



ILLINI BLUFFS SCHOOL DISTRICT #327

HOME OF THE TIGERS

New Student Registration

Welcome to the Illini Bluffs School District!

Thank you for choosing our district in which to raise your child(ren). At IB, we strive to make the new student registration process as easy as possible. Please fill out the attached new student registration form, transportation form, medication form, and review the district's truth in residency policy. Please bring these completed forms to a school office along with proof of residency. The office will get your information inputted into our system, and they will create a parent portal account for you to finish the registration process.

Please visit our website, www.illinibluffs.com, and click on the registration link at the top of the page for more information.

Our Vision: To provide equitable, personalized, applied, and engaging learning for all students.

Our Mission: Create the highest quality educational environment that inspires all students to maximize their potential to become productive citizens in our ever-changing global society.

Again, welcome to our school district!



Dr. Roger Alvey
Superintendent
Illini Bluffs #327



Illini Bluffs Schools
#ibtigerpride
Collaboration. Community. Commitment.



ILLINI BLUFFS SCHOOL DISTRICT #327

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New Student Information

(Child's Last Name) (Child's First Name) (Child's Middle Name) (Lineage *e.g., Jr.*)

(Grade) (Birthdate) M ☐ F ☐
(Gender)

(Child's Address) (City) (State) (Zip)

(Child lives with *Check one*)

- ☐ Both Parents
☐ Mother
☐ Father
☐ Other

If other please specify: _____

(Custodial Parent/Guardian First Name) (Custodial Parent/Guardian Last Name) (Relationship *e.g., mother*)

(Address – if different from child) (City) (State) (Zip)

(Phone) (Email Address – required for online registration)

(Custodial Parent/Guardian First Name) (Custodial Parent/Guardian Last Name) (Relationship *e.g., father*)

(Address – if different from child) (City) (State) (Zip)

(Phone) (Email Address – required for online registration)

Does your child have an individualized Education Plan (IEP)? Y ☐ N ☐

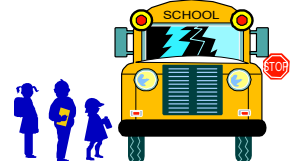
Please circle (if applicable): Academic IEP Speech IEP 504

Child's prior school (if applicable): _____

Parent/Guardian Signature: _____ Date: _____



ILLINI BLUFFS SCHOOL DISTRICT #327
HOME OF THE TIGERS
2023-2024 Transportation Form



Please complete ONLY if registering a new student or there are changes from last school year.

Check One: _____ New Application
_____ Change of Address – Effective Date: ____/____/____
_____ Change of Pickup/Drop Off Location – Effective Date: ____/____/____

ONE Pick-up and ONE drop-off location per student

Our main objective is to deliver our students to school and home safely each day. To address this situation with our bus riders, we no longer drop-off or pick-up students at more than one location per morning and afternoon route. Please identify your child's morning and afternoon stop below.

IBES Parents

Per policy, if a bus driver sees that no one is home the driver will return the child to the school where they will be placed in the Aftercare program. Please note: a fee for the program will be assessed.

Student's Name: _____ Grade: _____ (for 23-24)

Where will the child be picked up?: (Home, Daycare, relative, etc.) _____

Pick-up Address: _____

Where will the child be dropped up?: (Home, Daycare, relative, etc.) _____

Drop-off Address: _____

Emergency contact information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature: _____

Please call the IB Transportation Department at 309.389.5735 with any questions.



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HOME OF THE TIGERS

2023-2024 Medication Authorization Form

Student's Name: _____ Grade: _____ (for 23-24) School: (Circle) IBES IBMS IBHS

Non-prescription medications: _____

Reason for medication: _____

Prescription Medication to be completed by the child's physician, physician assistant, or advanced practice RN:

Physician's Printed Name: _____ Physician's Address: _____

Office Phone: _____ Office Fax: _____

Medication Name: _____ Medication Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances: _____

Prescription Date: _____ Order Date: _____ Discontinuation Date: _____

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day? (Circle) YES NO

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Physician's Signature and date: _____

For parents/guardians of students who need to carry asthma medication or an epinephrine auto-injector:

I authorize the School District and its employees and agents, to allow my child or ward to carry and self-administer his or her asthma inhaler and/or use his or her epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30). **Please initial indicating receipt of this information and authorization for your child to carry and use his/her asthma medication or epinephrine auto-injector.**

Parent/Guardian initials _____

For all Parents/Guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District 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* pursuant to State law, while under the supervision of the employees and agents of the School 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 school nurse and specifically consent to such practices, and I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.**

Parent/Guardian Signature: _____

Student Medication Authorization Form

Illini Bluffs Community Unit School District #327
9611 S Hanna City-Glasford Road
Glasford, IL 61533
www.illinibluffs.com



ILLINI BLUFFS SCHOOL DISTRICT #327

HOME OF THE TIGERS

Truth in Residency Policy

You must prove that your child(ren)'s home address is your legal address and that it is within our school district boundaries. Below is information that indicates what can be used as proof of residency.

Actor	Requirements and Actions that Must Be Completed
Anyone Seeking to Enroll a Student	<p>Must present a certified or registered birth certificate for the student. Must present proof of residency within the District by providing the required documentation.</p> <p><u>Category 1</u> (one document required)</p> <ul style="list-style-type: none"> • PREFERRED: Most recent property tax bill and proof of payment, e.g., canceled check or Form 1098 (homeowners) • Mortgage papers (homeowners) • Signed and dated lease and proof of last month's payment, e.g., cancelled check or receipts (renters) • Letter from the manager and proof of last month's payment, e.g., cancelled check or receipts (mobile home residents) • Notarized letter of residence from landlord in lieu of lease • Notarized letter of residence to be used when the person seeking to enroll a student is living with District resident • Driver's license • Vehicle registration • Voter registration • Most recent cable television and/or credit card bill • Current public aid card • Current homeowners/renters insurance policy and premium payment receipt • Most recent gas, electric, and/or water bill • Current library card • Receipt for moving van rental • Mail received at new residence
Anyone with Custody Order Seeking to Enroll a Student	Presents court order, agreement, judgment, or decree that awards or gives custody of the student to any person (including divorce decrees awarding custody to one or both parents).
Non-Parent Seeking to Enroll a Student	Must have legal documentation to enroll student

Homeless Statement: Each child of a homeless individual and each homeless youth has equal access to the same free, appropriate public education as provided to other children and youths, including a public pre-school education. A homeless child may attend the District school that the child attended when permanently housed or in which the child was last enrolled. A Homeless child living in in any district school's attendance area may attend that school.

Truth in Residency Policy

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