Welcome to D101!

Below is a checklist of paperwork and forms necessary for enrollment.

- Signed Request for Access/Release of Student Records (Form enclosed) Please send to your current school so that we may receive student's records at the earliest convenience.
- Completed Census / Registration Form
- Completed Textbook Loan Form
- Completed Health / Emergency Information Form
- Completed Student/Parent Contact Information
- Completed Home Language Survey
- Signed Children's Online Privacy Policy (COPPA)

Provide the following documents:

- Copy of student's birth certificate
- Copy of the most recent physical with immunizations
- Obtain an ISBE Student Transfer Form from the school last attended. Required when transferring from an Illinois public school to another Illinois public school.

Provide three proofs of residency from the following:

- Category I (one document)
 - Real estate tax bill (preferred)
 - Signed lease
 - Mortgage papers
 - o An Agreement of Sale
- Category II (two documents)
 - Driver's license (preferred)
 - Current gas or electric bill (preferred)
 - Voter Registration
 - Auto Registration
 - Public aid card
 - Home/apartment insurance papers

Permission for Medication Order Form, if applicable, can be found on school website: d101.org

Any questions or concerns can be directed to your respective school's administrative assistant.

Field Park School

Attn: Denise Stetler 4335 Howard Avenue Phone: 708-246-7675 dstetler@d101.org

Forest Hills School

Attn: Erin McLaughlin 5020 Central Avenue Phone: 708-246-7678 emclaughlin@d101.org

Laidlaw School

Attn: Elizabeth Walker 4072 Forest Avenue Phone: 708-246-7673 ewalker@d101.org

Brian T. Barnhart, Ph.D.

Sarah L. Coffey, Ed.D.

Superintendent of Schools

Assistant Superintendent for Instruction

REQUEST FOR ACCESS/RELEASE OF STUDENT RECORDS

I hereby request:			
Name of School:			
Address:			
City, State, Zip:			
Phone:			
To release records for the following	g student for the p	urpose of admission and school	ol placement in School District 101.
(Name)		(Birth Date)	(Grade)
I hereby authorize the release of the	ne following inforn	nation:	
Cumulative Records Health Records Special Education Records Illinois Transfer Form ISBE 33-76	Yes No Yes No Yes No Yes No		
Send to:			
Field Park School	Fore	est Hills School	Laidlaw School
Attn: Denise Stetler	Attr	: Erin McLaughlin	Attn: Elizabeth Walker
Administrative Assistant		ninistrative Assistant	Administrative Assistant
4335 Howard Avenue	502	0 Central Avenue	4072 Forest Avenue
Western Springs IL 60558	Wes	stern Springs IL 60558	Western Springs IL 60558
Phone: 708-246-7675	Pho	ne: 708-246-7678	Phone: 708-246-7673
Fax: 708-482-2582	Fax	708-482-2589	Fax: 708-482-249
(Date)			Signature of Parent or Guardian)
			(Address)

Notice: In accordance with the Illinois School Student Record Act, all information received is confidential and is available for review by parents and students (upon age 15) at their request.

REGISTRATION / CENSUS CARD

Signature Parent/Guardian:

Date of Entrance:	
	(First Day of School)

		irst Name	Middle Name	Nickname
Street Address			Home Phon	ne e
□Male □Female		Date of Birth	Diagraph (City)	Charles Countries
	Age			
Grade:	School:	□Field Park □F	'orest Hills ¤Laidlaw ¤M	cClure
Name and Addres	s of School L	ast Attended:		
If your child was b	orn outside	of the U.S., on wha	t date did he/she enter U.S. S	Schools?/
Is the student His	panic or Lati	no? □No □Yes	Primary language sp	ooken at home:
Ethnicity: Check	all that appl		erican Indian or Alaska Native tino "Native Hawaiian / Ot	e aSian aBlack or African Americar her Pacific Islander
Parent 1 Last Na	ame		Parent 2 Last Nan	ne
First N	ame		First Nan	ne
Cell Ph	one		Cell Phon	ne
Busine	ss / Day Pho	one	Business	/ Day Phone
Email A	Address		Email Ad	dress
Student resides v			1 Parent 2 Dother (sp nt Parent 2/Stepparent	pecify):
State of Illinois Re Is either parent ar			States Armed Forces? Paren	t 1: □No □Yes Parent 2: □No □Yes
Do you/your child	l(ren) reside	at this Western Sp	orings address?	
				If "No" please explain
Will you be living	at this Weste	ern Springs addres	s on the first day of school?	
				If "No" please explain
Children in Hous	sehold:			
Name			Gender (M/F)	Birth Date (month/day/year)

Student's Full Name: I hereby request the loan of secular textbooks in accordance with Public Act 79-961 of 1975 in Western Springs Public School District 101, Western Springs, Cook County, Illinois. I understand that this request will remain valid so long as my child is enrolled in Western Springs Public School District 101 and that I may withdraw this request at any time. Signature of Parent/Legal Guardian Date

Brian T. Barnhart, Ph.D.

Sarah L. Coffey, Ed.D.

Superintendent of Schools

Assistant Superintendent for Instruction

Student Name:	Student Cell Phone (optional): Grade				Grade:		
Home Phone:	Address:		Birthdate:				
Parent #1 Name:		Employer:					
Cell Phone:		Business Phone:					
Email:							
Parent #2 Name:		Employer:					
Cell Phone:		Business Phone:					
Email:							
Please make sure these people are not IF PARENTS CANNOT BE REACHED,	-						
Contact 1	Cor	ntact 2		Contact 3			
Name:							
Phone Number:							
Relationship:							
Phone Type:							
Does your child have any allergies?							
Are there any known health conditions	other than all	ergies?					
Does your child take any medications?	If so, what n	nedication and when?					
Will your child be required to take any name (A medication permission form signer the District website: www.d101.org. I hereby give permission to the officials illness occurs at school and I cannot be the event such action is necessary. I are necessary to protect the health and safe	ed by you an Click Paren of School Dis located. I he cknowledge t	d your child's physicts > Health Services strict 101, for my child ereby accept financial hat this information wi	> Medicati to be taken responsibili ll be shared	on Authorization an to the hospital if an a ity for transportation a	d Permission) accident or serious and treatment in		
Date	y	Signature of Paren		an			

STUDENT/PARENT CONTACT INFORMATION

Student Name: Last, First, Middle	Grade:
Preferred First Name:	Birthdate:
Address:	Home Phone:
Parent 1:	Parent 2:
Cell Phone Number:	Cell Phone Number:
Work Phone Number:	Work Phone Number:
Employer:	Employer:
Email Address:	Email Address:
STEP-PARENT INFORMATION (If Applicable) Name (Parent 1/Parent 2)	J.
Work Phone Number	
Cell Phone Number	
Email Address	
SECONDARY ADDRESS: (Parents living at separa Please complete if you wish to have a duplicate mailing a secondary address: Name:	of report cards, testing information, etc. mailed to a
Addresses:	
Student Directory Permission: Directory information published includes: Student Name, Par CIRCLE ONE: Yes No	rent(s) Name, Address, Home/Cell Phones, and Parent Email:
Photo / Video Permission: Permission given for student's picture to appear for possible website, classroom videos, social media, etc.) CIRCLE ONE	
Early Dismissal Due to Illness: In the event my child needs to go home due to illness, I give home if either parent cannot be reached. CIRCLE ONE: Ye	permission for my Emergency Contact Person to take him/her s No
PARENT SIGNATURE:	

Home Language Survey

The Illinois State Board of Education requires the school district to collect a Home Language Survey for every new student. This information is used to count students whose families speak a language other than English at home. It also helps to identify the need for TPI (Transitional Program of Instruction) services for English Language Learners in the schools.

Please answer the questions below.

Student First Name:		Student Last Name:	
School:	Grade:		Today's Date:
Male Female	Date of Birth	: (mm/dd/yyyy):	
Place of Birth City:	Place of Birth	state:	Place of Birth Country:
1. Does your child speak English?			Yes No
2. Does your child speak a language other	er than English	?	Yes No
If yes, what other language?			-
3. What is the dominant language spoke	n in your hom	e?	
If the answer to question 1 is no or 2 is y The school will measure your child's liste reading and writing skills.			
Signed		Date	
(Parent/Guardian) Home phone			
Work phone			
Cell phone			
Email			

Encuesta Del Idioma Del Hogar

La Junta de Educación del Estado de Illinois requiere que el distrito escolar recopile una encuesta del idioma del hogar para cada nuevo estudiante. Esta información se usa para contar a los estudiantes cuyas familias hablan un idioma que no es inglés en casa. También ayuda a identificar la necesidad de servicios TPI (Programa de Instrucción de Transición) para los Estudiantes del Idioma Inglés en las escuelas.

Por favor responda las preguntas a continuación.

Apellido del estudiante:		Nombre del estudiante:	
Escuela:	Grado:		Fecha de hoy:
Hombre Mujer	Fecha de nacimiento: (mm / dd / aaaa):		
Lugar de nacimiento Ciudad:	Lugar de naci	miento Estado:	Lugar de nacimiento País:
1. ¿Su niño habla inglés?			Sí No
2. ¿Habla su hijo un idioma diferente al i	inglés?		Sí No
En caso afirmativo, ¿qué otro idiom	a?		
3. ¿Cuál es el idioma dominante que se l	nabla en su ho	gar?	
Si la respuesta a las preguntas 1 es no o escuela medirá las habilidades de escuch habilidades de lectura y escritura.			
Firmado		Fecha	
(Tutor)			
Teléfono de casa			
Teléfono del trabajo			
Teléfono móvil			
Correo electronico			

CHILDREN'S ONLINE PRIVACY POLICY

(COPPA POLICY)

In accordance with the Children's Online Privacy Protection Act ("COPPA") and the Rules related thereto, specifically 16 CFR Section 312 et seq., please be advised that the only person who will be maintaining and collecting student information is Matthew Ryan, Director of Technology for Western Springs School District 101 and Google Apps Educational Edition in the Western Springs School District 101 domain. Such information may be reviewed by any of the students' teachers, their building principals or by the Superintendent of the District.

The only personal information being collected from the students shall be their names and email addresses. Please be advised that there shall be no access to the outside world and students are restricted to communication to the d101.org domain addresses.

Parents shall have the ability to view student shared work and the District shall be monitoring for any globally (world visible) content. If there is work that is found global, the District shall restrict it as soon as it is found. If any parent has concerns, restrictions may also be placed on the student account to prevent global documents from being created. Finally, a parent can review and have deleted the child's personal information and refuse to permit its further collection or use, upon written notice to either the technology director, their child's principal, or superintendent.

All paren address).	•	es sho	uld be dire	ected to	Matthe	ew Ryan	at (inclu	de addr	ess, pho	ne ar	nd e-ma	ail
			Education									

By using Google Apps Education Edition in the Western Springs School District 101 Domain, Western Springs School District 101 assumes responsibility for complying with COPPA and the information that students submit. When offering online services to children under 13, schools must be cognizant of Child Online Privacy Act which requires parental consent(s) for the online information about users under 13.

In signing below, you hereby authorize the collection of personal information as set forth above and acknowledge that you have read the above policy in regards to your child(ren).

Student(s) name	
Parent/Guardian Printed Name	
Parent/Guardian Signature	Date

120152016-rt

(Foos are	navable during th	e summer as part of the online registration process.)
Grade Level	Fee	Includes:
Kindergarten	\$100	Registration, Technology, Curriculum Items, Activity Fees
Grades 1 & 2	\$125	Registration, Technology, Curriculum Items, Activity Fees
Grades 3,4, & 5	\$175	Registration, Technology, Curriculum Items, Activity Fees, Calculator (Grade 4), Robert Crown Fees (as applicable), Assignment Notebook, Chromebook Ownership/Trade in Cost Following End of Fifth Grade
	Per la maria	
Grades 6, 7, & 8	\$275	Registration, Technology, Curriculum Items, Activity Fees, Robert Crown, Assignment Notebook, Band and Orchestra Participation, Athletic Team Participation, PE Uniform (Annually), PE Lock (Grade 6), Graduation (Grade 8) Chromebook Ownership Following Graduation
CERTIFICATION I		Fees not included: Milk, bus (If applicable), or yearbooks.