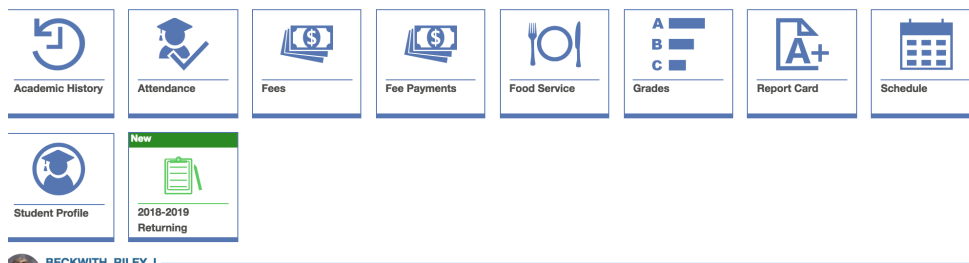


## Returning Student Registration

1. **Go to: <https://skyward.iscorp.com/SaltCreekILStuSTS/>**  
There is also a link on the left side of our District website. You will want to bookmark this page for future use.
2. **Use your Username and Password to sign into Skyward.**  
You should have been sent an e-mail from Skyward to create a password. If you have not received this e-mail, please contact the office to make sure we have the correct information.
3. **Only one parent needs to complete the registration forms online, but both parents will want to utilize Skyward for the many other features it has.**
4. **Once you are logged in, click the tile for Returning (Green Tile)**



5. **Follow the process and please take time to enter all of the information. We do NOT need any driver's license numbers.**
6. **At the end of the process you are asked to review the information. If a change needs to be made, please click on the STEPS (banner across top) to access the information. After confirming everything is correct, click submit.**
7. **Once you have completed all forms and clicked submit, a copy will be sent to the office. Registration is not complete until all forms are approved at the building level and residency has been proven and payment has been made. You will later receive a message in your Skyward account confirming that your student's registration is approved and complete.**
8. **Questions, please call the school office:**  
**AMS: 630-279-6160                      SMS - 630-834-9256                      SC - 630-832-6122**



# SALT CREEK SCHOOL DISTRICT NO. 48

SERVING THE COMMUNITIES OF ELMHURST • OAK BROOK • OAKBROOK TERRACE • VILLA PARK

www.saltcreek48.org

ADMINISTRATIVE OFFICES  
1110 S. VILLA AVE  
VILLA PARK, IL 60181  
(630) 279-8400  
FAX (630) 279-6167

Dear Parent/Volunteer,

To insure the safety of our students, staff, and volunteers, all volunteers are required to fill out a Volunteer Information Form and Waiver of Liability.

If you plan on volunteering during the school year please be sure to fill out the attached form completely and return to the school office. Your information will remain confidential.

Thank you for your willingness to share your time and talents with us here at District 48!

## Volunteer Information Form and Waiver of Liability

*Volunteers must complete this form one time each school year. Please print clearly in ink:*

Name \_\_\_\_\_  
Last First Middle Telephone

Address \_\_\_\_\_  
Street City Zip code

Personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency adult contact \_\_\_\_\_ Telephone \_\_\_\_\_

Are you now or have you ever been a school volunteer?  Yes  No

If yes, at which school? \_\_\_\_\_ Year? \_\_\_\_\_

The name of any child or ward attending this school \_\_\_\_\_

Criminal Conviction Information: Are you a child sex offender?  Yes  No

Have you ever been convicted of a felony?  Yes  No If Yes, list all offenses.

Offense	Date	Location
_____	_____	_____
_____	_____	_____

If requested, are you willing to consent to a criminal history records check?  Yes  No

### Waiver of Liability

The School District does not provide insurance coverage to non-District personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk

By your signature below:

You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the School District.

You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the School District. You also agree to waive any and all claims against the School District, or its officers, School Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District

For volunteer coaches only: I understand that while fulfilling my coaching responsibilities, I am a school official under State law. In accordance with policy 5:90, *Abused and Neglected Child Reporting*, I will report to the Building Principal any unsanctioned or unauthorized act that results in bodily harm to any person. If the act results in death or great bodily harm, I will make a report to law enforcement and promptly notify the Building Principal that a report has been made (720 ILCS 5/12C-50.1, added by P.A. 98-393).

Volunteer name (please print) \_\_\_\_\_

Volunteer signature \_\_\_\_\_

Date \_\_\_\_\_

-----  
**For School Use Only**

General description of assignment(s):

- Supervising students as needed by a teacher
- Supervising students during a regularly scheduled activity
- Assisting with academic programs
- Assisting at the resource center or main office
- Other \_\_\_\_\_

Name of supervising staff member \_\_\_\_\_

Illinois Sex Offender Database Registry, [www.isp.state.il.us/sor/](http://www.isp.state.il.us/sor/)

Registry checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (mandatory)

Illinois Murderer and Violent Offender Against Youth Registry, [www.isp.state.il.us/cmvo/](http://www.isp.state.il.us/cmvo/)

Registry checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (mandatory)

Dru Sjodin National Sex Offender Public Website (NSOPW), [www.nsopr.gov](http://www.nsopr.gov)

NSOPW checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (mandatory)

To be completed by the Building Principal:

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a fingerprint-based criminal history records check would be prudent?  Yes  No

If yes, and provided the individual authorized the fingerprint-based criminal history records check, please provide the following:

Date that the background check was requested \_\_\_\_\_

Date that the background check was received and reviewed \_\_\_\_\_

Check reviewed by (please print) \_\_\_\_\_

Signature of reviewer \_\_\_\_\_

Date \_\_\_\_\_



## SCHOOL HEALTH OFFICE: GENERAL INFORMATION

**Illness:** If your child is sick and needs to stay home please call the attendance line at their school.

**\*\*Please indicate what symptoms your child is experiencing, so that the nurse may follow up if necessary.\*\***

**Your child must stay home from school if they are experiencing any of the below:**

- Fever (100.4°F or higher)
- New onset of moderate to severe headache
- Shortness of breath
- New cough
- Sore throat
- Vomiting
- Diarrhea
- New loss of taste or smell
- Fatigue from an unknown cause
- Muscle or body aches from an unknown cause
- Body rash with itching and/or a fever
- Eye infection/red irritated eyes

**Your child is ok to return to school once:**

- For body rash: absence of skin rash/irritation
- For eye infection: 24 hours after starting antibiotic eye drops/ointment
- All other symptoms mentioned above: **once cleared by the school nurse to return** (must be fever-free for 24 hours without the use of medication, and no vomiting or diarrhea for at least 24 hours)

**Medication:** In order to take any type of medication during school hours, including over-the-counter Medication (i.e. Tylenol, Advil), a **D48 Medication Permission Form** must be completed by the student's parent/guardian **and** physician.



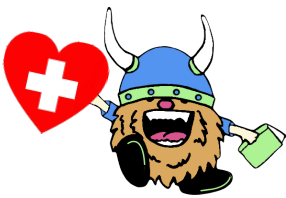
- Medication must be brought to school in the original pharmaceutical container.
- Over the counter medication must be brought in its original **unopened** container with student's name written on it.
- A new medication permission form is required if there is a change in dosage during the year.
- A new medication permission form is required at the beginning of every school year.
- For diagnoses such as asthma, anaphylaxis, and seizure disorders, a **Care Plan** must be provided with medication.

**Injuries & Physical Education Excuses:** Your child may be excused from P.E. for a maximum of 3 days with a note from a parent. To be excused longer than 3 days, a note from the child's doctor will be required.



If your child requires accommodations at school related to an injury (example: crutches, wheelchair or extra time between classes) we will require a doctor's note outlining the necessary accommodations.

**Note: NO P.E. = NO RECESS OR SPORTS**



# HEALTH REQUIREMENTS FOR SCHOOL

**Note:** if you do not provide the following forms by the deadlines outlined below, your child may be **excluded from school** until the forms are received.

## Pre-Kindergarten (PK)

- **Illinois Certificate of Child Health Examination:** within 12 months prior to 1st day of school, **due by Oct. 15th**
  - Complete and up-to-date immunization record (see below for requirements)\*\*
  - Health history portion completed by parent/guardian
  - Exam portion completed by doctor, including Diabetes Screening and Lead Risk Questionnaire

<b>Polio (IPV)</b>	2 doses by 1 year of age and 1 dose by 2nd birthday.
<b>Diphtheria, Tetanus, Pertussis (DTaP or DTP)</b>	3 doses by 1 year of age with a booster by 2nd birthday.
<b>Measles, Mumps, Rubella (MMR)</b>	1 dose on or after the 1st birthday.
<b>Pneumococcal (PCV)</b>	4 doses by 2 years of age.
<b>Haemophilus influenzae type b (Hib)</b>	At least 1 dose at 15 months or older.
<b>Hepatitis B</b>	3 doses, with the 3rd dose on or after 6 months of age.
<b>Varicella (chicken pox)</b>	1 dose on or after 1st birthday, or verified history of the disease.

## Kindergarten (K)

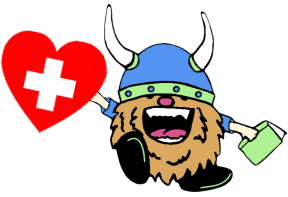
- **Illinois Certificate of Child Health Examination:** within 12 months prior to 1st day of school, **due by Oct. 15th**
  - Complete and up-to-date immunization record (see below for requirements)\*\*
  - Health history portion completed by parent/guardian
  - Exam portion completed by doctor, including Diabetes Screening and Lead Risk Questionnaire
- **Illinois Eye Examination:** within 12 months prior to 1st day of school, **due by Oct. 15th**
- **Illinois Dental Examination:** dated within 18 months of due date, **due by May 15th**

<b>Polio (IPV)</b>	4 or more doses, with the last dose received on or after the 4th birthday and 6 months or more since the last dose.
<b>Diphtheria, Tetanus, Pertussis (DTaP or DTP)</b>	4 or more doses, with the last dose being received on or after the 4th birthday.
<b>Measles, Mumps, Rubella (MMR)</b>	2 doses of MMR Vaccine, the 1st dose on or after 12 months of age and the 2nd dose no less than 1 month after the first.
<b>Varicella (chicken pox)</b>	2 doses on or after 12 months of age or older (2nd dose no less than 1 month after the 1st) or verified history of the disease.

## New and Transfer Students (all grades)

- **Illinois Certificate of Child Health Examination:** within 12 months prior to 1st day, **due within 30 days of start**
  - Complete and up-to-date immunization record (contact your child's doctor for age requirements)\*\*
  - Health history portion completed by parent/guardian
  - Exam portion completed by doctor, including Diabetes Screening and Lead Risk Questionnaire
- **Illinois Eye Examination:** within 12 months prior to 1st day of school, **due within 30 days of start**
- **Illinois Dental Examination:** dated within 18 months of due date, **due by May 15th**

**\*\*Religious/Medical Exemptions:** If your child does not receive immunizations for religious reasons, a parent and healthcare provider must complete the "Illinois Certificate of Religious Exemption to Required Immunizations and/or Examinations" form prior to the first day of school. This form may not be used for personal or philosophical reasons, as Illinois does not allow such exemptions.



## HEALTH REQUIREMENTS FOR SCHOOL

***Note:** if you do not provide the following forms by the deadlines outlined below, your child may be excluded from school until the forms are received.*

### 2nd Grade Students

**Due by May 15th:** Illinois Dental Examination dated within 18 months of the due date

### New and Transfer Students (all grades)

**Due within 30 days of start date:**

- **Illinois Certificate of Child Health Examination:**
  - Complete and up-to-date immunization record (contact your child's doctor for age requirements)\*\*
  - Health history portion completed by parent/guardian
  - Exam completed by doctor, including Diabetes Screening and Lead Risk Questionnaire
- **Illinois Eye Examination:** within 12 months prior to the 1st day of school.

**Due by May 15th:** Illinois Dental Examination dated within 18 months of the due date

**\*\*Religious/Medical Exemptions:** If your child does not receive immunizations for religious reasons, a parent and healthcare provider must complete the "Illinois Certificate of Religious Exemption to Required Immunizations and/or Examinations" form prior to the 1st day of school.

This form may not be used for personal or philosophical reasons, as Illinois does not allow such exemptions.



## HEALTH REQUIREMENTS FOR SCHOOL

**Note:** *If you do not provide the following forms by the deadlines outlined below, your child may be excluded from school until the forms are received.*

### 6th Grade

- **Illinois Certificate of Child Health Examination:** within 12 months prior to 1st day of school, **due by Oct. 15th**
  - Complete, up-to-date immunization record (see box below for required vaccines for 6th grade)\*\*
  - Health history portion completed by parent/guardian
  - Exam portion completed by doctor, including Diabetes Screening
  - **Note:** A sports physical does **NOT** satisfy this requirement.
- **Illinois Dental Examination:** dated within 18 months of due date, **due by May 15th**

Diphtheria, Tetanus, Pertussis (DTaP, Tdap)	1 dose of Tdap on or after the 11th birthday.
Meningococcal Disease (MCV4)	1 dose of MCV4 on or after the 11th birthday.

### New and Transfer Students (all grades)

- **Illinois Certificate of Child Health Examination:** most recent (from K or 6th), **due within 30 days of start**
  - Complete and up-to-date immunization record (contact your child’s doctor for age requirements)\*\*
  - Health history portion completed by parent/guardian
  - Exam portion completed by doctor, including Diabetes Screening
  - **Note:** A sports physical does **NOT** satisfy this requirement.
- **Illinois Eye Examination:** most recent, **due within 30 days of start**
- **Illinois Dental Examination:** most recent (from 2nd or 6th grade), **due by May 15th**

### Students Participating in Sports (5th-8th grade)



If your child will be trying out for any sport (including intramural), they must have an **IHSA Pre-Participation Examination** (“Sports Physical”) on file **prior to tryouts**. Sports physicals are valid for 1 year and must be current throughout the entire sports season that your child is planning to participate in. 6<sup>th</sup> graders may use their Illinois Certificate of Child Health Examination in lieu of a sports physical, however a sports physical **CANNOT** be used in lieu of the Illinois Certificate of Child Health Examination requirement.

**\*\*Religious/Medical Exemptions:** If your child does not receive immunizations for religious reasons, a parent and healthcare provider must complete the “Illinois Certificate of Religious Exemption to Required Immunizations and/or Examinations” form prior to the first day of school. This form may not be used for personal or philosophical reasons, as Illinois does not allow such exemptions.