

Staunton CUSD #6
New Student Enrollment/Residency Authorization

For the safety and protection of our students, the following information is required prior to the enrollment of all new students to SCUSD #6.

New Student Name _____ Birth Date: _____ Grade: _____

Date of Enrollment _____

Last school attended _____
(School Name) (City) (State)

Parent (Guardian) Name _____

Parent (Guardian) Phone Number _____

Parent (Guardian) Home Address _____
(Street) (City) (State)

Any new student enrolling at SCUSD #6 must prove residency with the following documentation:

Category I (One document required)

Most recent property tax bill and proof of payment

Mortgage papers (homeowners)

Signed and dated lease and proof of last month's payment (renters)

Letter from manager and proof of last month's payment (trailer park resident)

Housing letter (Military personnel)

*Letter of residence from landlord in lieu of lease **MUST BE NOTARIZED**

*Letter of residence to be used when the person seeking to enroll a student is living with a District resident **MUST BE NOTARIZED**

Category II (Three documents required)

Driver's license or state ID

Vehicle registration

Voter's registration

Most recent cable television **OR** credit card bill

Current public aid card

Current homeowners/renters insurance policy and premium payment receipt

Most recent gas **OR** electric **OR** water bill

Current library card

Receipt for moving van rental

Mail received at new residence

Approval from Principal _____
Signature Date

The district may require a home visit and/or additional documentation to verify residency.

**Staunton Community Unit District #6
Registration Form**

Date _____, 20____

Grade _____ Age _____

STUDENT INFORMATION

Full Name _____ Male _____ Female _____
(Last Name) (First) (Middle)

Date of Birth _____ Place of Birth _____ Student Cell Phone #: _____
(Month/Day/Year) (City)

Residence Address _____
(Street) (City) (State) (Zip)

Mailing Address _____
(If different from residence) (Street) (City) (State) (Zip)

Last School Attended _____

Distance to School _____ Eligible to ride Bus (Circle One) YES NO

CHILD LIVES WITH: (check one) HEALTH CONCERNS (circle one)

_____ Both Mother and Father	_____ Mother and Stepfather	Asthma	Inhaler	ADD	Seizures	Diabetes	Allergies	
_____ Father and Stepmother	_____ Mother Only	Other/Explain _____						
_____ Father Only	_____ Relatives other than Parent	_____						
_____ Foster Parents	_____ Independently	Family Physician _____						
_____ Other _____		Physician Phone # _____						

PARENT/GUARDIAN INFORMATION (Household where child resides)

Father/Guardian _____ Relationship to Child _____ Marital Status _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work # _____

Email Address _____

Mother/Guardian _____ Relationship to Child _____ Marital Status _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work # _____

ADDITIONAL FAMILY INFORMATION (Child does not reside in this household) Receive a report card at this address (circle one) YES NO

Parent/Guardian _____ Relationship to Child _____ Marital Status _____

Address _____
(Street) (City) (State) (Zip)

Home Phone # _____ Cell Phone # _____

Employer _____ Work # _____

Parent/Guardian _____ Relationship to Child _____ Marital Status _____

Home Phone # _____ Cell Phone # _____

Employer _____ Work # _____

EMERGENCY CONTACT (Designate TWO individuals other than yourself.)

1. Name _____ Relationship to Child _____

Primary Phone # _____

2. Name _____ Relationship to Child _____

Primary Phone # _____

If in the judgment of the school authorities immediate treatment is urgent, and neither parent can be reached, I authorize Staunton Community Unit School District #6 to call 911 and transport my child for treatment. I authorize the school nurse to share information with appropriate staff as necessary.

Parent /Guardian Signature _____ Date _____

Staunton Community Unit School District #6

Ethnicity and Race Identification

Student Name: _____

INSTRUCTIONS: This form is to be filled out by the student's parent or guardian, and both questions must be answered. Part 'A' asks about the student's ethnicity and Part 'B' asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A: Is this student 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

Part B: What is the student's 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 Island.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Parent/Guardian Signature

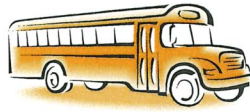
Date

Note: Data collected on this form must be maintained by the school district for three years. However, when this is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

Staunton Community Unit School District #6

2021-2022

Bus Registration Form:



Office Use Only

Assigned Bus Route: _____

Student Name: _____ Grade: _____

Home Address: _____
(Street) (City) (State)

What Bus Route was your child assigned to last year (if applicable)? _____

Parent (Guardian): _____ Relationship to Child: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Parent (Guardian): _____ Relationship to Child: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Emergency Contact: _____ Relationship to Child: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Emergency Contact: _____ Relationship to Child: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Other Eligible Drop-Off Location (i.e. State Licensed Daycare or Grandparent's home):

Address: _____
(Street) (City) (State)

Name of Supervising Adult: _____ Relationship to Child: _____

Phone Number: _____

Staunton CUSD #6 Buses may be monitored using video and audio.

STAUNTON CUSD #6
2021-2022 VERIFICATION FORM

REQUIRED FORMS FOR YOU TO COMPLETE AND SUBMIT:

1. Parent/Guardian Authorization Form & Affidavit of Residence
2. Registration Form
3. Ethnicity and Race Identification Form
4. Chromebook / Digital Citizenship Form
5. Student Bus Registration Form

REQUIRED FORMS/POLICIES/GUIDELINES FOR YOUR RECORDS:

Staunton CUSD #6 *required forms/policies/guidelines* are accessible online at www.stauntonschools.org

1. Authorization for Electronic Network Access Form
2. Authorization Acknowledgement of Failure to Comply with Cellular Radio Telecommunication Devices Procedures
3. Authorization Acknowledgement for Conducting Suspicion-Based Drug and/or Alcohol Testing of Students
4. Field Trip Form
5. Board Policy 7:180 Preventing Bullying, Intimidation and Harassment
6. Staunton CUSD #6 Handbook
7. Extracurricular Activity Compact
8. IHSA Sports Medicine Acknowledgement & Consent Form
9. Staunton School District Concussion Management Program

My signature verifies that I understand that I am responsible for reviewing, understanding, and complying with the above listed forms, policies, and/or guidelines.

Parent/Guardian Name *(please print)*

Parent/Guardian Signature

Date

Student Name *(please print)*

Student Signature

Date

Grade: _____

Student Name (Print): _____



Stanton CUSD #6

Electronic Device & School Google Account Digital Citizenship Guidelines & Expectations

Think before you act because your virtual actions are real and permanent!

	Guidelines & Expectations	Student Initials	Parent Initials
1	It is my responsibility to come to class each day with my electronic device charged and ready for class. I understand that there are consequences for absent/uncharged electronic devices per the district 1:1 guidelines.		
2	I understand that it is the classroom teacher's decision regarding when and how I may use my electronic device in class.		
3	I understand that the electronic device I received is intended for my use only. I agree to not misrepresent myself by using someone else's electronic device/username or lending my electronic device to others.		
4	I will do my own work. I understand that there are consequences in place for plagiarism/cheating. I will not use other people's intellectual property without their permission. I am aware that it is a violation of copyright law to copy and paste other's thoughts. It is required that I cite all sources (text, image, video, etc.).		
5	I understand that I am responsible for the content of my searches: both text and images. All searches should be school appropriate. I will report any inappropriate content immediately.		
6	I will be aware of what I post online. Website and social media venues are very public. What I contribute leaves a digital footprint for all to see. Inappropriate text, video, images, etc. that I post during school hours and/or while using school resources are subject to school and legal consequences.		
7	I will follow the school's code of conduct when writing online. It is acceptable to disagree with others' opinions; however, I will do it in a respectful way. I will make sure that criticism is constructive and not hurtful. What is inappropriate in the classroom is inappropriate online.		
8	I will be safe online. I will not give out personal information, including, but not limited to, last names, phone numbers, addresses, exact birth dates, and pictures. I will not share my password with anyone other than my parents or school administrators if requested.		
9	I understand that acknowledging receipt of these items that it is my responsibility to care for the equipment and ensure that it is retained in a safe environment and understand that I will not deface or destroy this equipment in any way.		
10	I acknowledge that this equipment is the property of Stanton Comm. Unit #6 and is being loaned to me for educational purposes for the academic school year and will be returned to the District when requested, or sooner, if I withdraw prior to the end of the year.		

Grade: _____

Student Name (Print): _____

Staunton CUSD #6 Electronic Device & School Google Account Care & Use

1. Always close the lid before moving your electronic device.
2. Shut down the device before going to next class.
3. Place your electronic device on flat, solid surfaces only.
4. Be gentle with the screen. It is easily damaged by excessive pressure or sharp objects. Do not pick up the electronic device by holding the screen.
5. Clean the screen with dry anti-static cloths or lens cleaners only.
6. Charge your Electronic device every night at home. Leave your device charger at home.
7. Charging may only be done at designated "charging stations" in the building.
8. Keep your electronic device in your possession or in your locked locker at all times at school.
9. Use of your electronic device in the cafeteria/bus is not recommended. Damage outside of normal wear and tear is your responsibility. Please be careful with your electronic device.
10. Report any damage or problems to a school staff member immediately.
11. Return any unattended electronic devices immediately to the main office.

1. Do not sit on your electronic device or place heavy objects on top of it.
2. Do not "decorate" your device in any way (stickers, markers, paint, etc.)
3. Do not disassemble, modify or repair your Electronic device, operating system, installed software or filters. If you cause damage to your Electronic device, the following fees will be assessed:

Repair charges First Visit -	\$10	Replacement Cost -	\$279
Repair charge for Each Following Visit -	\$30	Replacement Charger	\$40

4. Do not alter or remove the SCUSD#6 ID tags on the underside of the Electronic device itself.
5. Do not leave your electronic device unattended. You are responsible if it is lost.
6. Do not leave your electronic device in an unlocked vehicle or in a hot vehicle.
7. Do not use your electronic device near water.
8. Your electronic device will be collected by Staunton Staff at the end of the school year for summer maintenance.

Any damage or loss due to your negligence is YOUR RESPONSIBILITY.

Student Name (Printed)

Student Signature

Date: _____

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date: _____