

2023– 2024 School Year

Forms and information to complete and bring to registration for
***NEW* to the SC District (NOT currently enrolled at of the end of last school year)**
Grades ECE & Kindergarten - 5th grade

***NEW* Elementary Student to the District Grades ECE & K -5th**

SC Elementary Information Sheet
Request for Records
Home Language Survey
Ethnicity & Race Data Collection
Verification of Residency & documents
Yearly Health History
Parent Authorization
Transportation Policy & Form

Required Documentation Needed for Kgtn & ECE Students that must be brought to registration

Updated School Physical
Updated vaccination record
2 Varicella Vaccines
Vision and dental exam (Kgtn. only)
PCV ACIP Vaccine (1 dose or required schedule) (ECE only)
Lead screening or questionnaire
Copy of **certified** birth certificate from the courthouse
Child's Social Security Number

For your information:

Thursday, August 3 – School-wide Registration at the High School
11:00 a.m. - 7:00 p.m.
Friday, August 4 – School-wide Registration at the High School
9:00 a.m. - 12:00 p.m.
Thursday, August 17 – NO School Teacher Institute
Friday, Aug. 18–Students 1st Day –1st-5th Meet the Teacher & Bring Supplies Day 12:00-6:00
Thursday, August 18 – Kindergarten Orientation at 9:00 a.m.
Monday, August 21 – 1st full day of attendance for all students including
Kindergarten, Pre-K, & ECE

SOUTH CENTRAL ELEMENTARY STUDENT INFORMATION SHEET

NAME: _____
(FIRST) MIDDLE (LAST)

PHYSICAL ADDRESS: _____

MAILING ADDRESS: (if different) _____

HOME PHONE NUMBER: _____

RESIDING COUNTY: _____ GRADE LEVEL: _____

SOCIAL SECURITY# _____ BIRTHDATE _____ GENDER _____

Does student live more than 1 1/2 miles from the Elementary School? _____

Birth Mother's Maiden Name: _____

(Used to obtain student's State ID number)

PLEASE LIST 2 EMERGENCY CONTACTS:

Child will only be released to those names listed. Please list both names (Tome & Sue) if either can pick up.

1. Emergency Person (other than yourself) _____ Phone: _____

2. Emergency Person (other than yourself) _____ Phone: _____

PLEASE CIRCLE ONE

Child lives with: Both Mother Father Legal Joint Custody Other (g'parent) _____

Father's Name _____

Address _____

Home Phone # _____

Cell # _____

Employer & Phone # _____

Mother's Name _____

Address _____

Home Phone # _____

Cell # _____

Employer & Phone # _____

LIST NAMES & BIRTHDATES OF SIBLINGS

NAME	BIRTHDATE	GRADE LEVEL	GENDER
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If applicable (separation/divorce), to whom should additional copies of student's information be mailed?

Name: _____ Address: _____

Signature of Parent/Guardian Date

South Central Elementary School

Phone: 618-547-7696
Fax: 618-547-3144
southcentralschools.org



Sara Rose, Principal
810 East First Street
Kinmundy, IL 62854

Date: _____

REQUEST FOR STUDENT RECORDS

School Name: _____

Address: _____

City/State/Zip _____

Phone: _____

Parental permission is no longer required when records are requested by authorized school personnel. (FAMILY EDUCATION AND PRIVACY ACT. FINAL RULE ON EDUCATION RECORDS, FEDERAL REGISTER, JUNE 17, 1976. VOL.41, NO. 188, PG. 24673)

The following student(s) have entered our school:

_____ Grade _____

_____ Grade _____

Please send us the following information: health (medical/dental/vision), academic records, special education, a copy of the birth certificate, social security card and any other information which you feel would be of benefit to us in working with this (student(s)).

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 following questions.

Student Name: _____

1. Is a language other than English spoken in your home?

Yes _____ No _____

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

Yes _____ No _____

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

Parent/Legal Guardian Signature

Date

Illinois State Board of Education
New U.S. Department of Education Race and Ethnicity Data Standards

SAMPLE DATA COLLECTION FORM

Note: The student's parents or guardians should respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.

Student's Name: _____
(pre-printed by school district)

SIS ID: _____
(pre-printed by school district)

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, 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**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

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 Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

VERIFICATION OF IN-DISTRICT RESIDENCY

By mandate of the Illinois State 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 prove the following residency verification.

I/We, the undersigned parent/guardian of the student provide the following information to South Central SUSD 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: _____

Name 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)

If the 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.

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 to 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

Please submit the required documentation from Categories 1 and 2 listed on the following page.

Please submit 1 document from each of the following Categories.

Category 1

- A. Most recent property tax bill (homeowners)
- B. Mortgage papers (homeowners)
- C. Deed
- D. Signed and dated lease and proof of last 2 month's 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 the 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 byer, 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 with in the District where the parent/custodian of the child is living with the owner at no cost (those living with relatives or others)

Category 2

- A. Driver's license
- B. Vehicle registration
- C. Current Public Aid card
- D. Current library card
- E. Voters registration card
- F. Most recent gas, electric, water, cable television and /or credit card bill
- G. Current homeowners/renters insurance policy and premium payment receipt.

SOUTH CENTRAL SCHOOLS YEARLY HEALTH INFORMATION

Name of student: _____ D.O.B _____ Grade: _____
 Doctor: _____ Phone: _____
 Dentist: _____ Phone: _____

HEALTH HISTORY	YES	NO	COMMENTS
Medication (All medication given at school must have a consent form completed each year and on file at the school- includes prescription and over-the-counter medications and inhalers.)			
Allergies (Food, Drug, Insect, ect.) If your child has a food allergy, this state form must be completed by the physician to receive accommodations.			
Epipen Needed?			
Diagnosed with Asthma? (Needs asthma action plan)			
Inhaler at school?			
Diabetes?			
Head injury/Concussion/Passed out?			
Seizures? (need seizure action plan)			What are they like?
Heart problems? Blood Pressure issues?			
Eye/Vision Problems?			Glasses? ___ Contact? ___ Date of last eye exam? _____
Ear/Hearing Problems?			Issues? ___ Last hearing evaluation? _____
Bone/joint problems?			
Hospitalizations? When? What for?			
Surgery? When? What for?			
Other medical problems or Concerns?			

- I hereby authorize the superintendent or his designee to contact my child's physician regarding my child for the purpose of providing information and/or medically needed treatment for my child's wellbeing.
- I hereby authorize South Central School to disclose my child's health information to teachers, substitute teachers, and cafeteria staff at the school or at school events including field trips to the extent necessary to protect my child.
- If I cannot be reached in an emergency (in the judgement of the staff and chaperones) and immediate medical treatment is necessary, I authorize the responsible adults to send my child (accompanied) to an available hospital or physician.

Permission for Over-the-Counter Medication: I would like the following medication(s) made available to my child (*please check which ones you give permission for*):

___ Cough drops ___ Antibiotic Ointment ___ Hydrocortisone ___ Antifungal cream ___ Orajel
 ___ Calamine Lotion

I, parent/guardian give permission for the above named child to receive any medication listed and checked above as deemed necessary by school personnel. I understand that generic equivalent medications may be used. I understand that the medications I have checked will be administered in accordance with established standings orders

___ I **do not give permission** for over-the-counter medication to be given at school.

Parent/Guardian Signature _____ Date: _____

SOUTH CENTRAL

CUSD #401

2023-2024

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 _____