POTOMAC CUSD #10 STUDENT DATA SHEET						
GENERAL INFORMATION Please print full legal name as it appears on student's birth certificate						
, , , ,	-17	et/igieme				
Student Name		Date of Birth				
Last	First	Middle	mm/dd/yyyy			
Home phone ()	**					
Street Address		Mailing address				
Father/Guardian name		Mother /Guardia name				
Father's address		M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Str	reet		Street			
City, St	tate, Zip		City, State, Zip			
Father's home phone #		Mother's home phone #				
Father's day/cell phone #		Mother's day/cell phone #				
Father's email		Mother's email				
List two neighbors or <u>local</u> relative	ves who will assume tempo	rary care of your ch	aild if you cannot be reached:			
1. Name	Phone		Relationship			
2. Name	Phone		Relationship			
MEDICAL INFORMATION						
Does your child have any health If yes, please specify:AsthmaDiabetesKidney/BladderIntestirAllergies: To what? (food, irOther Health Conditions: SpHearing Problems:DeafVision Problems:Blind List all medications taken by you	ADD/ADHD Senal Irregularities Arthosects, medications, environ ecify Left Ear Right I Contact lenses	eizure Disorder pritis Seizures prent) Specify:				

POTOMAC GRADE SCHOOL PARENT/GUARDIAN/STUDENT SIGNATURE PAGE

Please sign and return this page within the first five (5) days of receipt. Please do not put more than one child's name on these forms. These pages must be completed for <u>each</u> child in the family.

Child's Name	Grade
Parent/Guardian E-mail Address	
We have read and discussed the Potomac CUSD #1 the school guidelines, discipline codes, procedures	and behavior expectations.
Parent/Guardian's Signature	
Student's Signature	
WALKING FIELD I give my child permission to participate in field tri	TRIP PERMISSION ps within walking distance of the school.
YesNo Parent/Guardian Signature	
	DDE OF CONDUCT (Page 23) t Bus Rider Code of Conduct. We realize that this both of us. As a result, we agree with the rules and
Parent/Guardian's Signature	
Student's Signature	
I give my permission for the district to publ achievements on the school website and in sc	PAPER/MEDIA RELEASE ish and/or post my child's name, photograph or hool publications. The district may also release d with school approval, students may be interviewed
YesNoParent/Guardian Signature	
MILI	TARY SERVICE

Is the student's parent currently a member of a branch of the armed forces? YES NO **Optional**

If yes, is the parent expected to be deployed during this school year? YES NO

Parental Consent Form

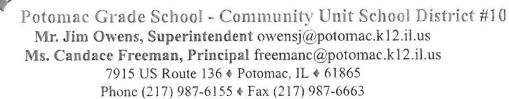
Student Name:	-
Teacher Name:	_
I have read the Technology Acceptable Use Policy. I will follow the rule that my privileges will be taken away, if I do not follow this policy.	es. I understand
Student Signature:	_Date:
I have read the Technology Acceptable Use Policy. I understand is a world wide group of hundreds of thousands of computer networks. Potomac=CUSD #10 does not control the content of these Internet netw the Internet, I realize that students may read material that is controversiknow that the District has done everything within current technology of the access to controversial or offensive sites, and does not condone or provided to these sites. I give my permission to issue Internet access for my child that my Child may keep this access as long as the procedures described Acceptable Use Policy are followed.	I know that the orks. When using all or offensive. I fferings to prevent promote the access d. I understand
Parent Signature:	Date:

Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name:		
1. Is a language other than English	spoken in your home?	
Yes N	0	
What language?		
2. Does your child speak a languag	e other than English?	
Yes N	0	
What language?		
If the answer to either question in child's English language proficie		the school to assess your
Parent/Legal Guardian Signatur	e	Date



Dear Parents of Athletes.

Each year, student athletes incur head injuries that can cause long term effects. According to Potomac CUSD #10 policy, protocols have been established when students have a head injury during a sports activity. Listed below are the specific protocols that are in place when a student athlete incurs a concussion:

- A. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion in a practice or game shall be removed from participation or competition at that time.
- B. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
- C. If not cleared to return to that contests, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.

In order for a student to return to play after a head injury, Potomac CUSD #10 requires a note from the doctor clearing the student to return to play. If you have any questions or concerns about these protocols, please contact me.

Thank you, Candace Freeman, Principal

Mission: To encourage, engage, and inspire all students to reach their maximum potential through a challenging and supportive learning environment. Vision: CUSD #10 students will have the opportunity to reach their maximum potential when they have the knowledge and skills to be: lifelong, self-directed learners: Critical and creative thinkers: Effective communicators; Collaborative team members; Respectful and responsible members of society. Goal: To develop a purposeful community through parent and community involvement that will empower every student to become a lifelong learner who is a responsible, productive, and engaged citizen within the global community.