

OKAW VALLEY HIGH SCHOOL 2023-2024 SCHOOL REGISTRATION INFORMATION

WHAT IS NEEDED FOR REGISTRATION

Changes can be made in Skyward on the Parent Portal for the following

- OVHS Student Information/Emergency Form.
- HS Signature Form (Parent/Guardian & Student signatures required)
- Free & Reduced Lunch Application. (Needs filled out and turned in each year.)

Found on the Okaw Valley Website

- Required Health Forms (See below)
- Athletic Registration Forms

HEALTH REQUIREMENTS

- 9TH Grade: Copy of an up to date immunization record, Dental Exam, and a completed physical (Must be the State of IL Certificate of Child Health Examination). This can be found on the school website or at www.dph.illinois.gov under Forms & Publications, scroll down to School Health Programs. The IHSA Sport Physical Form will not be accepted for a School Physical. However, a School Physical IS acceptable for a Sports Physical.
- 12TH Grade: Copy of an up to date immunization record. Students entering the 12th grade are required to have received the correct dose of the meningococcal conjugate vaccine.
- 10th-12th: Copy of an up to date Sports Physical if participating in Athletics.
- School Medication Authorization Form if medication is to be administered by the HS office.

All immunization requirements can be found on the school website.

NEW STUDENTS TO THE DISTRICT SHOULD CONTACT THE HS OFFICE @ 217-665-3631 OR EMAIL AT ovhsoffice@okawvalley.org

All High School students need basic school supplies such as pencils, pens, notebooks..... Each teacher will let your student know if they require specific supplies in their classroom

High School Lunch Program

2023-2024

Breakfast and Lunch menus are available monthly outside the High School office on the Information Table and on our website @ www.okawvalley.org. Student prices for the 23-24 school year will be \$2.20 for breakfast and \$3.00 for a lunch.

Students may choose to bring a lunch from home or eat the hot lunch offered at school. Seconds may be purchased daily if available. A variety of ice cream bars, ice cream sandwiches, cookies, and Slim Jims are available to purchase. Prices vary from \$.50-\$2.00.

Breakfasts and lunches need to be purchased in advance by cash, check, or online. Any extras, (seconds, ice cream...) can be purchased from the cooks in the kitchen with cash or taken out of your student's account if there is money in their account. Account balances can be checked on Skyward or with Mrs. Foster in the High School office. If you have any questions about your child's balance, you can contact the office at any time by calling 665-3631, or at ovhsoffice@okawvalley.org. Please make every effort to keep up with your child's account and encourage them to check on their balance.

Free/Reduced lunch programs applications are available in the office or on the school website and must be filled out every year. If you do not apply at registration you may apply at any time during the school year. However, your student will be charged the regular price for breakfast and lunch until the form is turned in and approved. If you have any questions or need help filling out the application, contact the Unit Office at 665-3232. Seconds and extra items (ice cream, cookies, extra milk...) are not included in the **Free/Reduced** lunch program. Students participating in this program may purchase extras in the kitchen.

Thank you



PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name: Last First Middle			Birth Date: (Month/Day/Year) / /
Address: Street City ZIP Code			Telephone:
Name of School:		Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian:		Address (of parent/guardian):	

To be completed by dentist:

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present**

☐ Yes ☐ No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

☐ Yes ☐ No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

☐ Yes ☐ No **Soft Tissue Pathology**

☐ Yes ☐ No **Malocclusion**

Treatment Needs (check all that apply)

☐ **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

☐ **Restorative Care** — amalgams, composites, crowns, etc.

☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis

☐ **Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date of Exam _____

Address _____
Street City ZIP Code

Telephone _____

