

Pleasantdale School District 107

Administrative Office • 7450 S. Wolf Road • Burr Ridge, IL 60527
(708) 784-2013 • Fax: (708) 246-0161 • www.d107.org
Dr. Mark Fredisdorf, Superintendent

Registration Packet for 2011-12

May 20, 2011

Dear Parents/Guardians:

Your registration packet is being sent to you now so that necessary paperwork is completed prior to the end of the school year. Enclosed please find the following:

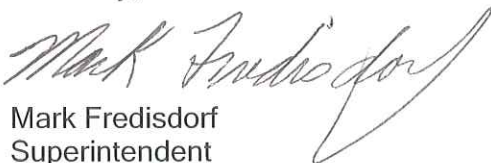
- Information Brochure/Material and Milk Fee Form
- Acceptable Use Policy for Students and Parents (K-8)
- Weapons Policy Form (K-8)
- School Medical/Dental Registration Packet (K-8 as applicable)
- Elementary/Middle School Supply List
- P.E. Uniform Order Form (5-8)

Completed forms and fee(s) may be mailed to Pleasantdale School District 107, 7450 S. Wolf Road, Burr Ridge, IL 60527 or placed in the drop-off boxes located in the offices of each school between the hours of 8 a.m. - 4 p.m., Monday through Friday. There is a new option to pay fees and tuition with your credit card online. Go to the District's website, www.d107.org. Under the administration tab, scroll down to registration. Click on registration. On the registration page, click on the **E-Pay icon**.

The Board of Education eliminated registration fees beginning 2011-12. The material fees are for P.E. locks, calculators and graduation fees. These fees are charged in grades 5, 7 and 8 only. **Please note that if you would like your child to receive milk next year, you must fill out the form and include payment.**

Thank you for taking the time to complete and return registration materials by Friday, June 3, 2011.

Sincerely,


Mark Fredisdorf
Superintendent

MF/es
Encl.



Please Note:

Material and Milk Fee Payment Deadline: Friday, June 3, 2011

Please mail the documents to Pleasantdale School District 107, 7450 S. Wolf Road, Burr Ridge, IL 60527, or place in the drop box located in the offices of each school between the hours of 8 a.m. - 4 p.m. Monday-Friday.

Medical/Dental Information may be submitted throughout the summer, but must be received by the first day of school, August 25.

Mission

Ensure that each student is a passionate learner empowered with the academic and social skills to responsibly choose and excel in life pursuits.

2011-12 School Opening Information

Hours for First Day of School: Thursday, August 25, 2011

- Kindergarten 8:55 am - Noon
- Grades K-4 8:55 am - Noon
- Grades 5-8 8:20 am - Noon

School Hours Beginning Friday, August 26, 2011

- AM Kindergarten 8:55 am - 11:40 am
- Extended-day Kindergarten 8:55 am - 3:20 pm
- Grades 1-4 8:55 am - 3:20 pm
- Grades 5-8 8:20 am - 3:22 pm

Registration Check List 2011-12

Return all registration forms that apply to your child/children by Friday, June 3!

- Material and Milk Fee Form
- Weapons Policy Form (K-8) *(Required Annually)*
- Acceptable Use Policy for Students and Parents (K-8) *(Required Annually)*
- School Medical/Dental Registration Packet (K-8) *(If Applicable)*
- PE Uniform Order and Separate Check Payable to **Pleasantdale Middle School** or use **E-Pay located on our website** (Gr. 5-8) *(If Applicable)*

* The Parental Denial Form for Videotaping, Photographing, Recording, Publishing and Displaying of Student Work (K-8) is available in school offices or at www.d107.org. The form is only necessary if you ***do not*** wish your child to participate.

Additional Information You Should Know

Acceptable Use Policy for Students and Parents:

Students and parents in all grades are required to complete the Acceptable Use Policy on an annual basis.

Weapons Policy:

In accordance with State and Federal laws, weapons of any kind are not permitted on school grounds, in school buildings, on buses, or at any school-sponsored event. District 107 is vigilant in its enforcement of these laws. On an annual basis, we require the enclosed Weapons Policy Form be read and discussed with your children and then signed as an indication that all are aware of the rules and consequences.

Medical/Dental Information Packet

See Medical/Dental Registration Packet for the required exams and immunizations.

Athletics:

All students in grades K-8 participate in physical education class. Shoes for PE must be non-scuff gym shoes. Uniforms are required in grades 5-8 (uniform order form enclosed). Any 5-8th grade student participating in interscholastic athletics must present a complete sports physical each year (see medical information packet).

Parental Denial Form for Videotaping, Photographing, Recording, Publishing and Displaying of Student Work:

If you do not want your child to participate in videotaping, photographs, recordings, or displaying/publishing of student work, please contact the school office to obtain the form denying consent. The form may also be found on our website at www.d107.org.

ITEMS THAT WILL BE AVAILABLE IN AUGUST:

Bus Schedules/Transportation

Buses will be in operation for all K-8 students beginning on August 25, 2011. Bus schedules will be available in August. **PLEASE NOTE: CAMERAS ARE INSTALLED ON ALL DISTRICT 107 BUSES**

Hot Lunch Program and Free/Reduced Hot Lunch Applications:

Hot lunches will be served beginning on the first full day of school (August 26). The free and reduced hot lunch application forms will be available in August. *Eligible* families are requested to complete the Free/Reduced Hot Lunch Application and return it to the District office.

School Calendar:

The school calendar will be mailed to your home in August. Please refer to this calendar for information regarding holidays, school breaks, teacher institutes and special events.

Voluntary Student Insurance:

Student insurance information is available by contacting the Business Office, 708-784-2013.

PESTICIDE NOTIFICATION

Section 10.3 of the Structural Pest Control Act (225 ILCS 235) require schools to notify parents and guardians of students and employees prior to the use of pesticides in schools. ALL parents and guardians of students and employees will be provided with a written notification at least two business days before the application of pesticides. If you have any questions about the information and procedures you may contact Catherine Chang, Business Manager at (708) 784-2172.

Pleasantdale School District 107

2011-12 Material and Milk Fee Form

Please list all students in family on one form. Make checks payable to Pleasantdale School District 107 or pay tuition and fees with your credit card online. For online payment, go to the District's website, www.d107.org. Under the administration tab, scroll down to registration. Click on registration. On the registration page, click on the **E-Pay icon**.

Fees	Student's Last Name	Student's First Name	Grade	Material Fee	Milk Fee (Optional)	Total
Milk \$40						
Gr. 5 \$20 - PE Lock & Calculator						
Gr. 7 \$15 - Calculator						
Gr. 8 \$30 - Graduation						
GRAND TOTAL						

Please return to school with student or mail to school by Friday, June 3, 2011.
Thank you for your cooperation!

Direct questions to: Elementary 708-246-4700 Middle 708-246-3210
--

Pleasantdale School District 107
Acceptable Use Policy for Students and Parents

Acceptable Use Policy for the District's Electronic Network

School District 107 believes that the District's Electronic Network (its computers, its local and/or wide area network, and access to the Internet through its computers or local and/or wide area network) offers resources and opportunities for learning and preparing our students for the future. The educational purpose of the District's Electronic Network is to assist with the gathering and exchanging of information related to District curriculum and educational programs and activities. Using the District's Electronic Network effectively enriches the classroom experience.

Copyright and Fair Use

All use of materials in District 107 must honor and abide by the Copyright and 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 District's Electronic Network is a privilege, not a right, and inappropriate use may lead to access privileges being revoked, school disciplinary action, and/or appropriate legal action.

Inappropriate Use

Based upon the Netiquette guidelines in this policy, the staff will deem what is inappropriate use.

Netiquette

The use of the District's Electronic Network 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, phone numbers, and other personal identifying information confidential.
- Treat all communication and information accessible via the District's Electronic Network as private property.
- Do not download from the District's Electronic Network without teacher permission.
- Do not access or send data that is racist, sexist, inflammatory, abusive, obscene, vulgar, threatening or in any way inconsistent with the District's code of conduct, and report it promptly if you receive such data.
- Do not access, use, or possess any material that constitutes or furthers academic fraud, plagiarism, or forgery.
- Transmission of any material in violation of any U.S. or State law or 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 and may result in discipline, up to and including expulsion.

Security

Security on any computer system is a high priority. Only authorized accounts may be used. Any attempt to log onto the District's Electronic Network 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 Guidelines

- Students are not allowed to reveal identifiable information or establish relationships on the District's Electronic Network unless a teacher has coordinated the communication.
- The District will not create personal email accounts for students.
- Students may not use personal email at school.
- Students are not allowed to individually access social networking sites, chat rooms, bulletin boards, podcasts, instant messaging, etc., without permission from and monitoring by school staff.
- Students are not allowed to make audio or video recordings of another student or staff member without his or her permission.

Off Campus Email and Social Networking Guidelines

Social networking sites include but are not limited to MySpace, FaceBook, and Xanga. Users of such sites have little control over the content that "friends" post on their site because these sites are in the public domain. With this in mind, no student or parent shall create or maintain a public electronic presence that in any way links to or publicizes Pleasantdale School District 107.

The following guidelines apply:

- Pleasantdale families/students may not use District information such as logos, official seals, or photographs.
- Pleasantdale families/students may not link their personal website to Pleasantdale School District 107 website.
- Pleasantdale families/students may not post inappropriate photographs or content containing any form of Pleasantdale School District 107 identification.
- Pleasantdale families/students may not post inappropriate or harassing content, including blogs or online journaling, linking them in any way to Pleasantdale School District 107.

The District reserves the right to apply disciplinary consequences for computer-related activities conducted off campus if such activity adversely affects or interrupts classroom instruction, District operations, or the safety or well being of students and staff or other members of our community, or constitutes behavior embarrassing to the school. Adults who violate this policy will be reported to the appropriate authorities.

Classroom Technology Use

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

Vandalism

For purposes of this Policy, vandalism is defined as any malicious attempt to harm or destroy any part of the Electronic Network, including the data of any other user. Vandalism will result in disciplinary action as described in the privilege section.

Privacy

Any electronic communications or files created on, stored on, or sent to, from, or via the District's Electronic Network are the property of the District. Consequently, users do not have any expectation of privacy with respect to such communications and files. Use of the District's Electronic Network to create, store, send, receive, view, or access any electronic communication or other file constitutes consent by the user for the District to access and review such files and to turn them over to the appropriate authorities if appropriate.

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 District shall monitor the use of the computer network by students and any other minor users to ensure compliance with this policy and any other terms or conditions of Electronic Network access imposed under administrative regulations.

The Superintendent or designee shall include measures in this policy's implementation plan that:

- Prohibit student access to inappropriate matter as well as restricting access to harmful materials;
- Assure student safety and security through direct supervision;
- Prohibit unauthorized access, including "hacking" and other unlawful activities; and
- Prohibit 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 District's Electronic Network
- 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 District’s Electronic Network and their parent/guardian 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 2011-12: _____

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 District’s Electronic Network. 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 District’s Electronic Network at school.

Parent or Guardian Name (please print): _____

Signature: _____

Date: _____

Daytime Phone: _____

Evening Phone: _____

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: _____

2011-12 Grade: _____

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

Parent/Guardian(s) Signature: _____

Date: _____

Pleasantdale School District 107

Elementary School • 8100 School Street • LaGrange, IL 60525
(708) 246-4700 • Fax: (708) 246-4625 • www.d107.org
Mr. Matt Vandercar, Principal

Dear Parent/Guardian,

This letter is to inform you of the health forms needed for registering your child/children for the 2011/2012 school year. These forms are also available on our school website, www.d107.org (click "administration", scroll to "registration", and scroll to grade.) Here is a list of required forms for Pleasantdale Elementary:

- **Preschool-** Physical Exam required (not required for 4 yr. old preschool if attended Pleasantdale for 3 yr. old preschool)
Medication Authorization Form required (see note below for All Grades)
- **Kindergarten-** Physical Exam required
Dental Exam Form required
Vision Exam Form required
Medication Authorization Form required (see note below for All Grades)
- **2nd Grade -** Dental Exam Form required
Medication Authorization Form required (see note below for All Grades)
- **All Grades –** The Medication Authorization Form is required whether or not your child takes any medication on a daily basis.

Please return required forms to the nurse's office as soon as possible. All forms are due by August 25, 2011 (first day of school). Please keep copies for your records. Please call 708-246-2028 with any questions.

Sincerely,



Lisa Penrod R.N.
Elementary School Nurse

Mission

Ensure that each student is a passionate learner empowered with the academic and social skills to responsibly choose and excel in life pursuits.

Pleasantdale School District 107

Middle School • 7450 S. Wolf Road • Burr Ridge, IL 60527
(708) 246-3210 • Fax: (708) 352-0092 • www.d107.org
Meg Pokorny, Principal • Joni Sherman, Assistant Principal

Dear Parent/Guardian,

This letter is to inform you of the health forms needed for registering your child/children for the 2011/2012 school year. *These forms are also available on our school website, www.d107.org (click "administration", you will see a drop down box and click on "registration", and scroll to your child's grade.)* Here is a list of required forms for Pleasantdale Middle School:

5th Grade – * *Proof of Hepatitis B series vaccination.* Please note: this information should already be in your child's file. The school nurse will contact you if anything is missing.
* *Medication Authorization Form* (see note below under "All Grades")
* *Sports Physical Exam* – only required for 5th graders who wish to participate in Cross Country

6th Grade – * *Physical Exam required (also serves as sports physical exam) due by 1st day of school (may turn in earlier)*
* *Dental Exam required*
* *Medication Authorization Form* (see note below under "All Grades")

7th + 8th Grade – * *Medication Authorization Form* * see note below under "All Grades"
* *Sports Physical Exam* - Required for 7th and 8th grades for any interscholastic sports.

All Grades – Medication Authorization form required whether or not your child takes any medication on a daily basis.

Please return these completed forms to the nurse's office as soon as possible. All forms are due by August 25, 2011 (first day of school). Please keep copies for your records. Please call 708-246-7619 with any questions.

Sincerely,



Denise Rende R.N.
Middle School Nurse

Mission

Ensure that each student is a passionate learner empowered with the academic and social skills to responsibly choose and excel in life pursuits.

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)

**Illinois Department of Public Health
PROOF OF SCHOOL DENTAL EXAMINATION FORM**



To be completed by the parent (please print):

Student's Name: Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address: Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Address (of parent/guardian):		

To be completed by dentist:

Oral Health Status (check all that apply)

Yes No **Dental Sealants Present**

Yes No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

Yes No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

Yes No **Soft Tissue Pathology**

Yes No **Malocclusion**

Treatment Needs (check all that apply)

Urgent Treatment — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

Restorative Care — amalgams, composites, crowns, etc.

Preventive Care — sealants, fluoride treatment, prophylaxis

Other — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date _____

Address _____
Street City ZIP Code

Telephone _____

Illinois Department of Public Health, Division of Oral Health, 535 W. Jefferson St., Springfield, IL 62761
217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.idph.state.il.us



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 _____

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

Signature _____
Optometrist or Physician who provides eye examinations

Date _____

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

SCHOOL MEDICATION AUTHORIZATION FORM

Also for the overnight field trips: 5th grade Outdoor Education or 8th grade Cleveland Tour

Required for all students
PRESCHOOL, K-8TH

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

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

NAME _____ GRADE _____ DOB _____

PRESCRIPTION MEDICATION, Dosage and Frequency, **Physician Signature**

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

"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

ASTHMA/INHALER SECTION Allergic to _____

Medication/Inhaler _____ Dosage _____ q _____ Hours

Neb Treatment- Name/Medication _____ Dosage _____ q _____ Hours

ASTHMA ACTION PLAN Peak flow meter – My Personal Best = _____

***Green Zone** – Breathing is easy, Can play, Work without symptoms* **PEAK Flow Range 80%-100%** of Personal Best
Medication/Nebulizer _____ Dose _____ Freq _____ Hours _____

***Yellow Zone**- Breathing easy, Coughing or Wheeze, Chest tight, SOB, **PEAK Flow Range 50%-80%** of Personal Best
Medication/Nebulizer _____ Dose _____ Freq _____ Hours _____

***Red Zone** Medicine NOT working, Nose open wide to breath, Breathing is hard and fast, Trouble walking and talking, Ribs show
If Symptoms do not get better Call 911 **PEAK Flow Range below 50%**
Medication/Nebulizer _____ Dose _____ Freq _____ Hours _____

EPIPEN EMERGENCY PLAN SECTION Please note: each body system must be filled out

Allergic to:

Medication & Dosage:

Epipen 0.3mg Epipen Jr. 0.15mg Twinject 0.3mg Twinject 0.15mg Benadryl 25mg- 50mg po

Treatment:

- Mouth: Itching, tingling, or swelling of lips, tongue, mouth
- Skin: Hives, itchy rash, swelling of the face or extremities
- Gut: Nausea, abdominal cramps, vomiting, diarrhea
- Throat: Tightening of throat, hoarseness, hacking cough
- Lung: Shortness of breath, repetitive coughing, wheezing
- Heart: Thready pulse, low blood pressure, fainting, pale, blueness
- Other: _____

GIVE
GIVE
GIVE
GIVE
GIVE
GIVE
GIVE

<input type="checkbox"/> EPIEN	<input type="checkbox"/> TWINJECT	<input type="checkbox"/> BENADRYL
<input type="checkbox"/> EPIEN	<input type="checkbox"/> TWINJECT	<input type="checkbox"/> BENADRYL
<input type="checkbox"/> EPIEN	<input type="checkbox"/> TWINJECT	<input type="checkbox"/> BENADRYL
<input type="checkbox"/> EPIEN	<input type="checkbox"/> TWINJECT	<input type="checkbox"/> BENADRYL
<input type="checkbox"/> EPIEN	<input type="checkbox"/> TWINJECT	<input type="checkbox"/> BENADRYL
<input type="checkbox"/> EPIEN	<input type="checkbox"/> TWINJECT	<input type="checkbox"/> BENADRYL
<input type="checkbox"/> EPIEN	<input type="checkbox"/> TWINJECT	<input type="checkbox"/> BENADRYL

If reaction is progressing (several of the above areas affected)

CALL 911, CALL PRINCIPAL, CALL PARENTS

Parent signature below also grants permission for medical release of information to School Nurse to obtain Physician Signature if needed

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.

X

Physician Signature + Date

X

Parent signature + Date

SPORTS PHYSICAL

IN COMPUTER

5th – needed *only* if joining cross country sports

7th + 8th if joining *any interscholastic*

Middle School Phone: 708-246-3210

Middle School Fax: 708-352-0092

Required only: if participating in interscholastic sports

Dear Parents:

Students in 7th and 8th grade are eligible to participate in the interscholastic sports program offered at Pleasantdale School. As well as, **5th grade students participating in Cross Country**. State Board of Education rules require that any child participating in interscholastic sports must receive an annual physical examination prior to participating with the team. Because of the heavy load experienced by most doctors prior to the start of school, below is a combination parent permission and physician's form. Completed forms may be turned in at the school office during the summer or with registration. **Please remember, no child will be eligible to participate in any sport unless the completed form is signed by the parent, and physician, and the form is on file before 1st tryout/practice. A Parent/Guardian signature and PHYSICIAN SIGNATURE is required on this form.**

“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 Excedrin
- Anbesol Benadryl allergy tabs/(Spray for reaction) Cough drops Cold medication Cough suppressant Chloraseptic (Sore Throat Spray) Decongestant
- Contact solution Rewetting drops (contacts) Eye Drops (Visine reg. or allergy) Expectorant Nasal Spray 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 give **(NAME)** permission to participate in interscholastic sports for the 20__ to 20__ school year, and ride a school bus to and from the sports activity. Such sports might include any or all of the following: Basketball, Volleyball, Soccer, Softball, Cross Country or Cheerleading. If for any medical or other reason your child is unable to participate in one or more sport(s), please list the sport and the reason why _____.

TO BE COMPLETED BY PHYSICIAN/APN/PA (Indicating testing mandated for state licensed child care facilities or selected schools and programs)

Evaluation: **Required**

Strongly Recommended

	Normal	Abnormal	Follow-up comments		Date	Results/Normal	Abnormal Result
Height				Hemoglobin* or			
Weight				Hematocrit *			
Skin				Urinalysis			
Eyes				Sickle Cell *as needed			
Ears				Nutritional Status			
Nose				Gastrointestinal			
Throat				Genito-urinary			
Mouth/Dental				Neurological			
Cardiovascular/HTN				Muscular Skeletal			
Respiratory				Scoliosis Screening			
Allergies (food, drug, insect)				Medication (list all prescribed or taken on a regular basis)			
Needs/Modifications required in the school setting				Dietary			
Special Instructions/Devices e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic cup							
Lead Questionnaire * Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Blood test indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No Blood test Performed <input type="checkbox"/> Yes <input type="checkbox"/> No							
TB Skin Test Recommended only for children in high-risk group; includes children who are immunosuppressed d/t HIV infection or other countries, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines Date Read / / Results mm.							
Mental Health/Other: Is there anything else that you think the school should know about this student?							
If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal							
EMERGENCY ACTION needed while at school d/t child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:							
On the basis of the examination on this day, I approve this child's participation: (If No or Modified, please attach explanation.)							
Physical Education <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified				Interscholastic Sports (for one year) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited			

X

Physician Signature + Date (required)

X

Parent Signature + date (required)

Pleasantdale Elementary School Supply List
2011 - 2012 School Year

Supply	K	1 st	2 nd	3 rd	4 th
Art box- Large- clasp, if possible (exp. plastic shoe box)				X*	X*
Art box- 11" Long x 7" Wide		X*	X*		
Binder Dividers with 5 colored tabs					X
Binder (White – 1 ½ inch with clear front pockets)				X	X
Clipboard	X		X		
Composition Books (Black & White cover) 9 ¾ x 7 ½ 100 sheets – Wide ruled		X			
Crayons (24 count only)	X	X*	X*	X*	X*
Eraser (soft-pencil)		2*	1*	2*	2*
Expanding file organizer- Vinyl – 8 or more pockets					X
Folder- (for Spanish) solid color- 2 bottom pockets ONLY		Purple	Blue	Red	Red
Folder- solid color with prongs & pockets					1 Vinyl
Folder- horizontal pockets (1 st – 4 th solid color only) Colors requested: red, yellow, green, blue, purple	1	1 of each color Vinyl	1 of each color Vinyl or laminated	4	1
Glue- Elmer's Glue-All - Not "School Glue"	8 oz.	4 oz.*	4 oz.*	4 oz.*	4 oz.*
Glue stick- large size	3	3*	2*	3*	2*
Gym shoes (non-scuff shoes only)	X	X	X	X	X
Highlighters – 4 Pack			1 single marker	X	X
Index cards- 1 pkg. (Size designated under grade level)		(3x5)			1 pkgs. (4x6) Multi-colors
Markers (1 colored set)	X	X*	X* Classic Colors	1 box thin 1 box thick	1 box thin 1 box thick
Marker- Black permanent Sharpie- fine point					X
Markers- Dry Erase - Black				2	2 (any color)
Spiral notebook (wide ruled)		X	2S & 2BR only	3	4
Notebook paper (loose leaf- 3 or 5 holes- wide ruled)					2 pkgs.
Paper towels	2 rolls	1M, 1O	Girls only	Girls only	X
Pen - green colored			2	2	1 box
Pencils (#2 lead) - Sharpened if possible	1/2 dozen	3 dozen	3 dozen*	4 dozen	4 dozen
Pencils - colored (7 ½ in. size)	X	X*	X*	X*	X*
Pencil case- soft zippered plastic				X	X
Pencil Sharpener w/ shaving collector				X	
Playing cards – 1 Deck- (for math class)		X			X
Post-it notes- 3 inch size – 1pack			Boys only		X
Preprinted flash cards-addition and subtraction to 18		Home use	Home use		
Preprinted flash cards- multiplication and division (1-12)				Home use	Home use
Ruler- plastic with inches and centimeters		Home use	X		X
School Backpack or bag	No Wheels	X	No Wheels	No Wheels	X
Scissors- 5 " pointed- Fiskar brand	X	X*	X*	X*	2
Scotch tape			X		X
Tissues (200 Count)	1	1	1	1	2
Wet wipes (40 count or more)		3 Anti- bacterial	1 Clorox Wipes	X Clorox Wipes	2 Clorox Wipes
Zip-lock bags - Note the size in each grade level		Boys- Gallon Girls- Sandwich	Boys- Gallon Girls- Sandwich	Boys- Quart	Boys- Gallon Girls-Quart All- Sandwich

Please note:

- The symbol (X*) shows the items that are stored in the art box. Please make sure the box you choose is big enough for the supplies. Examples are listed above.
- **Name** should be placed on all supplies.
- Please **do not** purchase **Trapper Keepers** or **mechanical pencils**- **They will be sent back home if purchased.**
- **Please do not buy supplies that look like toys.**
- Each individual teacher may also request specific items or to replenish supplies during the year.
- Please do not use adhesive-style book covers. The glue damages the books.
- Pencils- **Papermate** brand has been suggested for pencils. This brand seems to sharpen better than most.

Pleasantdale Middle School Supply List 2011-2012 School Year

The supply quantities listed below are **estimates** of what might be needed for the **entire school year** from all the subject areas at each grade level. Students do not need to bring all of the supplies listed below on the first day of school. They should come to school adequately supplied on a daily basis and bring in additional supplies as needed or as requested by their teacher.

Items Required and Purchased through the school:

- **Calculator** (TI-15 used in 5th and 6th grade, and TI-30 used in 7th and 8th grade)
- **P.E. Lock** (purchased in 5th grade, to be used through 8th grade)
- **P.E. Uniform** (required for 5th through 8th grade)

P.E. Class: Uniform should be worn daily to P.E. class. Sweatshirts and sweatpants are recommended for cooler weather, these garments can be ordered through PTA Spiritwear. Gym shoes for indoor P.E. class should be white and gum soled. Gym shoes with black soles must be non-marking. It is preferred, but not required that students have a pair of shoes for outside use and a pair for inside use. It is also strongly recommended that students wear socks with their gym shoes for P.E. class.

Supply Item	5 th Grade	6 th Grade	7 th Grade	8 th Grade
Art box (small) – plastic to be kept in locker	1			
Dictionary – Spanish/English paperback (to be kept at home)	1	1	1	1
Erasers (soft) for Art Class	2*			2
Flash Drive (needed for all grade levels)	1	1	1	1
Folders (Red with 3 Prongs – 5 th grade only)	2			
Glue Sticks (at least 2 per pack for art class)	2 packs*	1 pack	1 pack	1 pack
Graph Paper		1 pack	1 pack	1 pack
Highlighters – 4 pack-assorted colors-should contain 1blue, 1 pink	1 pack	1 pack	1 pack	1 pack
Index Cards – 4x6 (100 per pack)	3 packs	4 packs	5 packs	8 packs
Markers – assorted colors	1 set*	1 set	1 set	1 set
Permanent markers-black – thin tip	2*	1		
Notebook Paper – lined with holes (college ruled for grades 6 – 8)	1 pack	3 packs	1 pack	
Pencils –No. 2 (pre-sharpened preferred)	4 dozen	2 dozen	2 dozen	4 dozen
Pencils – Assorted colors	1 pack*	1 pack		1 pack
Pencil case – bag type with zipper large enough to also hold calculator	1	1	1	1
Pencil Sharpener (hand held, to be kept in pencil case)	1	1	1	1
<i>Pendaflex</i> type expanding file folder – with approx 6 or more dividers (12 dividers for 5 th grade) (sturdy construction-reinforced edges)	1	1	1	1
Pens – black or blue (per dozen)		2 dozen	2 dozen	2 dozen
Pens Erasable – black or blue (per dozen)	2 dozen			1 dozen
Pens – Red – for checking and correcting work	1 dozen*	1 dozen	1 dozen	1 dozen
Post-It Notes – (100 per pack)	1 pack (3"x3")	3 packs (3"x3")	2packs (1.5" X 2")	3 packs (1.5" X 2")
Protractor – clear plastic if possible	1*	1		
Ruler – 12" with metric measure also	1	1		1
Scissors – good pair 8" maximum size	1*			
Scotch tape	2*			
Spiral Notebooks – single subject (min. 70 pages) college ruled		10	8	10
Spiral Notebook – 3 subject			3	
Spiral Notebook-5 subject (Five Star Brand)(one black and one blue)	2			
Tissue (200 per box) (to be given to your Advisor)	3	3	3	3

- The symbol (*) shows the item to be stored in 5th grade art box
- Needed for 6th grade Music class an “Angel 1-piece soprano recorder” can be purchased at “Quinlan and Fabish” for approximately \$10.00 or online at musick8.com for approximately \$2.50 plus shipping and handling
- Due to size of lockers, please no wheels on backpacks
- For 5th grade, locker shelves are provided by the school
- A flash drive to bring work done on computers back and forth between school and home is a helpful item for all students to have.

Pleasantdale Middle School

P. E. Uniform Order Form Grades 5 - 8

Student's Name _____ Grade _____
(first) (last)

P. E. T-Shirt \$8.00 each

Sizes: Youth Medium (10-12) _____
Youth Large (14-16) _____
Adult Small (34-36) _____
Adult Med. (38-40) _____
Adult Large (42-44) _____
Adult X-Lg. (46-48) _____
Adult XX-Lg. (50-52) _____

P.E. Shorts \$9.50 each (Soffe micro-mesh shorts 2-ply, 7" inseam, non-shrinking,
with white imprint – no name bar)

Sizes: Youth Medium (XX Small) _____
Youth Large (X Small) _____
Adult Small (28-30) _____
Adult Med. (32-34) _____
Adult Large (36-38) _____
Adult X-Lg. (40-42) _____

P.E. Bag \$15.00 each _____ (OPTIONAL)
(20" canvas bag with white shoulder strap, royal blue with white imprint.)

Total Number of articles ordered _____

Total Amount Paid \$ _____

***Note:** Sweatshirts and sweatpants are recommended for cooler weather, garments can be ordered through PTA Spirit Wear.

Make checks payable to: **PLEASANTDALE MIDDLE SCHOOL ACTIVITY FUND.**
Payment can also be made by credit card by going to our District's website,
www.d107.org. Under the Administration tab, scroll down to Registration. Click on
Registration. On the Registration page, click on the E-Pay icon.