



Paw Paw Community Unit School District No. 271

511 Chapman St., P.O. Box 508, Paw Paw, IL 61353
Phone: (815) 627-2671 ~ Fax: (815) 627-8481 ~ Web: www.2paws.net

CONSENT FOR RELEASE OF STUDENT RECORDS

Previous School: _____

Phone: _____

Fax: _____

Email: _____

Student's Name	Date of Birth	Present Grade

The above named student has registered to Paw Paw School. Please email or mail copies of the following records to:

Paw Paw CUSD #271
PO Box 37
Paw Paw, IL 61353

Phone: 815-627-2671
Email: thill@2paws.net

- Student Transfer Form – Illinois residence
- Grades to date of withdrawal
- All academic records
- Discipline
- Attendance
- Health records
- All test scores
- Special Education Records, Psychological Evaluations, IEP, etc.

Thank you,

Tammy Hill
Secretary

According to the Final Regulations-Family Educational Rights and Privacy Act (Buckley Amendment), it is no longer necessary to obtain written consent to release records. It states that school officials, including teachers within the educational institution and officials of other schools in the school system in which the student may intend to enroll, may receive a student's records without written consent for such release.

Please release cumulative records and any other pertinent information to Paw Paw School in order to facilitate appropriate and immediate placement.

Parent or Guardian Signature

Date



2023-2024 Student Registration Form

STUDENT INFORMATION

Students Full Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (PO Box) (City) (Zip Code)

Primary Phone: _____ Date of Birth: _____ Gender: M F Grade: _____

County of Residence: _____

Who shares physical address with student?

Both Parents Mother Mother/Stepfather Father Father/Stepmother Other _____

Who has legal custody?

Joint Mother Father Guardian Other _____

Is there a court order that restricts either parent from contact with your student or access to student records? No Yes

If such a court order exists, it is the Parent's/Guardian's responsibility to provide a copy of this court order to the school. It must be on file in the school's office to act on any restrictions.

Bus Transportation: If the student lives 1.5 miles or more from the school, will the student ride the school bus during the school year?

No Yes AM PM (Mark all that apply)

Bus Drivers will be receiving their bus assignments approximately one week prior to the first day of school and will be contacting each family on their route. This communication may be a text message.

Name and phone number of contact for bus driver: _____

PARENT/GUARDIAN INFORMATION

Primary Contact 1: (circle) Father, Mother, Step Parent, Guardian

Primary Contact 2: (circle) Father, Mother, Step Parent, Guardian

Name: _____

Name: _____

Address: _____
(if different from student)

Address: _____
(if different from student)

Employer: _____

Employer: _____

Primary Phone: _____

Primary Phone: _____

Other Phone: _____

Other Phone: _____

Email: _____

Email: _____

Primary Contact 1 will be called first in case of illness or attendance issues.

EMERGENCY CONTACT WHEN PARENT/GUARDIAN CANNOT BE REACHED

1st: _____ Phone: _____ Relationship _____

2nd: _____ Phone: _____ Relationship _____

3rd: _____ Phone: _____ Relationship _____

ETHNICITY / RACE

Ethnicity - Please check one: Hispanic/Latino Not Hispanic/Latino

Race - Please check all that apply: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian/Other Pacific Islander White

HOME LANGUAGE SURVEY

Is your student a fluent English speaker? No Yes
Is a language other than English spoken in your home? No Yes, what language? _____
Does your student speak a language other than English? No Yes, what language? _____

SPECIAL SERVICES

Does your student have an IEP for Special Education services or 504 plan? IEP 504 None
Does your student receive other support services? No Yes, explain _____

ACTIVE MILITARY DUTY

Is either parent/guardian an active duty member of a branch of the United States Armed Forces? No Yes

ROBO CALL INFORMATION

Paw Paw School uses a robo call system to communicate general and emergency information (school closings, early dismissal, important notifications, etc). This system can send out automated messages to all parents and staff members in a matter of minutes via voice, text or email messaging. **Please list only those numbers (up to 4) you want called.** (Remember that these calls can be made as early as 5 a.m.)

Phone # for Calls/Texts:	Email
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

I certify that the above information is true and accurate and all questions have been answered to the best of my knowledge,

Parent/Guardian 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

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

Student's Name: _____

SIS ID: _____

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.

Parent Signature: _____

Date: _____



2023-2024 PARENT ACKNOWLEDGEMENT FORM

STUDENT NAME: _____ GRADE: _____

STUDENT HANDBOOK

I acknowledge that I am being provided electronic access to the Student Handbook and District Board Policy on the district's website at www.2paws.net. I have/will read the materials and understand all rules, responsibilities and expectations. I understand that my failure to return or not sign this acknowledgement does not relieve me or my child from being responsible for knowing or complying with Paw Paw CUSD #271 rules, policies and procedures.

_____ Please Initial

PHOTOGRAPH OR VIDEO PERMISSION

I give permission to photograph or video my child for school publications and for public distribution including school sponsored material, publications and social media; local newspapers and media news coverage. Yes No

_____ Please Initial

CELL PHONE / ELECTRONICS USE

As a parent or guardian of this student, I have read the rules regarding Cell Phone and Electronics Use in the Student Handbook. I understand it is my responsibility to review the policy with my student. I understand there will be consequences if the policy is violated, which includes my student's cell phone electronic device being taken away for the day. Yes No

_____ Please Initial

ACCEPTABLE USE POLICY AGREEMENT

****The entire AUP can be viewed in the Student Handbook on the school website, www.2paws.net****

STUDENT:

I have read the Acceptable Use Policy and agree to abide by their provisions. I understand that violation of the use provisions stated in this policy may result in the loss of network privileges or other disciplinary action. I acknowledge that I have read and understand the Student's Acceptable Use Policy on the Paw Paw School Website.

Student's Signature _____ Date _____

Student's Printed Name _____

SPONSORING PARENT OR GUARDIAN (Required):

I have read the Acceptable Use Policy for Paw Paw CUSD #271. I understand that the District does not control the information available through electronic data sources other than those on our own servers. These external data sources may contain material that is inaccurate, obscene, profane, sexually oriented, defamatory, or potentially offensive to others. I hereby give my permission to the District to issue an account for my child and certify that the information contained on this form is correct. I acknowledge that I have read and understand the Student's Acceptable Use Policy on the Paw Paw School Website.

Parent's Signature _____ Date _____

Parent's Printed Name _____



2023-2024 Student Health History Form

Student Name: _____ Birthdate: ____/____/____ Grade Level: _____

1st Contact in case of illness during school hours: _____ Phone: _____

Health Condition	Y	N	Comments: Include all dates, symptoms, and treatments as they apply
Asthma?			
Does your child require an inhaler at school?			
Child wakes during night coughing?			
Developmental Delay?			
ADD / ADHD?			
Diabetes?			
Blood Disorder?			
Head Injury/Concussion?			
Seizures? If so, please describe.			
If yes, does your child require medication for seizures?			
Heart problem/Shortness of breath?			
Heart murmur/High Blood Pressure?			
Dizziness or chest pain with exercise?			
Recent hospitalization?			
Surgery? Please list.			
Serious injury or illness?			
Ear / Hearing problems? Tubes?			
Bone/joint problem/injury/scoliosis?			
Eye/Vision Problems/Glasses/Contacts?			Date of last eye exam:
Seasonal Allergies?			
Food Allergies?			
Drug Allergies?			
Other Allergies?			
Does your child require Benadryl at school?			
Does your child require an EpiPen at school?			
Does the student take any medication on a regular basis?			

Note: If your child will be taking medicine at school, whether prescription or over-the-counter, please complete the **Medication Authorization Form**.

Doctor's Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

As Parent/Guardian of this student, I am responsible for obtaining and returning medical forms with any health problems listed above and provide necessary medication needed to the school nurse. I will notify the school office immediately if any of the above information changes.

Signature of Parent/Guardian: _____ Date: _____

2023-2024 Medication Authorization Form

THIS FORM ONLY NEEDS TO BE FILLED OUT IF YOUR CHILD WILL BE TAKING MEDICATIONS OR USING INHALERS DURING THE SCHOOL DAY. THIS INCLUDES ANY/ALL OVER THE COUNTER MEDICATIONS.

In order to be compliant with the Illinois State Board of Education guidelines, a doctor's order must be obtained for a prescription and/or over the counter medication to be given in school. This is done by having the "School Medication Authorization Form" completed and signed by your child's doctor. Please refer to the Student Handbook for further information. Thank you for your cooperation.

TO BE COMPLETED BY THE CHILD'S PARENT/GUARDIAN. A NEW FORM MUST BE COMPLETED EVERY SCHOOL YEAR.

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

School Name: _____ Grade: _____ Teacher: _____

TO BE COMPLETED BY STUDENT'S PHYSICIAN, PHYSICIAN ASSISTANT OR ADVANCED PRACTICE RN:

Physician's Printed Name: _____

Office Name: _____ Phone: _____ Emergency Phone: _____

Medication Name: _____

Diagnosis requiring medication: _____

Purpose: _____

Is it necessary for this medication to be administered during the school day? Yes No

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances: _____

Prescription Date: _____ Order Date: _____ Discontinuation Date: _____

Expected side effects, if any: _____

Other medications student is receiving: _____

Physician's Signature

Date

For only parents/guardians of students who need to carry asthma medication or an EpiPen®

I authorize the School District and its employees and agents, to allow my child or ward to possess and use asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform Parent(s)/Guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30).

If you agree please initial: _____

For all Parents/Guardians

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner prescribed above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Legal Guardian Signature

Date



For Office Use Only:

Verified by: _____

Date: _____

2023-2024 Residency Requirements

(New Students, Re-enrolling after withdrawal, or Returning Students who have moved)

Student Name(s): _____

Parent/Guardian Name(s): _____

Address: _____

In order for a parent, guardian, or person seeking to enroll/register a student into Paw Paw Schools for the first time, after a child is withdrawn and wishes to re-enroll or for returning families who have moved, the following documentation from each section is required to verify residence is in Paw Paw School District.

Category 1 (One Document Required):

- Real estate tax bill
- Mortgage papers with parent/guardian's name listed as homeowner
- Signed and dated lease
- Landlord Verification Form (form available in this packet or at the school)
- Letter of residence to be used when the person seeking to enroll a student is living with a District resident (form available in this packet or at the school)

Category 2 (Two Documents Required):

- Driver's License or State ID Card with current address
- Vehicle registration
- Voter registration
- Library card
- Unexpired Illinois DNR hunting / fishing license
- Homeowner/renter/auto insurance policy and premium payment receipt
- Most recent cable, satellite or credit card bill
- Most recent gas, electric, and/or water bill
- Current public aid card

This proof of residency form attests that the above child(ren) is not being enrolled in District #271 solely for attending Paw Paw Schools and is living on a permanent basis in the district with the person who is registering the child(ren). The person enrolling child(ren) must have the ability to make all school related and medical decisions for the child(ren). Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered will be dropped from the attendance rolls immediately. A person who fraudulently registers a child will be subject for payment of retroactive tuition charged for non-resident students not to exceed 110% of the per capita cost. A person who knowingly or willfully presents District #271 any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend school in the Paw Paw District shall have committed a Class C misdemeanor and may be referred to the State's Attorney for prosecution.

I certify that I understand the residency requirements and that I know the penalties for fraudulent registration.

Signature of Parent/Guardian

Relationship

Date



2023-2024 Residency Verification

Letters of Residence to be used when the Person Seeking to Enroll a Student is Living with a District Resident (form as needed)

To be completed if the student/family is living in a residence that the parent/guardian is not the current homeowner/leaseholder.

In addition, the current homeowner/leaseholder must provide documentation for the categories listed on the **Residency Requirements** page.

A person seeking to enroll a child should use this form as evidence of residency when he or she cannot produce a lease, purchase property agreement, or other similar document - other documents will also be required to establish residency. The School District reserves the right to evaluate the evidence presented; completing this form does not guarantee admission.

To be completed by the individual enrolling the child and returned to the school.

Child _____ Phone _____

Individual enrolling the child _____ Relationship to the child _____

Residence address (street, city, zip) _____

Signature of the individual enrolling the student _____ Date _____

To be completed and signed by the individual who is responsible for the residence.

Name of the individual who is responsible for the residence _____ Phone _____

I am responsible for this residence by ownership, lease, or other _____

Total number of: Persons living at this residence _____ Rooms in residence _____ Bedrooms _____

State the reasons for this living arrangement, including your relationship to the individual enrolling the child:

I certify that this information is true and that the individuals named above are living in my residence.

Signature of the individual who is responsible for the residence _____ Date _____

WARNING:

If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the district is guilty of a Class C misdemeanor, except in very limited situations as defined in State Law (105 ILCS 5/10-20.12b(e)).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that district.



2023-2024 Residency Verification
Landlord Verification
(form as needed)

To be used to verify a current lease if you are renting in the school district.

A person who knowingly or willfully presents to any school district any false information regarding the residency of a pupil for the purposes 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. (Public Act 89-0480).

To comply with Paw Paw School District #271's proof of residency requirement I verify the following information:

I *(Property Owner/Landlord Name)* _____ am the property owner at

(Rental Property Address/City/State) _____.

I am currently renting to *(Tenant(s) Name(s))*: _____

am they have been renting and residing at this property since *(Month/Date/Year)* _____

and to the best of my knowledge will reside at this address until *(Month/Date/Year)* _____.

Signature of Landowner

Printed Name

Landlord Telephone Number

Date



2023-2024 Required Physicals and Immunizations

SCHOOL PHYSICAL & IMMUNIZATIONS RECORDS

Students entering Kindergarten and 6th Grade (or are new to Illinois), are required to have school physicals. Students entering Kindergarten, 2nd Grade and 6th Grade (or are new to Illinois), are required to have dental examinations. Students entering Kindergarten (or are new to Illinois) are required to have a vision exam. The Illinois State Board of Education (ISBE) and the Illinois Department of Public Health (IDPH) encourage parents and guardians to ensure their children's immunizations are up to date and need to be current for their grade level.

Exam Forms should be provided by your healthcare provider.

❖ **NEW TO ILLINOIS** (Physical, Dental Exam and Vision Exam)

Students entering any grade level that are new to Illinois, are required to have an IL school physical, dental exam and vision exam.

❖ **KINDERGARTEN** (Physical, Dental Exam and Vision Exam)

Physical exam completed within one year prior to the start of school. 4 or more doses of DTaP with the last dose being a booster and received on or after the fourth birthday. 3 or more doses of poliovirus vaccine with the last dose being on or after the fourth birthday. 2 doses of MMR vaccine. 2 doses of varicella vaccine or proof of disease. Must be assessed for lead poisoning by a blood test or the Lead Risk Assessment Questionnaire (done at the doctor's office).

Eye Examination by an optometrist or ophthalmologist within one year prior to the start of school. All the above is to be turned in to school by October 15th.

Dental exam due by May 15th of the next school year (so that would be May 15, 2023 for the 2022-2023 school year) the exam is to be within 18 months of that May 15th deadline.

❖ **2ND GRADE** (Dental Exam)

Dental exam due by May 15th of the next school year (so that would be May 15, 2023 for the 2022-2023 school year) the exam is to be within 18 months of that May 15th deadline.

❖ **6TH GRADE** (Physical and Dental Exam)

Physical exam completed within one year prior to the start of school. 3 doses of Hepatitis B vaccine. 1 dose of Tdap vaccine regardless of the interval since the last DTaP. 2 doses of varicella vaccine or proof of disease. Must show proof of receiving one dose of meningococcal conjugate vaccine (MCV4) on or after 10 years of age.

Dental exam due by May 15th of the next school year (so that would be May 15, 2023 for the 2022-2023 school year) the exam is to be within 18 months of that May 15th deadline.

❖ **5TH - 8TH GRADE SPORTS** (Sports Physical)

5th-8th Grade students wishing to participate in any school sport are required to have a Sport Physical before participating (this includes practices). **Sports Physicals are NOT acceptable for School Physicals. However, a School Physical IS acceptable for a Sports Physical.**