

RACCOON CONSOLIDATED SCHOOL DISTRICT NO. 1

3601 State Route 161, Centralia, IL 62801
Phone (618) 532-7329 FAX (618) 532-7336

Misty Johannes
Superintendent

Board of Education
Kyla White, President Jason Coffman, Vice President
Christy Cameron, Secretary, Steven Bradley, BJ Lamb,
Sharon Elwood, Lee Ann Schaeffer

Authorization for Release of School Records

In accordance with the "Family Educational Rights and Privacy Act of 1974" the following school record information may be released or reviewed as specified below.

Date: _____

School Phone: (____) _____

School Fax: (____) _____

School Name: _____ City/State: _____

Dear Principal:

The following student(s) have entered our school district:

Name: _____ Grade: _____ Date of Birth: _____ AIMSweb# _____

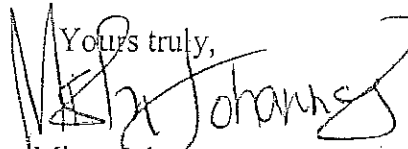
Name: _____ Grade: _____ Date of Birth: _____ AIMSweb# _____

Name: _____ Grade: _____ Date of Birth: _____ AIMSweb# _____

Please release ALL school records including:

- ✓ Birth Certificate
- ✓ Health Records
- ✓ Special Education and IEP Information
- ✓ Attendance
- ✓ Grades
- ✓ Any other pertinent information
- ✓ If the student is in 7th or 8th grade, please send notice if he/she has passed the Illinois and/or U.S. Constitution tests.

Thank you for your assistance.

Yours truly,

Misty Johannes
Superintendent

I, the custodial parent or legal guardian of the above-mentioned student(s), authorized the release of school records to be sent to Raccoon School by mail at 3601 State Rt. # 161, Centralia, IL 62801, by fax at (618) 532-7336 or by email to kinlow@raccoonschool.org.

(Custodial parent or legal guardian signature)

(Date)

Student Information Form

Basic Information	Mailing Address
<p style="text-align: center;">Student Information</p>	
First Name _____	Address _____
Preferred Name _____	City _____
Middle Name _____	State _____
Last Name _____	Zip Code _____
Gender (Circle One) M F	
Birthdate _____	Physical Address (if different)
Phone _____	Address _____
Student's Cell Phone: _____	City _____
Social Security Number: _____	State _____
Grade Level Entering _____	Zip Code _____
Bus Stop (Circle One) Y N	
<p style="text-align: center;">Demographics</p>	<p style="text-align: center;">Misc Info</p>
<p style="text-align: center;">Ethnicity (Circle One)</p>	Birth Place: _____
Hispanic/Latino	Mother's Maiden Name: _____
Not Hispanic/Not Latino	Parent's Marital Status (Circle One):
<p style="text-align: center;">Ethnicity/Race (Circle One):</p>	Never Married Legally Separated
Asian American Indian or Alaska Native	Married Divorced
Native Hawaiian or Other Pacific Islander	Widow
White Black/African American	<p style="text-align: center;">Lives With (Circle One):</p>
Disabled (Circle One): Y N	Both Parents Father/Step Mother Other (Please List):
If Disabled, Please Explain:	Mother Legal Guardians
_____	Father Foster Parents
_____	Mother/Step Father

<p>Email Address : _____</p> <p>**Giving your email address will allow you access to your students grades, lunch fees and discipline by visiting teacherease.com. You will receive your password to login via email notification.</p>	

Guardian Name #1	
Name:	_____
Address:	_____
City:	_____
Home Phone:	_____
Cell Phone:	_____
Relationship to Student:	_____
* If court appointed guardian check here	_____
Proof of guardianship on file (Circle One):	Y N
Employer:	_____
Address:	_____
City:	_____
Phone :	_____
Occupation:	_____
Notes - - List other information or ways to be reached:	_____

Guardian Name #2	
Name:	_____
Address:	_____
City:	_____
Home Phone:	_____
Cell Phone:	_____
Relationship to Student:	_____
* If court appointed guardian check here	_____
Proof of guardianship on file (Circle One):	Y N
Employer:	_____
Address:	_____
City:	_____
Phone :	_____
Occupation:	_____
Notes - - List other information or ways to be reached:	_____

Emergency/Pickup Information - - Provide the following information for at least two adults (other than the people listed as Guardian 1 and Guardian 2) who may be contacted in case of any emergency or need that may arise.

Emergency Contact Name #1	
Name:	_____
Address:	_____
City:	_____
Home Phone:	_____
Cell Phone:	_____
Relationship to Student:	_____
Employer:	_____
Address:	_____
City:	_____
Phone :	_____
Occupation:	_____
Notes - - List other information or ways to be reached:	_____

Emergency Contact Name #2	
Name:	_____
Address:	_____
City:	_____
Home Phone:	_____
Cell Phone:	_____
Relationship to Student:	_____
Employer:	_____
Address:	_____
City:	_____
Phone :	_____
Occupation:	_____
Notes - - List other information or ways to be reached:	_____

Additional Pick Up Contacts	Phone	Relationship to Student
3		
4		
5		

FOR OFFICE USE ONLY

Date Enrolled _____

Meal Status: Free Reduced None

L/I: Yes No

IEP: Yes No

Bus Color _____

Raccoon Consolidated School District No. 1

In-District Residency

By mandate of the Illinois State Board of Education, the Board of Education of Raccoon C.S.D. #1 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

I/We, the undersigned parent/guardian of the student provide the following information to Raccoon C.S.D. #1 (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 and Zip Code _____

Telephone(s) _____

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 two 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 month's 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 | e. Voter registration |
| b. Vehicle registration | f. Most recent utility bill and/or credit card bill |
| c. Current public aid card | g. Current homeowner/renters insurance policy |
| d. Current library card and premium payment receipt. | |

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

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

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

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

Certificate of Residency

I/We certify that the above information is accurate, and that the student is a resident of the Raccoon C.S.D. #1. 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 change of 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/Guardian

STATE OF ILLINOIS
COUNTY OF MARION

AFFIDAVIT OF RESIDENCE

I, _____ having first been sworn upon my oath depose and say as follows:
That I am the parent, foster parent, legal guardian or _____ of _____
(child's name), age _____, and that his/her residence is _____ (street address),
City/Village of _____, Marion County, Illinois, within the territorial boundaries of the Raccoon C. #1
School District, Marion County, Illinois; and that said child's residence within the said School District has not been
established solely for the purpose of attending the schools thereof. That the following facts are sworn to
in order to permit the said School District to enroll the said child in the schools of said District as a resident:

	Yes	No
The said child eats his/her meals regularly at the said residence.....	_____	_____
The said child sleeps regularly at said residence.....	_____	_____
The said child spends his/her weekends regularly at said residence.....	_____	_____
The said child spends his/her summers regularly at said residence.....	_____	_____

A person who knowingly or willfully presents to any school district any false information regarding the purpose of enabling that pupil to attend any school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. [Section 10-20.12b(f) of the Illinois School Code]

Signature

2021-2022 RACCOON SCHOOL SUPPLY LIST CONTINUED

FIFTH GRADE

24 count - #2 Ticonderoga or Dixon pencils (No mechanical pencils)
Pink Pearl erasers
12 count (only) – Crayola colored pencils
10 pack (only) – Crayola washable markers classic colors
4 oz. bottle of Elmer's school glue
3 Elmer's glue sticks
2 highlighters (any color)
2-3 dry erase markers
2 pkgs loose leaf paper (**wide ruled, not college**)
1 ream of white copy paper 500 sheets
Pencil pouch (**no plastic boxes**)
Small personal pencil sharpener
Pair of Scissors
Ruler with standard and metric
1 (5 subject) spiral notebook – NOT 5 separate notebooks
Scientific calculator Texas Instruments 30X IIS
2 plastic pocket folders for homework
4 solid color pocket folders **WITH BRADS** (red, yellow, blue, green) for novels
3 large boxes of tissues
Pair of headphones or ear buds to be left at school for chrome books
Clorox wipes
Box of Ziploc bags (Quart size) BOYS ONLY
Box of Ziploc bags (Gallon size) GIRLS ONLY

Please leave all items in their original packaging.
We will unpack at school.

JR. HIGH SUPPLY LIST

GENERAL SUPPLIES

3" binder
1 set of dividers with colored tabs
1 package loose leaf paper
Scientific Calculator (Texas Instruments 30X IIS)
Large Pencil pouch or box for supplies
Mechanical pencils (lead) or #2 pencils
Erasers
Pens
Crayola colored pencils
Highlighters
Dry erase markers (dry erase cloth/eraser)
3 boxes of Kleenex
Wet wipes
Small personal GermX
Headphones/earbuds
Mouse - Optional
Computer Paper
Snack baggies 6th
Sandwich baggies 7th
Quart baggies 8th
Locker shelves - Optional
Master lock dial combination locks

Art Supplies for All Grades K-8 (This is in addition to classroom supplies)

Pocket folder
Baby wipes
Old Shirt for painting (Keep in locker)
Sidewalk chalk
Water Colors
#2 Wooden Pencils
Glue sticks

P.E. for All Grades K-8th

All students need white soled tennis shoes.

Military Children Registration Form

Dear parent or guardian,

Please take a few moments to answer these voluntary questions.

This information will help identify Illinois military families.

Your participation will help schools get U.S. Department of Defense assistance for children struggling with their parent's or guardian's military deployment.

Name(s) of child(ren)/School:

Does the child(ren)'s parent or guardian serve in the military, including National Guard or Reserve?

YES

NO

Is the parent or guardian currently serving on active duty or expect to be deployed this year?

YES

NO

Has a parent or guardian returned from deployment in the last 6 months?

YES

NO

Return form to your school. Thank you!

IMPORTANT

PARENT NOTIFICATIONS AND STUDENT INFORMATION ACCESS

Parent Notifications

We are excited to announce that Raccoon School has its own App to keep you posted about all of the happenings at school. Our new App will allow for text notifications, emails, push messaging, and so much more. Nearly all information will be pushed through the App this year. All calendars and sports schedules will be at your fingertips. We will be promoting the use of the App as the weeks go on to help you become more accustomed to using it. **To put the Raccoon App on your smartphone, simply go to your app store on your phone, touch the "search" tab, and then type in "Raccoon Grade School" in your search bar (you will see Hank the Raccoon's pic). Then download the free app.....it's that simple!**

Teacher Ease

Raccoon Grade School uses an online student information system. This is a secure, browser-based system that allows for parents to have access to their child's grades and other information. We will need your email address at registration this year to get you signed up if you are not already. **All student progress reports in grades 3-8 will be emailed to parents this year. We are working to go paperless.**

Raccoon School Enrollment Checklist

Due to State requirements, several items must be authorized by a parent/guardian at the time of enrollment. Please check the appropriate space below and sign on the space provided. If you have questions concerning the items listed, please ask for assistance.

Yes No

I verify that my residency has not changed or that I have completed the necessary paperwork for my new address.		
I have received a copy of the Raccoon School Student Handbook.		
My child/ren may participate in the Illinois Free Textbook Loan Program this year.		
I give my approval to release my child/ren's image and or voice.		
I request that my child be allowed access to the district's internet.		
I give my permission for my child/ren to have their vision/hearing screening at school.		
I have reported all of my children's health concerns to the nurse.		
I give my permission for my child/ren to attend scheduled classroom field trips.		
I have read the transportation policy & procedure and understand the importance of following it.		
I have reviewed my personal computer data & emergency contacts and made any corrections and updates.		
I have been presented with our meal qualification or been given the opportunity to apply for free or reduced meals.		

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Date: _____

Parent/Guardian Signature: _____

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 that 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

Keeping Yourself and Your Kids Safe On Social Networks

The quick tips for teens:

- Put everything behind password protected walls, where only friends can see.
- Protect your password and make sure you really know who someone is before you allow them onto your friend's list.
- Blur or morph your photos a bit so they won't be abused by cyberbullies or predators.
- Don't post anything your parents, principal or a predator couldn't see.
- What you post online stays online - forever!!!! So ThinkB4UClick!
- Don't do or say anything online you wouldn't say offline.
- Protect your privacy and your friends' privacy too...get their okay before posting something about them or their pics online.
- Check what your friends are posting/saying about you. Even if you are careful, they may not be and may be putting you at risk.
- That cute 14-year old boy may not be cute, may not be 14 and may not be a boy! You never know!
- And, unless you're prepared to attach your blog to your college/job/internship/scholarship or sports team application...don't post it publicly!
- Stop, Block and Tell! (don't respond to any cyberbullying message, block the person sending it to you and tell a trusted adult).
- R-E-S-P-E-C-T! (use good netiquette and respect the feelings and bandwidth of others).
- Keep personal information private (the more information someone has about you, the more easily they can bully you).
- Google yourself! (conduct frequent searches for your own personal information online and set alerts ... to spot cyberbullying early).
- Take 5! (walk away from the computer for 5 minutes when something upsets you, so you don't do something you will later regret).

And for parents:

- Talk to your kids - ask questions (and then confirm to make sure they are telling you the truth!)
- Ask to see their profile page (for the first time)...tomorrow! (It gives them a chance to remove everything that isn't appropriate or safe...and it becomes a way to teach them what not to post instead of being a gotcha moment! Think of it as the loud announcement before walking downstairs to a teen party you're hosting.)
- Don't panic...there are ways of keeping your kids safe online. It's easier than you think!
- Be involved and work with others in your community. (Think about joining WiredSafety.org and help create a local cyber-neighborhood watch program in your community.)
- Remember what you did that your parents would have killed you had they known, when you were fifteen.
- This too will pass! Most kids really do use social networks just to communicate with their friends. Take a breath, gather your thoughts and get help when you need it. (You can reach out to WiredSafety.org.)
- It's not an invasion of their privacy if strangers can see it. There is a difference between reading their paper diary that is tucked away in their sock drawer...and reading their blog. One is between them and the paper it's written on; the other between them and 700 million people online!
- Don't believe everything you read online - especially if your teen posts it on her blog!

For more information, visit www.WiredSafety.org; www.stopcyberbullying.org.

Reprinted with permission from "Parry Aftab's Guide to Keeping Your Kids Safe Online, MySpace, Facebook and Xanga, Oh! My!" Parry Aftab, Esq., www.aftab.com.

Authorization for Electronic Network Access

Each staff member must sign this Authorization as a condition for using the District's Electronic Network connection. Each student and his or her parent(s)/guardian(s) must sign the Authorization before being granted unsupervised access. Please read this document carefully before signing.

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. This *Authorization* does not attempt to state all required or proscribed behavior by users. However, some specific examples are provided. **The failure of any user to follow the terms of the *Authorization for Electronic Network Access* will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

Terms and Conditions

Acceptable Use - Access to the District's electronic network must be: (a) for the purpose of education or research, and be consistent with the District's educational objectives, or (b) for a legitimate business use.

Privileges - The use of the District's electronic networks is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrator will make all decisions regarding whether or not a user has violated the terms of access privileges and may deny, revoke, or suspend access at any time. His or her decision is final.

Unacceptable Use - The user is responsible for his or her actions and activities involving the network. Some examples of unacceptable uses are:

- a. Using the network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any State or federal law;
- b. Unauthorized downloading of software, regardless of whether it is copyrighted or de-virused;
- c. Downloading copyrighted material for other than personal use;
- d. Using the network for private financial or commercial gain;
- e. Wastefully using resources, such as file space;
- f. Hacking or gaining unauthorized access to files, resources or entities;
- g. Invading the privacy of individuals, that includes the unauthorized disclosure, dissemination, and use of information about anyone that is of a personal nature including a photograph;
- h. Using another user's account or password;
- i. Posting material authored or created by another without his/her consent;
- j. Posting anonymous messages;
- k. Using the network for commercial or private advertising;
- l. Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material; and
- m. Using the network while access privileges are suspended or revoked.

Network Etiquette - You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

- a. Be polite. Do not become abusive in your messages to others.
- b. Use appropriate language. Do not swear, or use vulgarities or any other inappropriate language.

- c. Do not reveal the personal information, including the addresses or telephone numbers, of students or colleagues.
- d. Recognize that electronic mail (e-mail) is not private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
- e. Do not use the network in any way that would disrupt its use by other users.
- f. Consider all communications and information accessible via the network to be private property.

No Warranties - The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages the user suffers. This includes loss of data resulting from delays, non-deliveries, missed-deliveries, or service interruptions caused by its negligence or the user's errors or omissions. Use of any information obtained via the Internet is at the users own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.

Indemnification - The user agrees to indemnify the School District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of, any violation of this *Authorization*.

Security - Network security is a high priority. If you can identify a security problem on the Internet, you must notify the system administrator or Building Principal. Do not demonstrate the problem to other users. Keep your account and password confidential. Do not use another individual's account without written permission from that individual. Attempts to log-on to the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk may be denied access to the network.

Vandalism - Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.

Telephone Charges - The District assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment or line costs.

Copyright Web Publishing Rules - Copyright law and District policy prohibit the re-publishing of text or graphics found on the Web or on District Web sites or file servers, without explicit written permission.

- a. For each re-publication (on a Web site or file server) of a graphic or a text file that was produced externally, there must be a notice at the bottom of the page crediting the original producer and noting how and when permission was granted. If possible, the notice should also include the Web address of the original source.
- b. Students and staff engaged in producing Web pages must provide library media specialists with e-mail or hard copy permissions before the Web pages are published. Printed evidence of the status of "public domain" documents must be provided.
- c. The absence of a copyright notice may not be interpreted as permission to copy the materials. Only the copyright owner may provide the permission. The manager of the Web site displaying the material may not be considered a source of permission.
- d. The "fair use" rules governing student reports in classrooms are less stringent and permit limited use of graphics and text.
- e. Student work may only be published if there is written permission from both the parent/guardian and student.

Use of Electronic Mail - The District's electronic mail system, and its constituent software, hardware, and data files, are owned and controlled by the School District. The School District

provides e-mail to aid students and staff members in fulfilling their duties and responsibilities, and as an education tool.

- a. The District reserves the right to access and disclose the contents of any account on its system, without prior notice or permission from the account's user. Unauthorized access by any student or staff member to an electronic mail account is strictly prohibited.
- b. Each person should use the same degree of care in drafting an electronic mail message as would be put into a written memorandum or document. Nothing should be transmitted in an e-mail message that would be inappropriate in a letter or memorandum.
- c. Electronic messages transmitted via the School District's Internet gateway carry with them an identification of the user's Internet "domain." This domain name is a registered domain name and identifies the author as being with the School District. Great care should be taken, therefore, in the composition of such messages and how such messages might reflect on the name and reputation of the School District. Users will be held personally responsible for the content of any and all electronic mail messages transmitted to external recipients.
- d. Any message received from an unknown sender via the Internet should either be immediately deleted or forwarded to the system administrator. Downloading any file attached to any Internet-based message is prohibited unless the user is certain of that message's authenticity and the nature of the file so transmitted.
- e. Use of the School District's electronic mail system constitutes consent to these regulations.

Internet Safety

Internet access is limited to only those "acceptable uses" as detailed in these procedures. Internet safety is almost assured if users will not engage in "unacceptable uses," as detailed in this *Authorization*, and otherwise follow this *Authorization*.

Staff members shall supervise students while students are using District Internet access to ensure that the students abide by the Terms and Conditions for Internet access contained in this *Authorization*.

Each District computer with Internet access has a filtering device that blocks entry to visual depictions that are: (1) obscene, (2) pornographic, or (3) harmful or inappropriate for students, as defined by the Children's Internet Protection Act and as determined by the Superintendent or designee.

The system administrator and Building Principal shall monitor student Internet access.

LEGAL REF.: No Child Left Behind Act, 20 U.S.C. §6777.
Children's Internet Protection Act, 47 U.S.C. §254(h) and (l).
Enhances Education Through Technology, 20 U.S.C §6751 et seq.
720 ILCS 135/0.01.

**RACCOON SCHOOL
MEDICATION PERMIT FORM**

To the Parent/Guardian:

Our school policy and state law states that medications are given (as ordered by the physician) by the school nurse or in her absence, the administrator or his/her designee. The parent may come to school to administer medication. All medication sent to school must be in the prescription bottle with the student's name, doctor, name of medication, dosage and the time to be given. A written order for **prescription and non prescription medications** **MUST** be obtained from the child's licensed prescriber. Orders must be renewed every school year for all medications and any changes must have a new written order from the prescriber. The following **MUST** be completed before medication is given.

Provider to fill out

Student's Name: _____ **Date of Birth:** _____

Licensed Prescriber: _____

Prescriber's Phone Number: _____ **Emergency #** _____

Name of Medication(s): _____

Dosage: _____

Route of Prescription: _____ **MAY STUDENT SELF ADMINISTER: Yes__ No__**

Frequency of Administration: _____

Date of prescription: _____ **Date of discontinue:** _____

Diagnosis: _____

Other Medications child is receiving: _____

Physician's Signature

Date

Parent to fill out

**PARENTAL AUTHORIZATION TO ADMINISTER MEDICATION AT SCHOOL AND FOR
EXCHANGE OF CONFIDENTIAL INFORMATION**

As the parent/legal guardian of the above child, I hereby grant my permission to Raccoon School to give the above prescription to _____ at _____ during school hours.

Student's Name

Time

I understand that NO medication will be increased, decreased, discontinued or changed without an order from the physician. I also give permission for the school nurse to exchange confidential information with the above stated Provider, Provider's office, Institution, etc. concerning my child.

Purpose of this disclosure: To assist with medical and educational needs at school.

I understand that my permission covers the release of permanent and temporary records, as well as the release of confidential records. I further understand that this release will expire one year from the date of my signature. I may cancel this authorization at anytime by submitting a written request to the school.

PARENT/GUARDIAN SIGNATURE

DATE

PHONE #

ALL KIDS SCHOOL-BASED DENTAL PROGRAM CONSENT FORM

Rev 06/17

PLEASE PRINT IN INK

DENTAL EXAM

Services Rendered By:

MUST BE RETURNED TOMORROW (ONLY IF YOU WANT THESE SERVICES)



Miles of Smiles, Ltd.

2424 N 8th St

Pekin, IL 61554-1547

309-382-6404

NAME OF SCHOOL: _____

TEACHER: _____

GRADE: _____

COUNTY: _____

DO YOU HAVE A DENTIST? YES / NO _____

DENTIST'S NAME: _____

EXAM DATE: _____

 PROVIDE THE FOLLOWING INFORMATION ONLY IF YOU WANT THESE DENTAL SERVICES

to be rendered by Miles of Smiles, Ltd at school.

Dear Parent or Guardian,

Miles of Smiles, Ltd. and The Illinois Department of Healthcare and Family Services have arranged for dental services for eligible children. These services may include an exam, cleaning, fluoride treatment and sealants (a protective coating on the chewing surfaces of back teeth). Licensed dentists, hygienists, and assistants will come to your child's school with portable equipment. In order for your child **to receive these services**, you must **PROVIDE ALL THE INFORMATION REQUESTED BELOW AND SIGN IN THE AREA INDICATED.**

YOUR CHILD'S LEGAL NAME: _____

BIRTH DATE: ____/____/____

ADDRESS: _____

GENDER: M / F

CITY/ZIP: _____

HOME PHONE: _____

DOES YOUR CHILD QUALIFY FOR FREE OR REDUCED MEALS: YES / NO _____

IS YOUR CHILD ENROLLED IN THE 'Medicaid/All Kids' PROGRAM: YES / NO _____

MCO COMPANY NAME (if not listed): _____

MCO COMPANY NAME (circle one): Aetna, BCBS, Cigna, CommunityCare, CountyCare, Family Health Network, Harmony, Humana, IlliniCare, Meridian, Molina

IF YES, INCLUDE YOUR CHILD'S RECIPIENT ID NUMBER: _____

Medicaid/All Kids will be billed

(9 DIGIT ID NUMBER ON BACK OF MEDI-PLAN CARD)

IS YOUR CHILD COVERED BY PRIVATE DENTAL INSURANCE: YES / NO _____

(if incomplete, only grades K, 2nd, & 6th may be eligible for an exam)

If YES, please fill out ALL the insurance information below: **(DENTAL INSURANCE COMPANY WILL BE BILLED)**

Name of Dental Insurance Company: _____

Dental Insurance Company Address: _____

Member's (employee) ID or SS #: _____

Dental Insurance plan or group number: _____

Member's name: _____

Member's Birth Date: _____

Member's Address (if different than child's): _____

Member's Phone Number (if different than child's): _____

Employer: _____

Has your child had any history of, or conditions related to, any of the following: (Please circle)

Anemia:	YES / NO	Chronic Sinusitis:	YES / NO	Growth problems:	YES / NO	Seizures:	YES / NO
Asthma:	YES / NO	Diabetes:	YES / NO	Hearing:	YES / NO	Thyroid:	YES / NO
Bleeding disorders:	YES / NO	Ear aches:	YES / NO	Heart Disease:	YES / NO	Tobacco / drug use:	YES / NO
Cancer:	YES / NO	Epilepsy:	YES / NO	Latex allergy**:	YES / NO	Allergies:	
Cerebral Palsy:	YES / NO	Fainting:	YES / NO	Pregnancy (teens):	YES / NO	Other:	

Is your child taking any prescription and/or over the counter medications at this time? YES / NO _____

If yes, please list: _____

Does your child have any known heart condition? YES / NO DESCRIBE: _____

Does your child have any artificial joints: YES / NO IF YES, WHEN & WHAT JOINT: _____

Has a doctor ever recommended any special precautions or pre-medication for your child's dental treatment? YES / NO _____

IF YES, WHAT: _____

IMPORTANT: PARENT/GUARDIAN SIGNATURE REQUIRED (ONLY IF YOU WANT THESE SERVICES)

I am a custodial parent or legal guardian of the minor child named above. I authorize and consent to this child receiving the dental treatment described, and allow the school nurse/ school representative and dental provider access to child's dental record.

This will also give permission for the Illinois Department of Public Health to provide Quality Assurance Audits by evaluation of your child's sealants that were placed at the school. Upon determination, this permission will also allow for the sealants to be replaced by the provider if indicated.

To the extent permitted by law, I consent to the use and disclosure of the minor child's protected health information to carry out payment activities in connection with this claim. I hereby authorize and direct payment of the dental benefits directly to Miles of Smiles, Ltd.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

IF YOU HAVE A DENTIST, SEEK DENTAL CARE THERE!

DDS INITIALS _____

RDH INITIALS _____

2021

August

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
26	27	28	29	30	31	01
02	03	04	05	06	07	08
09	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

- 10: SPORTS BOOSTER, 6:00, CAFETERIA
 12, 13, 16: OBC BASEBALL AND SOFTBALL TOURNEY TBA
 17: 2PM DISMISSAL
- 17: BOARD MEETING, 5:30
 23: BASEBALL AT SANDOVAL, 4:30
 23: SOFTBALL AT HOME VS SANDOVAL; 4:30
 25: BASEBALL AT BLUFORD, 4:30
 25: SOFTBALL AT HOME VS BLUFORD, 4:30
- 26: SOFTBALL AT HOME VS. SELMAVILLE
 26: BASEBALL AT SELMAVILLE, 4:30
 31: SOFTBALL AT WILLOW GROVE, 4:30



Raccoon Lunch/Events Calendar

- B: CEREAL OR OATMEAL, TOAST, FRUIT, MILK, JUICE
 L: HAMBURGER ON BUN W/CHEESE SLICE, FRENCH FRIES, APPLESAUCE, COOKIE, MILK
- B: BREAKFAST BAR, TOAST, FRUIT, MILK, JUICE
 L: MEATBALL SUB SANDWICH, CHIPS, COOKED CARROTS.
- B: CEREAL, TOAST, FRUIT, MILK, JUICE
 L: CORN DOG, CORN, PIINEAPPLE, CHIPS, MILK 2 PM DISMISSAL
- B: PANCAKE ON A STICK, TOAST, FRUIT, MILK, JUICE
 L: CHICKEN PATTY ON BUN GREEN BEANS, MIXED FRUIT, COOKIE
- B: FRENCH TOAST STICKS, TOAST, FRUIT, MILK, JUICE
 L: BEEF & BEAN BURRITO W/SALSA, CORN, MIXED FRUIT, COOKIE, MILK
- B: BREAKFAST BAR, TOAST, FRUIT, MILK, JUICE
 L: PIZZA BOSCO STIX, MARINARA, COOKED CARROTS, PEACHES, MILK
- B: PANCAKE ON A STICK, TOAST, FRUIT, MILK, JUICE
 L: PIZZA BOSCO STIX, MARINARA, COOKED CARROTS, PEACHES, MILK
- B: BREAKFAST PIZZA, TOAST, FRUIT, MILK, JUICE
 L: GOULASH, ROLL, BROCCOLI, APPLESAUCE
- B: DONUTS, TOAST, FRUIT, MILK, JUICE
 L: CHICKEN STRIPS, BROCCOLI W/CHEESE, PEACHES, GOLD FISH CRACKERS, MILK
- B: BISCUITS & GRAVY, TOAST, FRUIT, MILK, JUICE
 L: CHEESE PIZZA, GREEN BEANS, APPLESAUCE, CHIPS, MILK

Calendar

2021-2022

August 16	Teacher Institute
August 17	First day of students (2:00 dismissal)
Sept. 3	Half Day In-service (11:30 dismissal)
Sept. 6	No School-Labor Day
Sept. 27	Fall Pictures
Oct. 8	Half Day In-service (11:30 dismissal)
Oct. 11	No School Columbus Day
Oct. 26	Evening P-T Conferences (4:00p.m.- 7:00 p.m.)
Oct. 27	Evening P-T Conferences (3:00 p.m.-6:00 p.m.)
Oct. 28	No School P-T Conferences
Oct. 29	No School-Teacher Institute
Nov. 11	No School-Veteran's Day
Nov. 12	Remote Planning Day No School for students
Nov. 16	Picture Retake & Club/Sport Picture Day
Nov. 23	2:00 Dismissal
Nov. 24	No School
Nov. 25	No School-Thanksgiving Break
Nov. 26	No School-Thanksgiving Break
Dec. 21	2:00 Dismissal
Dec. 22	Christmas Break Begins
Jan. 3	School resumes
Jan. 14	Half-Day In-service (11:30 dismissal)
Jan. 17	No School-Martin Luther King Day
Feb. 18	No School-Teacher Institute
Feb. 21	No School-Presidents' Day
March 10	Spring Pictures
March 18	Half Day In-service (11:30 dismissal)
April 8	2:00 Dismissal
April 11-18	Spring Break
April 19	School Resumes
May 20	Last Day of School (2:00 dismissal)
May 23	Teacher In-service

*School will dismiss at 2:00 on the first and third Wednesday of the month.

RACCOON CONSOLIDATED SCHOOL DISTRICT NO. 1

3601 State Route 161, Centralia, IL 62801
Phone (618) 532-7329 FAX (618) 532-7336

Misty Johannes
Superintendent

Board of Education

*Jason Coffman, President; Sharon Elwood, Vice President;
Lee Ann Schaeffer, Secretary; Steven Bradley, Whitney Crist
Jennifer Little, Kyla White*

Return to School Plan 2021-2022

General Information

- Raccoon Consolidated School District will follow the IDPH/ISBE adopted CDC guidelines for schools (updated July 17, 2021).
- This document is a supplement to the CDC's "Guidance for COVID-19 Prevention in Kindergarten (K)–12 Schools", and is meant to provide further clarification for how the guidelines are implemented within Raccoon Grade School.
- Remote Learning will not be an option for the 2021-2022 school year, unless required under specific ISBE/IDPH guidelines..
- Masks are recommended for indoor use by all individuals (age 2 and older) who are not fully vaccinated.
- School staff members are to model support for and encourage students to be supportive of people who choose to continue to wear a mask as a personal choice or because of a personal medical reason.
- The District will resume a regular, pre-COVID, school day schedule. 8:00am – 3:00pm (normal school day).
- All normal and usual school activities will resume as permitted by the approved guidance.
- Continuous monitoring of community transmission, vaccine coverage, screening testing, and occurrences of outbreak will be used to guide decisions on the layered prevention strategies.
- Certain aspects of this plan, including components of the layered protection strategies (masking, social distance, screening, etc.) could change based on the local conditions related to the spread of COVID (community transmission, positivity rates, occurrence outbreaks, etc.).
- The District will work closely with the Marion County Health Department to implement appropriate layered protection strategies or possibly amend this plan to meet the current protective needs of the school district.
- To the extent allowable by privacy laws and other applicable laws, school health care professionals will continue to collaborate with Marion County Health officials to confidentially provide information about people diagnosed with or exposed to COVID-19, including making notifications to staff and parents as soon as possible regarding those who were in close contact of someone in the school who tested positive for COVID-19.

Layered Strategies to Reduce the Spread of COVID

- Social distancing in all settings of at least 3 ft. or to the greatest extent possible.
- Masks are recommended for indoor use by all individuals (age 2 and older) who are not fully vaccinated.
- Continued emphasis on cleaning and disinfecting facilities.
- Proper hygiene will be strongly encouraged, including frequent washing of hands.
- Hand sanitizing stations will continue to be made readily available throughout the building.
- Visitors will be limited to the building.
- All medical requirements (physical exams, dental exams, vision exams, shot records, etc.) required by law must be completed. When requirements are not met, exclusion from school will be enforced.
- Proper ventilation is emphasized in all indoor spaces.
- Contact tracing in combination with quarantine and isolation will be completed by the Marion County Health Department with cooperation from Raccoon School.
- Students and staff who are not fully vaccinated should quarantine after a recent exposure to someone with COVID-19. Fully vaccinated people who were in close contact with someone who has COVID-19, but do NOT have COVID-19 symptoms do not need to be quarantined or be tested. Quarantine decisions will be made and communicated by Marion County Health Department officials.
- Student absences related to COVID-19 isolation or quarantine will be recorded as excused. Remote instruction will only be made available for non-vaccinated or vaccine ineligible students who are under quarantine by the local health department or the Illinois Department of Public Health.
- Continuous monitoring of community transmission, vaccine coverage, screening testing, and occurrences of outbreak will be used to guide decisions on the layered prevention strategies.
- Students, teachers and staff should stay home when they have signs of any infectious illness and be referred to their healthcare provider for testing and care.

Athletics/Extra-Curricular Activities

- All extracurricular activities will resume.
- IHSA, IDPH and ISBE guidelines will be followed.
- Any attendance regulations from IHSA, IDPH or ISBE will be followed.

Food Service

- Food service will resume normal serving procedures.
- Use of individual trays and silverware, to be washed after each use.
- Students will distance themselves from others, to the greatest extent possible.
- Meals will continue to be free for all students.

Academic

- Remote Learning will no longer be offered, unless required by ISBE.
- Benchmarking will continue on a regular basis to identify any learning loss.
- Learning loss will continue to be addressed through interventions within the classroom, through pull out or small group services and through Title Program services.
- All normal and usual classroom activities will resume.
- Field trips will resume, as approved by administration.
- The use of alternative classrooms (outside spaces) are encouraged to allow for additional social distancing and ventilation.

Masks on Buses

- Under current CDC guidance, passengers and drivers **must** wear a mask on school buses.

"The Centers for Disease Control and Prevention (CDC) issued an Order on January 29, 2021 requiring the wearing of masks by people on public transportation conveyances or on the premises of transportation hubs to prevent spread of the virus that causes COVID-19. This Order was effective as of 11:59 p.m. February 1, 2021 and was published in the Federal Register on February 3, 2021."

The Order further states "All passengers on public conveyances (e.g., airplanes, ships*, ferries, trains, subways, buses, taxis, ride-shares) traveling into, within, or out of the United States (including U.S. territories) as well as conveyance operators (e.g., crew, drivers, conductors, and other workers involved in the operation of conveyances), regardless of their vaccination status, are required to wear a mask over their nose and mouth. Unless otherwise required by the operator, or federal, State, tribal, territorial, or local government, people are not required to wear a mask when located in outdoor areas of a conveyance (if such outdoor areas exist on the conveyance)."

Follow this link for the CDC's requirement for public transportation.

<https://www.cdc.gov/quarantine/masks/mask-travel-guidance.html>

**Revisions of this plan may take place in accordance with the updated safety recommendations by CDC, IDPH, and/or Marion County Health Department.



Raccoon CSD 1 Health Registration/Consent Form

This form is intended to be used to assist the school in case of any medical treatment required or medical emergency while at school or field trips. The information contained in this form is personal information and will be stored, used and disclosed in accordance with the requirements of the Privacy Act.

Student's Name: _____ Date of Birth: ____/____/____ Grade: _____
(Please Print)

Emergency Contact Information:

Contact 1: _____ Relation: _____ Phone Numbers: (____) _____ / (____) _____
Contact 2: _____ Relation: _____ Phone Numbers: (____) _____ / (____) _____
Student's Primary Care Provider: _____ Phone Number: (____) _____

Allergies (Non Food): (Please check the box if applicable and list the reaction in the space provided)

- No known Allergies
- Medication Allergy: _____
- Bee/Wasp/Insect Stings: _____
- Other: _____
- My child has an anaphylactic reaction to this allergen and requires an Epi Pen. (Action Plan)

Food Allergies/Intolerances: (Please check the box if applicable and list the reaction in the space provided)

- Dairy/Lactose: _____ Tree Nuts: _____
- Shellfish: _____ Peanuts: _____
- Eggs: _____ Gluten: _____
- Other Food Allergies: _____
- Other Special Diet needs (i.e., diabetes, IBS, etc. please explain): _____
- My child has an anaphylactic reaction to this allergen and requires an Epi Pen. (Action Plan)

Medical Concerns: (Please check the box if applicable) (Action Plan)

- Asthma - Does your child use an inhaler? _____
- Diabetes - Does your child use insulin? How often do they check their Blood Sugar? _____
- Seizure Disorder - How often do they have seizures? _____
- Heart Condition - What kind? _____
- Other: _____

I understand that if my child has diagnoses that include, but are not limited to: asthma, diabetes, seizure disorders, heart conditions, anaphylaxis allergies, etc., I will be required to obtain an action plan from my child's physician. I also understand that if my child requires medication at school that I will obtain a Medication Permit signed by his/her physician and me.

By signing this, I understand that emergency treatment will be sought for my child and I will be responsible for any costs incurred. I also understand that I am giving permission for the school nurse to share/exchange medical information with my child's primary care provider listed, teachers, bus drivers and any Raccoon School staff members that the nurse considers necessary for the safety of the child, staff, and students.

This form will expire at the end of the current school year.

Parent/Guardian Signature: _____ Date: _____

(Any child who does not have a completed form on file will not be allowed to accompany his/her class on any trips away from the building.)