

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)

_____ Both Mother and Father _____ Mother and Stepfather
_____ Father and Stepmother _____ Mother Only
_____ Father Only _____ Relatives other than Parent
_____ Foster Parents _____ Independently
_____ Other _____

HEALTH CONCERNS (circle one)

Asthma Inhaler ADD Seizures Diabetes Allergies
Other/Explain _____
Family Physician _____
Physician Phone # _____

PARENT/GUARDIAN INFORMATION (Household where child resides)

Family 1 Information

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

Family 2 Information

Father/Guardian _____ Relationship to Child _____ Marital Status _____
Address _____
(Street) (City) (State) (Zip)
Home Phone # _____ Cell Phone # _____
Employer _____ Work # _____
Mother/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

School Year: _____

PARENT/GUARDIAN AUTHORIZATION FORM & AFFIDAVIT OF RESIDENCE

STATE OF ILLINOIS, COUNTIES OF MACOUPIN/MADISON

(I) (We), _____ having first been sworn upon (my) (our) oath depose and say as follows:

That (I am) (We are) the (circle one) – parent(s), foster parents(s), legal guardians(s) of

_____, _____, _____
_____, _____, _____
_____, _____, _____
(student's name)(s) (birthdate)(s) (grade)(s)

That we are legally entitled to receive grades, reports, and other documents and information from school personnel (whether verbally or in writing). That my/our signature(s) on any school form is a **legal authorization** by us and that our residence is

_____, in the City/Village of _____
(Street Address) in the County of _____

Macoupin/Madison Counties, Illinois within the territorial boundaries of Staunton Community Unit School District #6, Macoupin/Madison Counties, Illinois. That the 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 school of said district as a resident. **Only complete the section below if it shows (1) your child's current living situation; or (2) your living situation if you are a youth not living with a parent or guardian.**

<input type="checkbox"/> Shelter	With relatives or others due to lack of housing
<input type="checkbox"/> Motel/hotel, camping ground, or other similar situation due to lack of alternative, adequate housing due to the loss of housing	Other: _____
<input type="checkbox"/> Train or bus station, park, or in a car	Disaster victim? Explain: _____
<input type="checkbox"/> Abandoned apartment/building	_____
Is there a current Order of Protection or No Contact Order which concerns the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please be advised that according to the Illinois School Code any person who attempts to enroll, enrolls or presents false information for the purpose of enrolling a non-resident student is guilty of a Class C misdemeanor. {Ref. 105 ILCS 5/10-20. 12b(e) &(f)}

Parents/Guardians must sign the **Verification Form** acknowledging they have submitted accurate information on the *Parent/Guardian Authorization Form & Affidavit of Residence* each year while the student is enrolled in the School District. **The district may require a home visit and/or additional documentation to verify residency.**

STAUNTON COMMUNITY UNIT SCHOOL DISTRICT NO. 6

801 North Deneen St. · Staunton, IL 62088
(618) 635-2962 · Fax (618) 635-2994
www.stauntonschools.org

Staunton Community Unit School District #6 Expects Everyone's Best
**LEAD *CHALLENGE *ACHIEVE*

STUDENT NIGHTTIME RESIDENCY QUESTIONNAIRE

Your answers will determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student Name: _____ Parent/Guardian _____

Address _____ Phone _____

Grade _____ DOB _____

Are you a student living apart from your parents/guardian? Yes or No

Where is the student currently living? (Please check one box.)

- ☐ "Couch surfing" or "doubled up" with another family or other person because of loss of housing or as a result of economic hardship
- ☐ In a home without running water, heat or electricity.
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In a home that I rent or own

Housing Educational Rights

Students without fixed, regular, and adequate nighttime residence have the following rights:

1. Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all documents normally required at the time of enrollment without fear of being separated or treated differently due to housing situations.
2. Transportation to the school of origin for the regular school day.
3. Access to free meals, Title I and other educational programs, transportation to extracurricular activities to the same extent offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison, Mrs. Stephanie Crosley at 618-635-2962 or the Regional McKinney-Vento liaison Ms. Savannah Holthouse 618-283-5011

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/UHY Youth

Date

Signature of McKinney-Vento Liaison

Date

STAUNTON COMMUNITY UNIT SCHOOL DISTRICT NO. 6

BRETT T. ALLEN
Superintendent

801 North Deneen St. Staunton, IL
62088
(618) 635-2962 · Fax (618) 635-2994
www.stauntonschools.org

Staunton Community Unit School District #6 Expects Everyone's Best
**LEAD *CHALLENGE *ACHIEVE*

Illinois Parental Notice for One Time Consent to Allow the School District to Access Medicaid Benefits

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share records and information about your child with Medicaid. A change in federal Center for Medicaid Services (CMS) policy provides an opportunity to expand reimbursement for school-based health services for Medicaid-enrolled students beyond those with an IEP/IFSP. The school district needs to share with Medicaid information pertaining to your child including name, date of birth, gender, and type of services provided.

With your permission, the school district will be able to seek partial reimbursement for services provided by Medicaid. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

Under Federal law, the school district cannot share with Medicaid information about your child without your permission. (34 C.F.R. 99.30(b); 34 CFR 300.154(d)(2)(iv)(A)-(B)). As you consider giving permission, please be advised of the following:

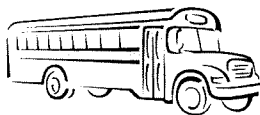
1. The school district cannot require you to sign up for Medicaid for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge Medicaid for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from Medicaid:
 - a. **This will not affect your child's available lifetime coverage or other Medicaid benefit; nor will it in any way limit your own family's use of Medicaid benefits outside of school.**
 - b. **Your permission will not affect your child's special education services or IEP/IFSP rights in any way, if your child is eligible to receive them.**
 - c. **Your permission will not lead to any changes in your child's Medicaid rights; and**
 - d. **Your permission will not lead to any risk of losing eligibility for other Medicaid or Medicare funded programs.**
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with Medicaid for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with Medicaid records and information concerning my child(ren) and their health-related services, as necessary.

Parent/Guardian Signature: _____ Date: _____

Staunton Community Unit School District #6

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.****

Revised: 6/27/19

STAUNTON CUSD #6
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.stauntonschoools.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
10. Title 1 Reading and Math School and Home Compact

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

RELEASE TO LEAVE WITH A PARENT/GUARDIAN FROM AN AWAY INTERSCHOLASTIC EVENT

It is the practice of the Staunton CUSD #6 that parent/guardian must submit a release form (available in school office) to be able to transport his/her child from any away extracurricular event. Each coach/sponsor will receive an approved listing of students whose parents/guardians have submitted a release form to the building principal. It is the parent/guardian responsibility to locate the coach/sponsor and sign the "sign-out" form in the presence of the coach/sponsor before their child is allowed to leave the extracurricular event. There will NOT be any variation to this policy.

RELEASE FORM **SIGNED RELEASE FORM MUST BE GIVEN TO PRINCIPAL**

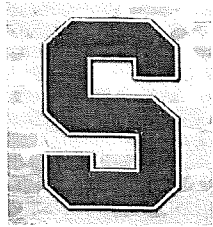
A parent/guardian must submit this release form to be able to transport his/her child from any away extracurricular event.

_____ will be transported on various dates from
away extracurricular events by a parent/guardian during the school year. I understand it
is the responsibility of the parent/guardian to locate the coach/sponsor and sign the "sign
out" form in the presence of the coach/sponsor before my child is allowed to leave from
the extracurricular event.

Date

Parent/Guardian Signature

Principal Signature



Staunton CUSD #6

Chromebook & 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 Chromebook charged and ready for class. I understand that there are consequences for absent/uncharged Chromebooks 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 Chromebook in class.		
3	I understand that the Chromebook I received is intended for my use only. I agree to not misrepresent myself by using someone else's Chromebook/username or lending my Chromebook 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 Staunton 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.		

Staunton CUSD #6
Chromebook & School Google Account Care & Use

1. Always close the lid before moving your Chromebook device.
2. Shut down the device before going to the next class.
3. Place your Chromebook 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 Chromebook by holding the screen.
5. Clean the screen with dry anti-static cloths or lens cleaners only.
6. Charge your Chromebook every night at home. Leave your device charger at home.
7. Keep your Chromebook in your possession or in your locked locker at all times at school.
8. Use of your Chromebook in the cafeteria/bus is not recommended. Damage outside of normal wear and tear is your responsibility. Please be careful with your Chromebook.
9. Report any damage or problems to a school staff member immediately.
10. Return any unattended Chromebooks immediately to the main office.

1. Do not sit on your Chromebook 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 Chromebook, operating system, installed software or filters. If you cause damage to your Chromebook, the following fees will be assessed:

Repair charges \$30

Replacement Charger \$25

Replacement Cost \$279

4. Do not alter or remove the SCUSD#6 ID tags on the underside of the Chromebook itself.
5. Do not leave your Chromebook unattended. You are responsible if it is lost.
6. Do not leave your Chromebook in an unlocked vehicle or in a hot/cold vehicle.
7. Do not use your Chromebook near water.
8. Your Chromebook 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: