

POTOMAC CUSD #10 STUDENT DATA SHEET

GENERAL INFORMATION

Please print full legal name as it appears on student's birth certificate

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 _____ Mother's address _____
Street Street
City, State, 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 local relatives who will assume temporary care of your child if you cannot be reached:

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

MEDICAL INFORMATION

Does your child have any health conditions ____ Yes ____ No

If yes, please specify:

____ Asthma ____ Diabetes ____ ADD/ADHD ____ Seizure Disorder ____ Migraines ____ Heart Condition
____ Kidney/Bladder ____ Intestinal Irregularities ____ Arthritis ____ Seizures ____ Physical Handicap

____ Allergies: To what? (food, insects, medications, environment) Specify: _____

____ Other Health Conditions: Specify _____

____ Hearing Problems: ____ Deaf ____ Left Ear ____ Right Ear ____ Hearing Aids

____ Vision Problems: ____ Blind ____ Contact lenses ____ Eyeglasses

List all medications taken by your child:

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 each child in the family.

Child's Name _____ Grade _____

Parent/Guardian E-mail Address _____

HANDBOOK RECEIPT

We have read and discussed the Potomac CUSD #10 School Parent/Student Handbook and understand the school guidelines, discipline codes, procedures and behavior expectations.

Parent/Guardian's Signature _____

Student's Signature _____

WALKING FIELD TRIP PERMISSION

I give my child permission to participate in field trips within walking distance of the school.

Yes _____ No _____ Parent/Guardian Signature _____

STUDENT BUS RIDER CODE OF CONDUCT (Page 23)

My child and I have read and discussed the **Student Bus Rider Code of Conduct**. We realize that this service is offered as a privilege – a convenience to both of us. As a result, we agree with the rules and responsibilities as outlined in this handbook.

Parent/Guardian's Signature _____

Student's Signature _____

VIDEO/PHOTO/NEWSPAPER/MEDIA RELEASE

I give my permission for the district to publish and/or post my child's name, photograph or achievements on the school website and in school publications. The district may also release information to local media. In some instances, and with school approval, students may be interviewed and photographed by local media.

Yes _____ No _____ Parent/Guardian Signature _____

MILITARY 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 rules. I understand that my privileges will be taken away, if I do not follow this policy.

Student Signature: _____ Date: _____

Parent

I have read the Technology Acceptable Use Policy. I understand that the Internet is a world wide group of hundreds of thousands of computer networks. I know that the Potomac=CUSD #10 does not control the content of these Internet networks. When using the Internet, I realize that students may read material that is controversial or offensive. I know that the District has done everything within current technology offerings to prevent the access to controversial or offensive sites, and does not condone or promote the access to these sites. I give my permission to issue Internet access for my child. I understand that my Child may keep this access as long as the procedures described in the District Acceptable Use Policy are followed.

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 _____ No _____

What language? _____

2. Does your child speak a language other than English?

Yes _____ No _____

What language? _____

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent/Legal Guardian Signature

Date



Potomac Grade School - Community Unit School District #10

Mr. Jim Owens, Superintendent owensj@potomac.k12.il.us

Ms. Candace Freeman, Principal freemanc@potomac.k12.il.us

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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