Print

Student's Name			Birth Date			Sex	School			Grade Level /ID#		
Last	First		Middle		Month/Day/ Year							

Address				Parent/ Guardian		Telephone #			Work		
Street	City		ZIP code				Home				

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			2			3			4			5			6			
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																			
Diphtheria and Tetanus (Pediatric DT or Td)																			
Inactivated Polio (IPV)																			
Oral Polio (OPV)																			
Haemophilus influenzae type b (Hib)																			
Hepatitis B (HB)																			
Varicella (Chickenpox)																			Comments
Combined Measles, Mumps and Rubella (MMR)																			
Measles (Rubeola)																			
Rubella (3-day measles)																			
Mumps																			
Pneumococcal (not required for school entry)	<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			
Check specific type (PCV7, PPV23)																			
Other (Specify hepatitis A, meningococcal, etc.)																			

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.

Signature	Title	Date
Signature (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title	Date
Signature (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	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 report, if available.)

VISION AND HEARING SCREENING DATA

Pre-school – annually beginning at age 3; School age – during school year at required grade levels														
Date														
Age/Grade	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Vision														
Hearing														

Code:
P = Pass
F = Fail
U = Unable to test
R = Referred
G/C = Glasses/Contacts

Printed by Authority of the State of Illinois
(Complete Both Sides)

Student's Name	Birth Date	Sex	School	Grade Level/ ID #
Last First Middle	Month/Day/ Year			

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? Child wakes during the night coughing	Yes Yes	No No	Indicate Severity	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No
Birth defects?	Yes	No		Hospitalizations? When? What for?	Yes No
Developmental delay?	Yes	No		Surgery? (List all.) When? What for?	Yes No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		Serious injury or illness?	Yes No
Diabetes?	Yes	No		TB skin test positive (past/present)?	Yes* No
Head injury/Concussion/Passed out?	Yes	No		TB disease (past or present)?	Yes* No
Seizures? What are they like?	Yes	No		Tobacco use (type, frequency)?	Yes No
Heart problem/Shortness of breath?	Yes	No		Alcohol/Drug use?	Yes No
Heart murmur/High blood pressure?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes No
Dizziness or chest pain with exercise?	Yes	No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other	
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)				Other concerns?	
Ear/Hearing problems?	Yes	No		Information may be shared with appropriate personnel for health and educational purposes.	
Bone/Joint problem/injury/scoliosis?	Yes	No		Parent/Guardian Signature	Date

Entire section below to be completed by MD/DO/APN/PA (*INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)

PHYSICAL EXAMINATION REQUIREMENTS	HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				
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 Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date Blood Test Result (Blood test required in Chicago and other high risk zip codes.)				
TB SKIN TEST Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. Date Read / / Result mm				
LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES	Date	Results	Date	Results
Hemoglobin * or Hematocrit *				Sickle Cell * (as indicated)
Urinalysis				Other
SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>		Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/> Result _____ Referred to Ophthalmologist/Optometrist Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal examination	
Cardiovascular/HTN			Nutritional status	
Respiratory			Mental Health	
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: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>		INTERSCHOLASTIC SPORTS (for one year) Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>		
Physician/Advanced Practice Nurse/Physician Assistant performing examination				
Print Name	Signature			Date
Address	Phone			

(Complete both sides)



State of Illinois Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician who provides complete eye examinations be submitted to the school no later than October 15 of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to October 15 of the year the child enters an Illinois school.

Student Name _____ (Last) _____ (First) _____ (Middle Initial)

Birth Date _____ Sex _____ Grade _____
(Month/Day/Year)

Parent or Guardian _____ (Last) _____ (First)

Phone _____ (Area Code)

Address _____ (Number) _____ (Street) _____ (City) _____ (ZIP Code)

County _____

To Be Completed By Examining Doctor

Case History

Date of Exam _____

Ocular History: Normal or Positive for _____

Medical History: Normal or Positive for _____

Drug Allergies: NKDA or Allergic to _____

Other Information _____

Examination

Refraction:	Distance			Near
	Right	Left	Both	Both
Unaided Visual Acuity	20/	20/	20/	20/
Best Corrected Visual Acuity	20/	20/	20/	20/

Was refraction performed with cycloplegic agents? Yes No

	Normal	Abnormal	Not Able to Assess	Comments
External Exam (eye and adnexa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal Exam (media, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological Integrity (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular Function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and Vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
IOP (glaucoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Diagnosis

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other _____



State of Illinois Eye Examination Report

Recommendations

1. Corrective Lenses: No Yes, glasses should be worn for:
 Constant Wear Near Vision Far Vision
 May Be Removed for Physical Education

2. Preferential seating recommended: No Yes

Comments _____

3. Recommend re-examination: 3 months 6 months 12 months
 Other _____

4. _____

5. _____

Print name _____
Optometrist or Physician who provides eye examinations

Address _____

Phone _____

Signature _____
Optometrist or Physician who provides eye examinations

Date _____

<p>Consent of Parent or Guardian</p> <p>I agree to release the above information on my child or ward to appropriate school or health authorities.</p> <p>_____</p> <p style="text-align: center;">(Parent or Guardian's Signature)</p> <p>_____</p> <p style="text-align: center;">(Date)</p>
--

(Source: Amended at 32 Ill. Reg. _____, effective _____)

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 ~~the~~ 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 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.

Updated 12/06

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 2008-10: _____

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): _____ **Grade** _____

Student's Signature: _____

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

Parent/Guardian(s) Signature: _____

Date: _____

Requirement of Federal Government

Dear Parent or Guardian:

Each year every school district is required to report student data by race and ethnicity categories that are set by the federal government. The district has been informed that the Department of Education does not report individual student data to the federal government, but does report the total number of students in various categories in each school.

Please mail or return this form to your child's school. Thank you for completing this form per federal requirements.

Name: _____ GRADE: _____

INSTRUCTIONS: This form is to be filled out and **both questions must be answered.** Part A asks about ethnicity and Part B asks about race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Are you 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 your race to be.

Part B. What is your 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.)

Extended Day Kindergarten Option

The extended day program is tuition based; \$3,250 for the year. Payment is divided by each semester. To secure a spot in this program, we will need a \$300, non-refundable deposit. The remaining amount of \$1,475 will be due by June 1 and a bill will be sent in November for the second semester payment of \$1,475. If you have any questions regarding the tuition, please contact the office at 708-246-4700.

How To Help Your Child Become A Good Listener

1. Request that your child looks at your eyes or your face when you are talking to them.
2. Require a response.

Example:

A nod

“yes”

“OK”

Or repeats what you have asked

3. Follow through to see that the request was accomplished.

NOTE: A 5-year-old should be able to follow three consecutive directions without asking for a repeat.

Example: Go to the box and get a sheet of paper, put your name on the paper and



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.

Mark your Calendar!

Kindergarten Visitation Day

April 13, 2011

10:00 – 11:00

All future kindergarten students are welcome to attend a one-hour session with our current kindergarten students and teachers. The children attend the session without a parent. During this kindergarten experience the children will:

- Pair with a kindergartener
- Listen to a story
- Share a snack- Please advise us of any food allergies.
- Engage in an activity
- Ride a school bus

Parents may stay and visit with Mr. Vandercar, our principal, and have the opportunity to ask questions or must return by 11:00 a.m.

At 11:00 you and your child will have the opportunity to experience a ride on one of our school busses. All children must be accompanied by an adult.

We look forward to seeing you soon.

