

**Pleasantdale District 107 Elementary School  
2012-2013 Kindergarten Registration Packet  
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If you have any questions about the forms, please call the school office: 708-246-4700

# 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

February 1, 2012

Dear Pleasantdale Families:

The tuition for Bright Beginnings Preschool and Extended Day Kindergarten will increase beginning the 2012-2013 school year. Although the cost of these programs increases annually, tuition for these optional programs has not increased in the past three years. This school year, District subsidies paid by local taxpayers total \$232,645. The programs will continue to be heavily subsidized even after the tuition increase. The Board of Education approved my recommendation for the increase on January 18, 2012.

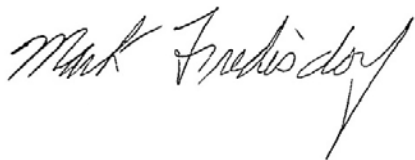
This chart lists current and new tuitions. In addition, it lists annual and daily costs.

Program	Current Tuition	2012-2013 Tuition
2 day preschool	\$1300 / \$18.31 per day	\$1378 / \$19.41 per day
3 day preschool	\$1950 / \$18.93 per day	\$2067 / \$20.07 per day
5 day preschool	\$3250 / \$18.57 per day	\$3413 / \$19.50 per day
Extended day Kindergarten	\$3250 / \$18.47 per day	\$3413 / \$19.39 per day

As the above chart indicates, the increase will be approximately \$1.00 per day depending on the program.

No one wants a tuition increase. I request your understanding that this first increase in three years is necessary to sustain these important programs. Please contact me with any questions.

Sincerely yours,



Mark Fredisdorf  
Superintendent

## 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

7450 S. WOLF ROAD  
BURR RIDGE, IL 60527

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## 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)

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

\_\_\_\_\_  
\_\_\_\_\_

### OTHER MEMBERS IN HOUSEHOLD:

Name (First and Last):

Relationship to Student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_  
Circle One: Married Divorced Single

CELL PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_  
Circle One: Married Divorced Single

CELL PHONE: \_\_\_\_\_

GUARDIAN/STEP-PARENT NAME: \_\_\_\_\_ CELL PHONE : \_\_\_\_\_

PARENT EMAIL CONTACT: \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Pleasantdale School District 107

## Residency Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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

	<b>Requirements and Actions that Must Be Completed</b>
<p>Anyone Seeking to Enroll a Student</p>	<p><input type="checkbox"/> Must present an original copy of a certified or registered birth certificate for the student.</p> <p>Must present proof of residency within the District by providing the required number of documents from each of the following categories:</p> <p><b><u>Category I (One document required)</u></b></p> <p><input type="checkbox"/> Most recent property tax bill and proof of payment, e.g., canceled check or Form 1098 (homeowners)</p> <p><input type="checkbox"/> Mortgage papers (homeowners)</p> <p><input type="checkbox"/> Signed and dated lease and proof of last month's payment, e.g., canceled check or receipts (renters)</p> <p><input type="checkbox"/> Student Residency Affidavit to be used when the person seeking to enroll a student is living with a District resident (District resident will then need one document from Category I and two documents from Category II).</p> <p><b><u>Category II (Two documents showing proper address are required)</u></b></p> <p><input type="checkbox"/> Driver's license</p> <p><input type="checkbox"/> Vehicle registration</p> <p><input type="checkbox"/> Voter registration</p> <p><input type="checkbox"/> Most recent cable television and/or credit card bill</p> <p><input type="checkbox"/> Current public aid card</p> <p><input type="checkbox"/> Current homeowners/renters insurance policy and premium payment receipt</p> <p><input type="checkbox"/> Most recent gas, electric, and/or water bill</p>
<p>Anyone with a Custody Order Seeking to Enroll a Student</p>	<p><input type="checkbox"/> Court order, agreement, judgment, or decree that verifies the parent/guardian of person enrolling the student has legal custody (including divorce decrees awarding custody to one or both parents).</p>



# 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 1<sup>st</sup> 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 7<sup>th</sup>, 8<sup>th</sup> graders who are participating in any after school competitive sports and 5<sup>th</sup> graders competing in cross country only.)

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

#### Due by the 1<sup>st</sup> 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

##### 1<sup>st</sup> Grade

- Medication Authorization form (M1)

##### 2<sup>nd</sup> Grade

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

##### 3<sup>rd</sup> & 4<sup>th</sup> grade

- Medication Authorization form (M1)

##### 5<sup>th</sup> grade

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

##### 6<sup>th</sup> 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)

##### 7<sup>th</sup> grade

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

##### 8<sup>th</sup> grade

- Sports physical exam form required before 1<sup>st</sup> tryout for boys/girls basketball, volleyball, softball, soccer, cross country, cheerleading (M2)
- Medical Authorization form (M1) This form is also used for the 8<sup>th</sup> 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.**

# SCHOOL MEDICATION AUTHORIZATION FORM

Also for the overnight field trips: 5<sup>th</sup> grade Outdoor Education or 8<sup>th</sup> 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



## State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES  
CFS 600  
Rev 12/2011



<b>Student's Name</b>			<b>Birth Date</b>	<b>Sex</b>	<b>Race/Ethnicity</b>	<b>School /Grade Level/ID#</b>
Last	First	Middle	Month/Day/Year			
<b>Address</b>			<b>Parent/Guardian</b>		<b>Telephone # Home Work</b>	
Street			City		Zip Code	

**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 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	<b>DTP or DTaP</b>																	
<b>Tdap; Td or Pediatric DT</b> (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
<b>Polio</b> (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
<b>Hib</b> Haemophilus influenza type b																		
<b>Hepatitis B (HB)</b>																		
<b>Varicella</b> (Chickenpox)										<b>COMMENTS:</b>								
<b>MMR</b> Combined Measles Mumps. Rubella																		
<b>Single Antigen Vaccines</b>	<b>Measles</b>			<b>Rubella</b>			<b>Mumps</b>											
<b>Pneumococcal Conjugate</b>																		
<b>Other/Specify</b> Meningococcal, Hepatitis A, HPV, Influenza																		

**Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.** If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b>	<b>Title</b>	<b>Date</b>

**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 result)

**VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN**

Date											<b>Code:</b> P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
Age/Grade											
	R	L	R	L	R	L	R	L	R	L	
Vision											
Hearing											

Last First Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID
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**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

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

**PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA**

HEAD CIRCUMFERENCE if < 2-3 years old	HEIGHT	WEIGHT	BMI	B/P
---------------------------------------	--------	--------	-----	-----

**DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex** Yes  No  And any two of the following: **Family History** Yes  No   
**Ethnic Minority** Yes  No  **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes  No  **At Risk** Yes  No

**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.

**Questionnaire Administered?** Yes  No  **Blood Test Indicated?** Yes  No  **Blood Test Date** \_\_\_\_\_ (Blood test required if resides in Chicago.)

**TB SKIN OR BLOOD TEST** Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. **No test needed**  **Test performed**

**Skin Test:** Date Read / / Result: Positive  Negative  mm \_\_\_\_\_  
**Blood Test:** Date Reported / / Result: Positive  Negative  Value \_\_\_\_\_

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Normal	Comments/Follow-up/Needs
Skin			Endocrine		
Ears			Gastrointestinal		
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary		LMP
Nose			Neurological		
Throat			Musculoskeletal		
Mouth/Dental			Spinal Exam		
Cardiovascular/HTN			Nutritional status		
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health		
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Antagonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other		

**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:  Nurse  Teacher  Counselor  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  No  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  No  Modified  **INTERSCHOLASTIC SPORTS** (for one year) Yes  No  Limited

Print Name \_\_\_\_\_ (MD,DO, APN, PA) 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><b>Consent of Parent or Guardian</b></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>
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(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

# 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. Students will sign on the first day of school in homeroom.

**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

7450 S. WOLF ROAD  
BURR RIDGE, IL 60527

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## 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.

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### 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, \$3413 for the year. Payment is divided by each semester. To secure a spot in this program, we will need a \$300 deposit. The remaining amount of \$1,556.50 will be due by May 18 and a bill will be sent in November for the second semester payment of \$1,556.50. If you have any questions regarding the tuition, please contact Teri Makutenas at 708-784-2173

## 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 5<sup>th</sup>'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 and Parent Orientation

April 25, 2012

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 for an informative session 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.

