Current Date _____ **DIXON PUBLIC SCHOOLS REGISTRATION INFORMATION**

For Office Staff Only
☐ New Family ☐ Proof of Residency

School _____ Starting Date _____

Student's Legal Last Name _____ Student's Legal First Name _____ Middle _____

Birth Date _____ Grade _____ ☐ Female ☐ Male ☐ Nonbinary

Home Address _____ City _____

Primary Phone _____

Ethnicity: ☐ Hispanic OR If Non-Hispanic please choose one of the following: ☐ White ☐ Black or African American ☐ 2 or more races ☐ Asian ☐ American Indian or Alaskan Native ☐ Other Pacific Islander

Are you living with friends or relatives because of your financial situation or are you homeless? ☐ Yes ☐ No

Has this student ever attended Dixon Public Schools? ☐ No If yes, what school _____

HOME LANGUAGE SURVEY:

Is a language other than English spoken in your home? ☐ No ☐ If yes, what language _____

Is this the primary language in the home? ☐ No ☐ Yes

Does your child speak a language other than English? ☐ Yes If yes, what language? _____

**If you answered yes to the above language questions, the law requires to test your child's English Language proficiency. The school will measure your child's listening, speaking, reading, & writing skills.*

Is this child a Foster Child? ☐ Yes Placed by _____ (please supply our office with documentation)

If yes, does the biological parent live in the Dixon School District? ☐ Yes ☐ No

SPECIAL SERVICES:

Is this student receiving Special Education Services or have a current IEP? ☐ Yes ☐ No

Type of Service

Does the child have any known: ☐ Speech/Language Needs ☐ Hearing Problems ☐ Vision Problems ☐ Advanced Skills ☐ Disabilities

Does this student have at least one Parent or Guardian who is an active member of the Army, Navy, Air Force, Marine Corps, or Coast Guard that is full-time in the military service of the United States? ☐ Yes ☐ No

GUARDIAN INFORMATION:

Mother's Last Name _____ First Name _____ ☐ Lives with Student

If you do not live with the student, what is your address? _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Email address _____ Is this person a CONVICTED CHILD SEX OFFENDER? ☐ Yes ☐ No

Do you have sole custody: ☐ **Yes (If yes, please supply our office with documentation)** ☐ **No** ☐ **Joint Custody?**

Father's Last Name _____ First Name _____ ☐ Lives with Student

If you don't live with the student, what is your address? _____

Home Phone _____ Cell Phone _____

Employer: _____ Work Phone _____

Email address _____ Is this person a CONVICTED CHILD SEX OFFENDER? ☐ Yes ☐ No

Do you have sole custody: ☐ Yes (If yes, please supply our office with documentation) ☐ No ☐ Joint Custody?

Step Mother's Last Name _____ First Name _____ ☐ Lives with Student

Address _____ Employer _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Is this person a CONVICTED CHILD SEX OFFENDER? ☐ Yes ☐ No

Step Father's Last Name _____ First Name _____ ☐ Lives with Student

Address _____ Employer _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Is this person a CONVICTED CHILD SEX OFFENDER? ☐ Yes ☐ No

Other Legal Guardian's Last Name _____ First Name _____ Lives with Student ☐

Address _____ Employer _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Is this person a CONVICTED CHILD SEX OFFENDER? ☐ Yes ☐ No

Emergency Information: **Please list in order, who should be called if we need to contact you about your child during the day for illness, etc...** ***(List yourself in the order you want to be notified, if you so desire)***

1. Name _____ Relationship _____ Home Phone _____
   Alternate Phone _____ Is this person a CONVICTED CHILD SEX OFFENDER? ☐ Yes ☐ No
2. Name _____ Relationship _____ Home Phone _____
   Alternate Phone _____ Is this person a CONVICTED CHILD SEX OFFENDER? ☐ Yes ☐ No
3. Name _____ Relationship _____ Home Phone _____
   Alternate Phone _____ Is this person a CONVICTED CHILD SEX OFFENDER? ☐ Yes ☐ No
4. Name _____ Relationship _____ Home Phone _____
   Alternate Phone _____ Is this person a CONVICTED CHILD SEX OFFENDER? ☐ Yes ☐ No

Physician _____ Office Phone _____

Daycare Provider _____ Phone _____

List Name (s) of other children in your household:

Name _____ Relationship _____ Year Born _____ ☐ Male ☐ Female

Name _____ Relationship _____ Year Born _____ ☐ Male ☐ Female

Name _____ Relationship _____ Year Born _____ ☐ Male ☐ Female

Name _____ Relationship _____ Year Born _____ ☐ Male ☐ Female

Please Sign: _____ **This form can only be signed by a parent or guardian**

Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

AFFIDAVIT OF ENROLLMENT AND RESIDENCY

ROE/ISC DEPARTMENT

This affidavit form may be used if you are an adult who has assumed responsibility for a pupil and provide the pupil with a fixed, night-time abode, for reasons other than access to the educational programs of the school district. This form should not be used, however, if you are the natural or adoptive parent of the pupil, have been granted court-ordered custody or guardianship, or are receiving public aid on behalf of the pupil. For these situations, you are only required to provide documentation (such as a birth certificate or court order), without the need of an affidavit like this one. This form is also not required for pupils who are sharing the housing of others due to lack of housing, economic hardship, or similar reason, or are otherwise homeless as defined in state and federal law. If you have any questions about residency, please contact the Illinois State Board of Education's ROE/ISC Department at (217) 785-9998.

I, _____ (*Name of Adult*), reside at _____ (*Address*),

which is located within the boundaries of _____ (*School District*).

Provide the appropriate information and check each of the following:

- ☐ I am at least 18 years of age.
- ☐ I have provided proof in the form(s) of _____ (*Proof of Residency*)

  that I am a resident of _____ (*School District*).
- ☐ I have assumed and exercise responsibility for _____ (*Name of Pupil*).
- ☐ I provide a fixed, night-time abode for _____ (*Name of Pupil*).
- ☐ _____ (*Name of Pupil*) is not living with me for the purpose of having access to the educational programs of the school district.
- ☐ I understand that knowingly or willfully providing false information to a school district regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of nonresident tuition is a Class C misdemeanor.
- ☐ I understand that knowingly enrolling or attempting to enroll a pupil in the school of a school district of a tuition free basis when I know that pupil to be nonresident of the school district, unless the nonresident pupil has a lawful right to attend, is a Class C misdemeanor.

_____	_____	_____
Date	***Signature of Adult***	***Adult (Print Name)***
_____	_____	_____
Date	***School District Employee (Signature)***	***School District Employee (Print Name)***

Washington Kindergarten Information Sheet

Child's Legal Name: _____
Last First Middle

Child's Name to be used at school. (This is the name they will learn to write): _____

Student's Age Entering Kindergarten: _____ Birth Date: _____

Does your child have any physical disabilities, or other disabilities, allergies, or any medical history that you feel would affect his/her school career? If so describe fully: _____

_____

_____

Do you have any special problems with your child at home, such as fears, temper tantrums, lack of respect for authority, etc.? _____

_____

Parent/Guardian Full Name: _____ Relationship to student: _____

Address: _____

Home phone# _____ Cell # _____ Work # _____

Place of Employment: _____

Email: _____ (For class updates, photos, etc)

Parent/Guardian Full Name: _____ Relationship to student: _____

Address: _____

Home phone# _____ Cell # _____ Work # _____

Place of Employment: _____

Email: _____ (For class updates, photos, etc)

How will your child get home from school?

Bus _____ **OR** Car _____ If Car who will pick up at school: _____

Are there any activities or holidays that your child is not allowed to take part in? If yes, please list:

_____

Can I take your child's picture to put in class books and use in school related activities?

YES ☐ NO ☐

Number of children living in student's home: ☐

Siblings:

_____ Grade: ____ _____ Grade: ____

_____ Grade: ____ _____ Grade: ____

Student has attended preschool: ☐ no ☐ yes Where: _____

Student has previously or is currently receiving special services: ☐ IEP ☐ Speech ☐ Counseling

☐ Physical Therapy ☐ Occupational Therapy ☐ Other: _____

AUTHORIZATION SHEET 2023-2024

STUDENT'S NAME _____ GRADE _____

FIELD TRIPS:

Please allow the above student to participate in scheduled field trips. _____

HANDBOOK:

I acknowledge that the Student/Parent Handbook is available to view on the DPS Website. _____

Notice to Parents Student Pictures/Images/Publications

I give permission for the above student to have their photo printed in a school yearbook and class photo.

_____ Yes or No - Please select one.

I grant consent to the Dixon Public District to identify a picture of the above student, by full name and/or the school he or she attends, in any school sponsored material, publication, videotape, or web site. This consent is valid for the entire time the above student is enrolled in Dixon Public Schools. I may revoke this consent at any time by notifying the building Principal.

_____ Yes or No - Please select one. _____ Please initial

Internet: Both you and your child must sign the below agreement:

Electronic Network Access Acceptable Use Policy Agreement

I understand and will abide by the Authorization for Electronic Network Access. I further understand that should I commit any violation, my access privileges will be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the District and its School Board members, employees, and agents from any claims and damages arising from my use, or inability to use the district's electronic network access. I acknowledge that I have read and understand the Student's Acceptable Use Policy on the District's Website.

Date _____ **Student Signature** _____

I have read this Authorization for Electronic Network Access. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board of Education members, for any harm caused by materials or software obtained via the electronic network. I accept full responsibility for supervision if and when my child's use is not in the school setting. I have discussed the terms of this Authorization with my child. I hereby request that my child be allowed access to the District's electronic network connection. *The entire Acceptable Use Policy can be viewed on our website under the "Parents" link, Registration Forms. I acknowledge that I have read and understand the Student's Acceptable Use Policy on the District's Website.

_____ I Accept

Parent/Guardian Signature _____

Dixon Public Schools

PARENT MEDICATION CONSENT FORM 2023 - 2024

Student Name: _____ Birthdate: _____ Grade: _____

I consent for my child to take **Tylenol** at school

_____ Yes or No - Please select one

I consent for my child to take **Ibuprofen** at school

_____ Yes or No - Please select one

Concerns you would like us to be aware of (allergies, asthma, health restrictions, etc.) - **PLEASE check all that apply:**

- ☐ Asthma (Please provide nurse with Asthma Action Plan from doctor).
- ☐ Diabetes (Please provide school nurse with Diabetes Emergency Action Plan from doctor)
- ☐ Seizures (Please provide school nurse with Seizure Action Plan from doctor)
- ☐ Allergies-Please list - _____

_____

- ☐ Other concerns: _____

If your child has any of these conditions - Asthma, Seizures, Food Allergies, or Diabetes, an action plan form will need to be completed by a physician and given to the school nurse. You can access these forms on our website under parents / registration / optional forms or from your school nurse.

I would like my child's Emergent (inhaler, epi-pen) medication to be:

- ☐ Stored in the Nurse's Office
- ☐ Carried on Self

Name of medication: _____

By Signing Below, I Agree:

1. I hereby authorize Dixon Public Schools and its employees on my behalf to allow my child to self administer medication while under the direct supervision of an employee of Dixon Public Schools. I acknowledge that it may be necessary for the supervision of administration to my child be performed by an individual other than a school nurse, and specifically consent to such practice.
2. To indemnify and hold harmless Dixon Public Schools and its employees against any claims, except a claim based on willful and wanton conduct, arising out of the self administration of medication by the child.
3. Agree that the above information may be shared with appropriate personnel for health and educational purposes.
4. I consent to any x-ray, examination, anesthetic, medical and or surgical diagnosis, medical treatment or hospital care, to be rendered to the minor child under the general or special supervision and on the advise of any physician or surgeon licensed to practice in the State when need for such treatment is immediate. This will be used only when reasonable effort to contact me or the emergency contact person(s) is unsuccessful.
5. I give consent for Dixon Public Schools health care staff to obtain emergency action plan from MD as needed.

_____ _____

Guardian/Parent Signature Date

Covid 19 Testing consent form 2023 - 2024

Student Name: _____ Birthdate: _____ Grade: _____

No student will be required to take one of these rapid tests. The only students who will receive the Rapid POC COVID-19 Tests are those who volunteer to do so. In order to "volunteer" your child for this rapid testing opportunity, parents are required to provide consent below.

I consent for my child to **have the Covid 19 test** at school

_____ Yes or No - Please select one

By Signing Below, I Agree:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.
- I consent for my child to be tested for COVID-19 virus.
- I understand that my child may be tested multiple times and that testing may occur if they exhibit one or more symptoms of COVID-19.
- I understand that this consent will be valid through the end of the 2022-2023 school year, unless I notify the designated contact person from my child's school in writing that I revoke my consent.
- I fully understand that if I revoke my consent or refuse to sign, my child may be required to continue their education via remote learning until the quarantine period is complete.
- I understand that my child's test results and other information may be disclosed as permitted by law.
- I understand that if I am a student age 18 or older, or may otherwise legally consent for my own health care, references to "my child" refer to me and I may sign this form on my own behalf.
- I understand that with this consent, a certified nurse may administer the COVID-19 rapid test on my child without my prior knowledge.

_____ _____

Guardian/Parent Signature Date

* Complete only if there are concerns *

Academic

Parental Concerns

Emotional

Behavioral

Student's Name: _____ Parent/Guardian Name: _____

Grade Level: _____

Concerns:

_____

_____

_____

_____

Please share the above information with the following people:

☐ Counselor ☐ Principal

☐ Teacher ☐ Nurse

☐ All of the above

Please mark the appropriate response:

Has your child received counseling services? Yes / No Where did counseling occur? _____

Please sign to show you have read the information on this form.

Parent Signature: _____

(Rev. 06/2015)

DIXON PUBLIC SCHOOLS #170

"A Place to Grow"

www.dps170.org

1335 Franklin Grove Road Phone:
Dixon, Illinois 61021

Phone: (815) 373-4966
Fax: (815) 284-8576

NOTICE

RE: NOTIFICATION REQUIREMENT FOR INTEGRATED PEST MANAGEMENT (IPM) PROGRAM

Public Act 91-0525 (Senate Bill #529-which Gov. Ryan signed on Aug. 13, 1999 with an effective date of Aug. 1, 2000) IPM in Schools requires schools to adopt Integrated Pest Management (IPM) indoors and to notify parents, guardians, and school employees two business days prior to indoor pesticide applications. Dixon Public Schools District #170 has employed the services of Pest Control Consultants to perform the inspections and pesticide applications in each of the District's buildings.

Applications will take place as follows:

ALL buildings will be done the 3rd Thursday of each month.

Public Act 91-0099 (Senate Bill #527) Parents Right-to-Know requires schools to notify parents and guardians two business days prior to pesticide applications outdoors. At this time there are no outdoor applications planned.

Anyone interested in examining the Integrated Pest Management (IPM) policy, or have any questions, should direct their request to:

Designated Official:	Mr. Kevin Schultz	Phone: 815/373-4966
Business Address:	1335 Franklin Grove Rd.	Dixon, IL 61021

IPM places emphasis on inspection and communication with the school administration. The focus of the program is to identify and eliminate conditions in the school which could cause pests to be a problem. Application of pest control materials are made only when necessary to eliminate a pest problem. Regular spraying is not part of the program.

If it becomes necessary to use any pest control products other than traps or bait, notice will be posted two business days prior to the application. The only exception to the two day notice would be if there is an immediate threat to health or property. If you would like to receive written notification prior to the application of any pest control materials subject to the notification requirements, please complete the form below and return it to the school.

PLEASE DETACH THIS PORTION AND RETURN TO SCHOOL OFFICE

_____ NO, I do not wish to receive this IPM notification. I understand that the applications takes place each month, and that I will be notified if this day changes.

_____ YES, I wish to continue receiving this IPM notification **EACH** month. **By marking "Yes"**, you will receive a notice EVERY month!

Parent/Guardian Signature _____ **Date** _____

Student's Name: _____ **Grade:** _____ **School:** _____

Address: _____

Email address _____ (Preferred method)

Illinois Central School Bus

Date of Form _____
New Student _____ Change _____
Start Date _____

STUDENT TRANSPORTATION FORM 2023-2024

Please call your Student's School with any Transportation questions

(Students can only have a maximum of 2 addresses for busing – A.M. and P.M. Address.)

A 48 HOUR NOTICE MUST BE GIVEN TO THE BUS COMPANY WHEN CHANGING ROUTE INFORMATION

Student Last Name: _____ First Name: _____

Home Address: _____

School: _____ Grade: _____

AM PICK UP ADDRESS: _____

PM DROP OFF ADDRESS: _____

Parent/Guardian Name: _____

Phone Number: _____ Work Phone: _____

Emergency/Alternate Contact Name: _____ Relationship: _____

Phone Number: _____ Work Phone: _____

How will the student typically get *TO* school?

◯ Bus ◯ Walk ◯ Private Vehicle Other: _____

How will the student typically get home *FROM* school?

◯ Bus ◯ Walk ◯ Private Vehicle ◯ Sitter (Please provide information below)

Sitter Name: _____
Sitter Address: _____
Sitter Phone: _____

**** FOR ILLINOIS CENTRAL BUS CO. -- OFFICE USE ONLY -- ROUTING INFORMATION ****

ICSB	Route AM	Time AM	Group Stop	Route PM	Time PM	Group Stop
Route Number:						
Route Shuttle:						
Comments						

Illinois Central School Bus

1335 Franklin Grove Road
Dixon, IL 61021

www.illinois-central.com

Office: 815-284-8600
Fax: 815-284-8611

ONLY COMPLETE THIS FORM IF YOU ARE ALLOWING YOUR KINDERGARTEN STUDENT TO GET OFF BUS WITHOUT AN ADULT PRESENT

Dear Kindergarten Parent/Guardian:

When we are dropping off Kindergarten Students we must see an adult before we will let them off the bus. This is for the safety of the students. If you would like your kindergarten student to get off the bus with a sibling or without an adult present, please check the appropriate box and complete information below.

If you have any questions, please do not hesitate to call our office.

_____ I give permission for my Kindergarten student to get off the bus with their sibling.

_____
(Kindergarten Student Name)

_____
(Sibling Name)

_____ I give permission for my Kindergarten student to get off the bus without seeing an adult.

_____
(Kindergarten Student Name)

_____
Parent/Guardian Name (Print)

_____ _____
Parent / Guardian (Signature) Date

DIXON PUBLIC SCHOOLS #170
"A Place to Grow"
www.dps170.org

1335 Franklin Grove Road
Dixon, Illinois 61021

Phone: (815) 373-4966

Schoolwide Title I
School-Parent Compact
2023-2024

Dear Parents,

We, the Title I School community of Washington, Jefferson, and Madison, establish this School-Parent Compact for Reading in order to foster the improvement of reading and to support the success of our students, so all may read well and independently. We believe this can be done with the planned partnership of parents, families, students, teachers, and principals.

PARENT/ GUARDIAN RESPONSIBILITIES

1. Read To and With my child and encourage my child to read Independently;
2. Make reading a priority in my home, allowing at least 15 minutes a day;
3. Monitor my child's progress by attending parent-teacher conferences and communicate with my child's teacher;
4. Monitor attendance, homework, and television viewing;
5. Praise my child often for the good things she/he does.

STUDENT RESPONSIBILITIES

1. Read at home at least 15 minutes a day, NO ARGUMENTS!
2. Make an effort to read books independently;
3. Pay attention to my teachers and family and ask questions when I need help;
4. Have confidence in myself and believe I can become a better reader;
5. Practice what I have learned in reading both in the classroom and at home;
6. Share the responsibility to improve my academic achievement and achieve the State's high standards.

TEACHER/SCHOOL RESPONSIBILITIES

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards;
2. Inform parents about reading activities and student's progress;
3. Participate in parent-teacher meetings and/or conferences during which this compact will be discussed as it relates to the individual child's achievement;
4. Individualize instruction based on information gained through periodic assessment to determine their appropriate reading level and progress in meeting the Illinois Learning Standards;
5. Provide assistance to parents on understanding the Illinois Learning Standards for reading;
6. Set high standards in reading by providing a challenging curriculum;
7. Allocate resources to ensure that high standards are being met;
8. Report publicly the school-wide reading data, and help teachers and parents to understand how adopting high standards can lead to the improvement of scores;
9. Provide parents reasonable access to staff and respond to parents' questions and concerns in a timely manner;
10. Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities.

Principal's Signature & Date

Parent's Signature & Date

Teacher's Signature & Date

Student's Name