

2021 – 2022 School Year

Forms and information to complete and bring to registration for

RE-ENROLLEES (for Current SC Students) Grades ECE, Pre-K, & Kindergarten - 5th grade

Required Forms for Current ECE, Pre-K, Kindergarten - 5th grade

Yearly Health History

Parent Authorization

Transportation policy & form

Verification of Residency & documents **(fill out only if you've moved within our district)**

Required Documentation Needed for Current Kgtm, ECE, & Pre-K Students that must be brought to registration

Updated School Physical

Updated vaccination record

2 Varicella Vaccines

Vision and dental exam (Kgtm. only)

PCV ACIP Vaccine (1 dose or required schedule) (ECE & Pre-K only)

For your information:

Tuesday, August 10 – School-wide Registration at the Middle School
(all students including Pre-K) 11:00 a.m. - 7:00 p.m.

Wednesday, August 11 – School-wide Registration at the Middle School
(all students including Pre-K) 9:00 a.m. - 12:00 p.m.

Tuesday, August 17 – Students 1st Day - Meet the Teacher & Bring Supplies Day!

Tuesday, August 17 – Kindergarten Orientation at 9:00 a.m.

Wednesday, August 18 – 1st full day of attendance for all students including
Kindergarten, Pre-K, & ECE

South Central Schools Unit #401 Health History Information

Student's Name _____ DOB _____ Grade _____

Please answer the following yes/no questions. If you answer yes explain in area provided.

ADD/ADHD Medications	YES NO	<u>Comments:</u>	Diabetes Insulin	YES NO	<u>Comments:</u>	Female/Reproductive Problems Pain PMS Medications	YES NO	<u>Comments:</u>
Allergies Environmental Food Insect Medication	YES NO		Dietary needs Dietary restrictions FOOD ALLERGIES	YES NO		Heart Problems Heart Murmur High Blood Pressure	YES NO	
Asthma Wheeze Cough Exercise	YES NO		Ear/ Hearing Problems Tubes Hearing Aides	YES NO		Mental Health Concern Depression Bipolar	YES NO	
Birth Defect Developmental Delay; Neurological Disorder	YES NO		Eye problems Vision problems Glasses	YES NO		Seizure? What are they like? How long do they last?	YES NO	
Bone/Joint Problems	YES NO		Head Injury Concussion Skull Fracture	YES NO		Bowel/ Urinary Problems? Wets Clothing?	Yes NO	
Blood Disorder	YES NO		Headaches Migraines Medications	YES NO		Serious illness/ Injury?	YES NO	

LIST ALL MEDICATIONS: (if we would ever need an Ambulance, they will need to know all of student's medication)

DOCTOR: _____ Phone#: _____

DENTIST: _____ Phone#: _____

I, Parent/Guardian of above named student, give consent to the South Central School District to provide emergency care to my child in my absence. I understand if an ambulance is medically necessary, I accept financial responsibility.

I hereby authorize the South Central Schools to disclose my child's health information to teachers, substitute teachers, and cafeteria staff at the school or at school events and field trips to the extent necessary for the protection of my child.

I hereby authorize South Central School's Nurse or Principal to contact the above listed physicians regarding my child for the purpose of providing information or treatment medically necessary for my child's well being.

Parent/Guardian Signature: _____ Date: _____

SOUTH CENTRAL

CUSD #401

2021-2022

Legal Guardian is a member of the
Armed Forces or
full-time National Guard on **active** duty.
_____ yes _____ no

Parent Authorization – PLEASE FILL OUT 1 FORM PER FAMILY

Directions: After reading each statement, place a check mark on the line to the left of the statement.
Please sign your child's name and your name on the appropriate lines at the bottom, and fill in the date.

_____ STUDENT INSURANCE

I have received information concerning the availability of insurance. I understand the school district does not provide any type of health or accident insurance for injuries incurred by my child at school. A student accident insurance policy is available to purchase. Failing to return the insurance policy envelope will be accepted by the school as rejection since parents are required to pay to receive for insurance for their child.

_____ STUDENT ABSENCE

I understand that if my child is ill, or absent for any reason, I am to notify the school **by 9:00 a.m.** If a phone is not available, I will send a note with my child on the day they return.

_____ STUDENT MEDICATION

I have received a form in my handbook to be completed by the licensed prescriber authorizing student medication at school.

_____ TRANSPORTATION

I understand that students may only be transported to one designated destination. If that destination is to change, a note signed by a parent should be sent to the office.

_____ AUTHORIZED INTERNET USE AGREEMENT

I have received a copy of the policy on internet use and agree to abide by the terms and conditions of the policy.

_____ FIELD TRIP CONSENT AUTHORIZATION

I give my permission for my student to attend special events for the upcoming school year. Notification of each particular event, with specific details, will be sent by the teacher. Cancellation of my child's participation may be made for any particular event by sending a written note.

_____ PICTURE RELEASE

I grant consent to South Central School District to identify a picture of my child by full name and/or the school he or she attends in any school sponsored material, publication, videotape, or website.

ELEMENTARY SCHOOL ONLY

_____ STUDENT HANDBOOK

I agree to review the South Central Elementary Handbook online or ask for a paper copy if internet is not available to me.
I agree to abide by the guidelines set forth in the handbook

HIGH SCHOOL ONLY

_____ I have received a copy of the Parking Agreement for all high school student drivers. I will review the agreement with my child and agree to pay the parking fee as required.

_____ I give my permission for my student to leave school early if attending OKAW Area Vocational Center when Vandalia Schools are not in session.

Student's Name/Grade

Student's Name/Grade

Student's Name/Grade

Parent's Signature/Date

South Central CUSD 401 Transportation Pick-up and Drop-off policy

The goal of the South Central School District is to provide the students of the District with a safe and secure transportation program. This goal can only be achieved through the combined efforts of our schools, bus garage, students, and parents.

The District has adopted the following policies:

Students will be allowed one pick-up address and one drop-off address. These pick-up and drop-off locations may be different, but must be consistent every day of the week. In the case of an emergency, students will be allowed an additional location which will be used in cases of emergencies only. Both the primary and emergency locations need to be completed at registration prior to the start of school. Preferably when using the emergency address, a note needs to be turned into the building office by 8:30 A.M. These situations will be considered on a case by case basis. No phone calls for bus changes will be taken during the day except in an emergency situation.

For purposes of consistency and to avoid overcrowding of buses, the matter of students switching buses is strictly regulated. For example, students may not switch busses for such reasons as going to another student's house to spend the night, slumber parties, etc. Parents will be responsible for transportation in such cases.

In the case of split custody, each parent will be allowed one pick-up and drop-off location, these must be consistent.

If a student misses three consecutive days without a call from the parent, the bus service will not resume at that address until the parent makes contact with the bus garage.

Because of the danger associated with students being left unattended, the following guidelines will be followed. In the circumstance that there is no one at the drop-off location; the student will be returned to the school district, a verbal conference with the parent or guardian will be held, if this continues parents may be referred to local authorities.

Student can be picked up from school by a parent or designee at the close of the school day. The parent or designee must come to the office to pick up the student.

In summary, student transportation options are as follows:

1. Primary pick-up and drop-off location
2. Emergency pick-up and drop-off location
3. Students can be picked up any day at the close of the school day in each building. Please send a note or call so that we can prepare the student. (This is not considered a bus change).
4. Have an emergency contact meet your child at the primary pick-up or drop-off location.
5. Have an emergency contact meet your child at the emergency pick-up or drop-off location.

NOTICE:
 Complete this form for
ALL STUDENTS
 whether they ride the bus or not.

Bus Route Form

Please Print

The Board of Education policy allows one consistent AM pick-up location and one consistent PM drop-off location. As stated in the policy, one emergency AM pick-up and one PM drop-off location can be requested in writing by sending a note to the school office by 8:30 a.m. No phone calls will be accepted. Please complete the following so these two locations will be on file at your child's school and bus garage.

Student's First / Last Name _____ Grade _____

Student's First / Last Name _____ Grade _____

Student's First / Last Name _____ Grade _____

I agree that South Central CUSD #401 Transportation Department may drop off my child(ren) at their normal bus stop IF NO ONE IS HOME.

Yes No

Routine A.M. Location

A.M. Pick-up Street Address _____

City _____

Name of Person(s) at this location & Relationship to Student _____

Phone Number(s) for this Location _____

(School Personnel to complete:) **BUS #** _____

Routine P.M. Location

P.M. Pick-up Street Address _____

City _____

Name of Person(s) at this location & Relationship to Student _____

Phone Number(s) for this Location _____

(School Personnel to complete:) **BUS #** _____

Emergency A.M. Location

A.M. Pick-up Street Address _____

City _____

Name of Person(s) at this location & Relationship to Student _____

Phone Number(s) for this Location _____

(School Personnel to complete:) **BUS #** _____

Emergency P.M. Location

P.M. Pick-up Street Address _____

City _____

Name of Person(s) at this location & Relationship to Student _____

Phone Number(s) for this Location _____

(School Personnel to complete:) **BUS #** _____

Parent(s) / Guardian(s) Names and Contact Information if different than above:

Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Home Phone _____ Cell Phone _____ Work Phone _____

OFFICE USE ONLY

Reviewed by: _____

Parent/Guardian Signature _____

Effective Date _____

*******FILL OUT ONLY IF YOU HAVE MOVED*******

By mandate of the Illinois State Board of Education, the Board of Education of South Central Schools is required to be able to prove that the students attending its schools are truly residents of this School District or are paying tuition. The only exception is for homeless children as defined by law. If parents/guardians wish to challenge the District's determination of non-residency, they may do so in accordance with the policies adopted for such challenges which determination is final. Therefore, it is required that you provide the following residency verification.

VERIFICATION OF IN-DISTRICT RESIDENCY

*******FILL OUT ONLY IF YOU HAVE MOVED*******

I/We, the undersigned parent/guardian of the student provide the following information to South Central CUSD 401 (hereinafter the District) to support our representation that the student is a legal resident of the District, and is entitled to attend the school as a resident without charge for tuition, but with a charge for certain fees.

Student's Name: _____

Student's Address: Street _____

City & Zip Code _____

Telephone _____

Names of Adult(s) with whom student resides in District: _____

Relationship of adult(s) named above to student (mark one and explain if necessary):

_____ Parent (includes natural and adoptive parents)

_____ Legal Guardian with Court Order (attach Court Order)

_____ Other (explain in detail why student is living with adult, and attach all relevant Documentation)

Please submit the following required documentation from Categories I and II:

Category I (one document establishing property within the District)

- a. Most recent property tax bill (homeowners)
- b. Mortgage papers (homeowners)
- c. Deed
- d. Signed and dated lease and proof of last 2 months' payments if lease is not at its inception (canceled check or receipts required) (renters)
- e. Housing letter (military personnel)
- f. Letter from manager and proof of last two months' payments (canceled checks or receipts required) (renters or trailer park residents)
- g. An agreement of sale for a residential property located within the District, signed by the seller and parent/custodian as buyer, which recites a closing date prior to the first day of attendance (new residents)
- h. Notarized affidavit of residency from the resident owner of property within the District where the parent/custodian of the child is living with the owner at no cost (those living with relatives or others)

Category II (one document establishing an address within the District)

- a. Driver's license
- b. Vehicle registration
- c. Current Public Aid card
- d. Current library card
- e. Voter registration
- f. Most recent gas, electric, water, cable television and/or credit card bill
- g. Current homeowners/renters insurance policy and premium payment receipt

If student does not live with parent/guardian, please list parents'/guardians' residence.

If the student's parents/guardians are not residing together, where does the other parent/guardian reside?

Attach any court order, decree, or other document establishing the custody and/or residency of the student.

If this student's parents/guardians have students enrolled in other districts, please list those districts.

Certificate of Residency

I/We certify that the above information is accurate, and that the student is a resident of the South Central School District. I/We understand that the District may request additional information from us. I/We agree to notify the District within 7 days of any change of residence or address. I/We understand that should any information on this form, or any information otherwise provided the District be wrong, or if it is determined that the student is not a resident of the District, the student may be dismissed immediately from the District's school and the student and responsible adults shall reimburse the District for costs, including tuition for the time during which the student attended the District's schools. I/We recognize that any person who knowingly registers or attempts to register a student known by that person to be a non-resident of the District shall be subject to criminal prosecution.

Dated: _____

Signatures of Student's Parents/Guardians
