IMPORTANT

Student name _____

Enrollment

Please check one of the following:

_____ In-Person (All-In or Hybrid)

_____ Remote Learning

_____ Homeschooling

Transportation

Please check one of the following:

_____ My child will need transportation provided by the school.

_____ I will provide transportation for my child.

Parent/Guardian_____

OAKWOOD HIGH SCHOOL RETURNING STUDENT REGISTRATION FORM

School Building: Oakwood High School

_____
(Student Last Name, First Name, Middle)

Grade _____

School Year _____

Student Lives with (Check one): __ Mother & Father __ Mother only __ Father only __ Other _____

In the case of an unscheduled emergency dismissal, my child should:
___Go home or to child care as usual. If child care, please list name of provider"_____
___Go to _____

Parent Portal (Online Grade System) **Changes needed:** __ Yes __No
If changes are needed:

Add email: _____

Add email: _____

School Messaging Service (For weather related school cancellations and school notifications) **Changes needed:** __Yes __No

_____	_____	_____
(Primary Phone)	(Primary Text Number)	(Primary Email Address)
_____	_____	_____
(Secondary Phone)	(Secondary Text Number)	(Secondary Email Address)

Permission and Notification

I give permission for my child to participate in field trips and off-campus activities during school hours.	____ Yes ____No
I give permission to allow my child access to the Internet and I agree to the online acceptable use policy.	____Yes ____No
I give permission to allow my child's image, work, or voice to be displayed.	____Yes ____No
I agree that it is my responsibility to check the online student handbook and the online acceptable use policy.	____Yes ____No
I understand the transportation rules.	____Yes ____No
Oakwood High School only: I give permission to my **senior** to leave after their 6th hour class	____Yes ____No
Oakwood High School only: I give permission to my **College Express** student to leave early after they return from College Express.	____Yes ____No
Oakwood High School only: I give permission to my **College Express** student to **drive** to College Express.	____Yes ____No

Payments are expected at the time of registration.

Parent/Guardian Signature _____ **Date**_____

OAKWOOD COMMUNITY UNIT SCHOOL DISTRICT #76
CHECK-OFF SHEET

Please complete your packets before going through the registration line.

Informational Letter **(please keep this for your information)**

_____ Residency Verification—Property Owner **(complete one form for all in household)**

_____ Student Information Sheet **(complete one form for each student in the household)**

_____ Oakwood CUSD Enrollment Form **(complete one form for each student in the household)**

_____ Student Handbook Agreement **(complete one form for each student in the household)**

Performance Enhancing Substances Information **(please keep this for your information)**

Concussion Policy Information **(please keep this for your information)**

_____ Concussion & Performance Enhancing Substances Policies Agreement **(complete one form for each student grades 5-12 in the household that are participating in athletic programs)**

_____ Authorization for Electronic Network Access **(complete one form for each student in household)**

_____ Bus Transportation Form **(complete one form for the household)**

_____ Home Language Survey **(complete one form for each student in the household)**

*Free/Reduced Lunch Application Form **(complete one form for everyone in the household)**

_____ Consent for Release of Information **(new students transferring to Oakwood CUSD #76 only)**

_____ Health History **(complete one form for each student in household)**

_____ Dental Screening Form **(complete one form for each student as needed)**

Oakwood Grade School Supply List **(please keep this for your information)**

Oakwood Junior High School Supply List **(please keep this for your information)**

Oakwood CUSD #76 District Calendar **(please keep this for your information)**

Free/Reduced Lunch Application Forms will be available on our school district website or at the district office after July 1st.

Oakwood Community Unit School District No. 76

12190 U.S. Route 150
Oakwood, Illinois 61858

Telephone: (217) 446-6081
Fax: (217) 446-6218

STUDENT HANDBOOK AGREEMENT

Name of Student: _____

Name of Parent: _____

Grade: *(check one)*

OGS: ❑ K ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6

OJHS: ❑ 7 ❑ 8

OHS: ❑ 9 ❑ 10 ❑ 11 ❑ 12

Our student/parent handbooks are posted online at www.oakwood76.org. Student at OJHS and OHS will also receive a planner book containing a printed version of the handbook. We are asking that you take a few minutes to go through the handbook with your child and go over the rules and expectations for the coming school year. Please note that there are a few changes.

Thank you for taking the time to review this with your child. You are responsible for reviewing the handbook with your child. Paper copies will be available in the office for OGS families if you are unable to access the handbook online.

I/We will review the school handbook with my/our child.

_____ _____

Parent Signature/Date

Student Signature/Date (OJHS/OHS only)

HOME LANGUAGE SURVEY

The state requires the district to collect a Home Language Survey for every 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 questions below and return this survey to your child's school. Separate forms must be filled out for each student.

Student's Name: _____

1. Does anyone in your home speak a language other than English?

   _____ Yes

   What language? _____

   _____ No

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

   _____ Yes

   What language? _____

   _____ No

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

_____ _____

Parent or Guardian Signature Date

□Oakwood CUSD 76 □ Health History Form

Your student's health history is important to provide the best care at school. It is the responsibility of the parent /guardian to notify the school of new or existing health concerns. If your child requires medication/treatments at school, it is the responsibility of the parent/guardian to notify the school, provide the medication or necessary equipment for use at school, along with the completed medication administration form.

Last_____ **First** _____ **MI**_____	**DOB**: ___/___/___ Month/Day/Year	**Gender**: M or F	**Grade Level**: _____

Diagnosis of asthma? Uses an inhaler? Child wakes during night coughing?	Yes/No Yes/No Yes/No	Hospitalizations? When? What for?	Yes/No **Explain:**
Birth defects?	Yes/No **Explain:**	Surgery? When? What for?	Yes/No **Explain:**
Developmental delay?	Yes/No **Explain:**	Serious injury or illness?	Yes/No **Describe:**
Blood disorders? Hemophilia, Sickle Cell, Other?	Yes/No **Explain:**	TB skin test positive (past/present)? TB disease (past or present)?	Yes*/No Yes*/No *If yes, refer to local health department.
Diabetes? Type 1 or 2? Insulin dependent?	Yes/No **Explain:** Yes/No	Bone or Joint problem? Injury or scoliosis?	Yes/No **Explain:** Yes/No **Explain:**
Seizures? Emergency Meds?	Yes/No **Describe:** Yes/No **List:**	Family history of sudden death before age 50?	Yes/No **Cause:**

□Oakwood CUSD 76 □ Health History Form Cont.

Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes/No **Explain:**	Tobacco use? Type & frequency?	Yes/No **Describe:**
Heart problems?	Yes/No **Describe:**	Alcohol or Drug use?	Yes/No **Describe:**
Heart murmur? High blood pressure?	Yes/No **Explain:** Yes/No	Dental:	Braces □ Bridge □ Plate □ Other □ **Explain:**
Dizziness or chest pain with exercise?	Yes/No **Explain:**	Ear/Hearing problems?	Yes/No **Describe:**
Eye/Vision problems? Last exam by eye doctor: Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)	Yes/No Glasses □ Contacts □ Date: _____ Yes/No **Explain:**		

Dietary Restrictions:_____

Allergies (food/drug/insect/other):_____

Emergency Medications related to Allergies: (Yes or No)Medication:_____

Current Medications:

Medication	Dose/Frequency	Prescribed for what?	Taken at home or school?
1.			
2.			
3.			
4.			

***Information may be shared with appropriate personnel for health safety and educational purposes.

Parent/Guardian Signature: _____ Date: _____

Rev 4/2020

□Oakwood CUSD 76 □ Health History Form Cont.

***Information may be shared with appropriate personnel for health safety and educational purposes.

Parent/Guardian Signature: _____ Date: _____

*****DENTAL SCREENING… PLEASE RETURN AS SOON AS POSSIBLE*****

PLEASE PRINT IN INK!!!

NAME OF SCHOOL: _____
TEACHER: _____ GRADE: _____
COUNTY: _____

If you are not interested in this program, please print your child's name and put "NO" on this form.

Dear Parent or Guardian,

OPDS, Ltd. and the Illinois Department of Public Aid have arranged for dental services for eligible children. These services may include an exam, cleaning, fluoride treatment and sealants (a protective coating on the chewing surfaces of back teeth). Licensed dentists, hygienists and assistants will come to your child's school with portable equipment. In order for your child to receive these services **YOU MUST PROVIDE ALL THE INFORMATION REQUESTED BELOW AND SIGN IN THE AREA INDICATED.**

Your child's name _____ Birth date _____ Home Phone _____ Gender: Male / Female
Please Print
Address: _____ City _____ Zip _____

DOES YOUR CHILD HAVE ANY MEDICAL HISTORY THAT MAY COMPLICATE DENTAL TREATMENT? **DENTIST'S INITIALS**
Heart murmur_____; Latex allergy_____; Blood disorder_____; Other_____ Reviewed Health History

DOES YOUR CHILD **QUALIFY FOR FREE AND REDUCED MEALS** Yes No _____
# of family members_____ Income per year (optional)_____

IS YOUR CHILD ENROLLED IN THE "ALL KIDS" PROGRAM (PUBLIC AID/MEDICAID/KID CARE)? Yes No

IF YES, Include your child's RECIPIENT ID NUMBER ____ ____ ____ ____ ____ ____ ____ ____ ____
9 DIGIT ID NUMBER ON BACK OF MEDI-PLAN CARD

IS YOUR CHILD COVERED BY **PRIVATE** DENTAL INSURANCE Yes No

ETHNICITY: Hispanic_____ Non Hispanic_____ RACE: White_____ African American_____
American Indian/Alaska Native_____ Asian/Pacific Islander_____ Other_____ Unknown **DENTIST'S INITIALS**
Reviewed Signature

****Signature:_____ Date:_____**

PARENT OR GUARDIAN MUST SIGN TO PARTICIPATE!!!!!! _____

****In signing this form, you are giving permission to treat your child and also verifies that you have read the back of this form regarding HIPAA.**
****This will also give permission for IDPH, QA Audits and providers to return to your school and re-check your child's sealants.**

DO NOT WRITE BELOW THIS LINE **(rev. 07/09)**

TO BE COMPLETED BY DENTIST

Prior Restorations – Prior Sealants

Sealants Present	_____ YES	_____ NO (Prior to exam – 1st molars only)	
Caries Experience	_____ YES	_____ NO	
Untreated Caries	_____ YES	_____ NO	
Oral Hygiene Status	_____ GOOD	_____ FAIR	_____ POOR
Periodontal Status	_____ GOOD	_____ FAIR	_____ POOR

CURRENT DENTAL STATUS OF PATIENT:

TREATMENT NEEDED

DECAY	**SEALANTS** Placed Today
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SCORE _____

ORAL HEALTH ASSESSMENT RATING

1. Preventive Care (services rendered today) – There is no visual evidence of caries activity or periodontal pathology.
2. Restorative Care – Amalgams, composites, crowns, etc.
3. Urgent Treatment – Abscess, nerve exposure advanced disease state, signs or symptoms that include pain, infection or swelling.

Dentist/Hygenist Signature_____/_____
(Reviewed Name/D.O.B.)

Treatment Date:_____ **Dentist's Signature:**_____

RURAL/METRO FAMILY OF COMPANIES NOTICE OF PRIVACY PRACTICES GUARDING PROTECTED HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Uses and Disclosures of PHI: We may use PHI for purposes of treatment, payment and health care operations, in most cases without your written permission. Examples of our use of your PHI:

- For Treatment. This includes such things as obtaining verbal and written information about your medical condition and treatment from you as well as from others, such as doctors and nurses who give orders to allow us to provide treatment to you. We may give your PHI to other health care providers involved in your treatment, and may transfer your PHI via radio or telephone to the hospital or dispatch center.
- For Payment. This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as submitting bills to insurance companies, making medically necessity determinations and collecting outstanding accounts.
- For Health Care Operations. This includes quality assurance activities, licensing and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, as well as certain other management functions.

Use and Disclosure of PHI without Your Authorization. We are permitted to use PHI without your written authorization, or opportunity to object, in certain situations, and unless prohibited by more stringent state law, including:

- For the treatment, payment or health care operations activities of another health care provider that treats you;
- For health care and legal compliance activities;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection, and in certain other circumstances where we are unable to obtain your agreement and believe the disclosure is in your best interests;
- To a public health authority in certain situations as required by law (such as to report abuse, neglect or domestic violence);
- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when responding to a warrant;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- For research projects, but this will be subject to strict oversight and approvals;
- Use or disclose health information about you in a way that does not personally identify or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patients Rights: As a patient, you a number of rights with respect to your PHI, including:

- The right to access, copy or inspect your PHI. This means you may inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee, as state law permits, to provide a copy of any medical information you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have forms available to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. You also have the right to receive confidential communications of your PHI. If you wish to inspect or obtain a copy of your medical information, you should contact our local privacy representative.
- The Right to Amend Your PHI. You have the right to ask us to amend written medical information we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request an amendment of the medical information we have about you, please contact our local privacy representative to obtain an amendment request form.
- The Right to Request an Accounting. You may request an accounting from us of certain disclosures of your medical information we have made in the six years prior to the date of your request. However, you requests for an accounting of disclosures cannot precede the implementation date of HIPAA, April 14, 2003. We are also not required to give you an accounting of our uses of PHI for which you have already given us written authorization. If you wish to request an accounting, contact our local privacy representative.
- The Right to Request That We Restrict the Uses and Disclosures of Your PHI. You have the right to request that we restrict how we use and disclose your medical information we have about you. We are not required to agree to any restrictions you request, but any restrictions agreed to by us in writing are binding on us.
- If you would like a paper copy of this Notice, you may contact us at the address listed below and we will provide you a paper copy of the Notice upon request.

Revisions of the Notice: We reserve the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all PHI we maintain. You can get a copy of the latest version of this Notice by contacting our privacy official.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to our privacy official.

Privacy Official Contact Information:
Privacy Official
Rural/Metro
8401 E. Indian School Road, Scottsdale, AZ 85251
(480) 606-3206

Effective Date of the Notice: April 14, 2003

Oakwood CUSD #76 DISTRICT TRANSPORTATION FORM **Parent/Guardian Information (one form per building)**

_____ _____
(Parent Last Name) (Parent First Name)

_____
Home Address (Street) (City) (Zip)

Home Phone # _____Cell Phone # _____Work Phone #_____

Emergency Contact (Not Parent or Guardian)

_____ _____ _____
(Name) (Relationship) (Phone #)

There can be only one pick-up address and one drop-off address.

THERE MUST BE 24 HOUR PRIOR NOTIFICATION AND APPROVAL FOR ANY BUS CHANGE AND A NOTE MUST BE SENT TO THE SCHOOL SO THAT THE TEACHER AND THE OFFICE STAFF ARE AWARE OF THE CHANGE.

If you have any questions, call the transportation department at 354-4221 ext. #2307.

This form must be completed even if your student is a car rider or a walker.

Please list ALL the students in your household *starting with the youngest* – If all students have same transportation plan you can just write *"same"* for 2nd 3rd & 4th student(s) under the address but be sure to list their name and grade.

Student #1 **Transportation Plan (circle one)** **Bus** **Car** ***Walk*** ***Driver (HS only)***

_____ _____ _____
(Student Grade) ***(First Name)*** ***(Last Name)***

_____ _____
(***Student Bus Pick up Address)*** ***(City)*** Address is: ____home____sitter **BUS #**

_____ _____
(Student Bus Drop-off Address) ***(City)*** Address is: ____ home____sitter **BUS #**

Student #2 **Transportation Plan (circle one)** **Bus** **Car** ***Walk*** ***Driver (HS only)***

_____ _____ _____
(Student Grade) ***(First Name)*** ***(Last Name)***

_____ _____
(Student Bus Pick up Address) ***(City)*** Address is: ____home____sitter **BUS #**

_____ _____
(Student Bus Drop-off Address) ***(City)*** Address is: ____ home____sitter **BUS #**

Student #3 **Transportation Plan (circle one)** **Bus** **Car** ***Walk*** ***Driver (HS only)***

_____ _____ _____
(Student Grade) ***(First Name)*** ***(Last Name)***

_____ _____
(Student Bus Pick up Address) ***(City)*** Address is: ____home____sitter **BUS #**

_____ _____
(Student Bus Drop-off Address) ***(City)*** Address is: ____ home____sitter ***BUS #***

Student #4 **Transportation Plan (circle one)** **Bus** **Car** ***Walk*** ***Driver (HS only)***

_____ _____ _____
(Student Grade) ***(First Name)*** ***(Last Name)***

_____ _____
(Student Bus Pick up Address) ***(City)*** Address is: ____home____sitter **BUS #**

_____ _____
(Student Bus Drop-off Address) ***(City)*** Address is: ____ home____sitter ***BUS #***

DRIVING PERMIT

1. Copy of insurance card

2. Cost is $15 per tag

3. Tags are to be hanging from rearview mirror while on school grounds.

Tag No. _____
(For office use only)

Student name: _____ Date: _____

License Plate # _____

Make & Year of Car: _____

Color of Car: _____

Rider: _____ Rider's Parent Signature: _____

Rider: _____ Rider's Parent Signature: _____

Rider: _____ Rider's Parent Signature: _____

Signature of Driver's Parent/Guardian_____

DACC TRANSPORTATION NOTICE AND DISCLAIMER

Transportation Provided by Students to and from Danville Area Community College Classes

An Oakwood student who complies with the terms and conditions hereof may travel to and from the Danville Area Community College (DACC) as a driver or passenger of a non-school vehicle as described herein. Provided further that the District may terminate the travel privileges provided here under at any time and for any reason and academic credit could be forfeited. Oakwood Community Unit School District No. 76 is not responsible for any act, accident, or injury in any way connected with such student-provided transportation. Neither the District nor any of its employees shall provide supervision in connection therewith.

STUDENT DRIVER MUST COMPLETE THE FOLLOWING PARAGRAPH:

I, _____, an Oakwood student enrolled in grade _____ hereby agree and promise that at all times while traveling to and from the DACC campus, I shall operate the vehicle in a safe manner and in compliance with the Illinois Motor Vehicle Code and all other applicable laws. I hereby agree and promise that I will not transport as a passenger any other person to or from the DACC campus unless such person's parent(s) have executed a copy of this Notice and Release and filed the same with the Oakwood CUSD #76.

PARENTS MUST COMPLETE ONE OR BOTH OF THE FOLLOWING 2 PARAGRAPHS:

1. I, _____, the parent of _____, hereby warrant that my child holds a valid Illinois driver's license allowing him or her to operate the vehicle described herein. I further warrant that I own, or my child owns or has valid access to, a vehicle which is in good repair, in a safe operating condition and suitable for transportation of my child to and from the DACC campus. I further warrant that there is currently an insurance policy in full force for the vehicle driven by my child providing for bodily injury, medical, property damage and uninsured motorist coverage in full compliance with applicable law. I, or my child, shall be solely responsible for all costs, including the cost of fuel, incurred in connection herewith. I understand and agree that Oakwood Community Unit School District No. 76 is in no way responsible for any accidents, injuries, damages or other liabilities, whether to person or property or otherwise, that arise out of, are related to, or are in any way connected to travel to and from the DACC campus, by my child, whether as driver or passenger. I further understand and agree to assume all responsibility for my child's travel hereunder and agree to release and hold harmless Oakwood community Unit School District No. 76 from any and all accidents, injuries, damages or other liabilities, whether to person or property or otherwise, that arise out of are related to or agree in any way connected to such transportation, and agree to indemnify the District for the same in the event the District incurs damages for same.

-AND/OR-

2. I, _____, the parent of _____, give permission for my child to ride as a passenger with any student who has filled out a DACC Transportation Notice and Disclaimer.

   While traveling to and from DACC campus I understand and agree that Oakwood Community Unit School District No. 76 is in no way responsible for any accidents, injuries, damages or other liabilities, whether to person or property or otherwise, that arise out of, are related to, or are in any way connected to travel to and from the DACC campus, by my child, whether as a driver or passenger. I further understand and agree to assume all responsibility for my child's travel hereunder and agree to release and hold harmless Oakwood Community Unit School District No. 76 from any and all accidents, injuries, damages or other liabilities, whether to person or property or otherwise, that arise out of, are related to or are in any way connected to such transportation, and agree to indemnify the District for the same in the event the District incurs damages for same.

BOARD OF EDUCATION
Oakwood CUSD #76

Date: _____ _____
Oakwood High School Administrator

Date: _____ _____
Parent/Legal Guardian(s)

Date: _____ _____
Student

OAKWOOD CUSD #76

Parent and Student Agreement/Acknowledgement Form
Performance-Enhancing Substance Testing Policy

- Illinois state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Illinois state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Illinois state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Illinois Department of Corrections.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in IHSA athletic activities, I agree that I will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of performance-enhancing substances in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I understand that testing may occur during selected IHSA state series events or during the school day. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by IHSA.

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in IHSA athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from performance-enhancing substance use and may be asked to submit to testing for the presence of performance-enhancing substances in his/her body. I understand that testing may occur during selected IHSA state series events or during the school day. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by IHSA.

Oakwood CUSD #76 Concussion Guidelines
Return to Play and Return to Learn

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain.
Concussion signs and symptoms generally show up soon after the injury. However, you may not know how serious the injury is at first and some symptoms may not show up for hours or days. A Concussion Oversight Team (COT) consisting of the building administrator, athletic director, school nurse, and athletic trainer (as available) in conjunction with the student's physician, will oversee the return-to-play and return-to- learn plans for each individual student affected with a concussion.

Concussion signs and symptoms:

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.
Symptoms reported by athlete could include:

- Headache or "pressure in the head"
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light and or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems, confusion
- Just not "feeling right" or "feeling down"

Signs observed by coaching staff could include:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall

If you suspect that an athlete has a concussion, you should take the following steps:

1. Remove the athlete from play.
2. Complete the 'Concussion Signs and Symptoms Checklist'.
3. Inform the athlete's parents or guardians about the possible concussion.
4. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. This can be their primary doctor or sports medicine professional.
5. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussions.

6. Complete the 'IHSA/IESA Post-concussion Consent Form' once the treating physician releases the student to return-to-play and return-to-learn.

Return-to-Play (RTP) Step Progression

After a concussion, an athlete should only return to sports practices with the approval and under the supervision of their health care provider and/or certified athletic trainer. A student must follow the five step return to play progression. In some cases, the athlete may be able to work through one step in a single day, while in other cases it may take several days to work through an individual step. This gradual process may take several weeks to months to work through the entire 5-step progression.

Baseline

As the baseline step of the Return-to-Play (RTP) Progression, the athlete needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours. The athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal school activities, and has the green-light from their health care provider to begin the RTP process.

Step 1: Light, aerobic activity

- Begin with light aerobic exercise only to increase an athlete's heart rate; 5 to 10 minutes on an exercise bike, walking or light jogging.
- No weight lifting, jumping or hard running at this point.

Step 2: Moderate activity

- Continue with activities to increase an athlete's heart rate with limited body or head movement; moderate jogging, brief running, moderate-intensity stationary biking, moderate intensity weightlifting.
- Less time and less weight from their typical routine.

Step 3: Heavy, non–contact activity

- Add more intense, non-contact physical activity close to typical routine, such as sprinting/running, high intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills.

Step 4: Full contact practice or training

Step 5: Full game play

It is important to monitor symptoms and cognitive function carefully during each increase of exertion. Athletes should only progress to the next level of exertion if they are not experiencing symptoms at the current level. If concussion signs and behaviors return at any step, an athlete should stop these activities as this may be a sign the athlete is pushing too hard. Only after additional rest, when the athlete is once again not experiencing symptoms for a minimum of 24 hours, should he or she start again at the previous step during which symptoms were experienced.

Reminders for coaches:

1. No athlete should RTP or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional or certified trainer that day.
3. Any athlete with a concussion should be medically cleared by an appropriate health-care professional or certified trainer prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon return of any signs or symptoms.
5. A coach of an interscholastic team may not authorize a student's return to play or return to learn.

Return-to-Learn (RTL) Step Progression

With the increasing prevalence of concussions, protocols for returning a student to learning after a concussion are essential. The lack of outward physical symptoms of illness make it sometimes difficult for school staff to recognize the need for accommodations for a student with a concussion. Though a concussion may seem to be an "invisible injury", a concussion can affect a student in many different ways: physically, cognitively, emotionally and with sleep.

These symptoms can impact learning and schoolwork. Physical symptoms such as headache, dizziness, and visual changes, may interfere with the student's ability to focus and concentrate. Cognitive symptoms may impact the ability of the student to learn, memorize and process information as well as keep track of assignments and tests. Struggling with schoolwork may cause symptoms to increase. Students may experience feelings of frustration, nervousness and/or irritability both as a direct result of concussion and due to resulting academic difficulties. Disturbances in sleep patterns often result in fatigue and drowsiness during the day.

Recovery from a concussion is an individualized process. Caution must be taken not to compare students suffering from concussions. Every brain and every student are different; every concussion is different. Assessing problems with learning and school performance, and then making appropriate and necessary changes to a student's learning plan is a collaborative effort between physician and school staff. Some students may not miss any school and need few accommodations. Others may endure months of symptoms that can significantly impact academic performance and require extensive accommodations such as 504 or IEP plans.

A student's best chance for a full recovery from a concussion depends on timely implementation of two critical components: cognitive rest and physical rest. There is increasing evidence that using a concussed brain to learn may worsen concussion symptoms and prolong recovery.

Phase 1: No School/complete cognitive rest:

- Student is experiencing high level of symptoms that will keep the student out of school.
- Provide students with copies of class notes.
- NO homework, quizzes or tests during this time.

Phase 2: Part-Time School Attendance with Accommodations:

- Re-introduce student to school.
- The goal of first few days of returning to school is to simply make sure the student can tolerate the school environment without worsening of symptoms.
- Part time school attendance, with focus on prioritizing what classes should be attended and how often.

- Eliminate busy work or non-essential assignments or classes.
- Limit screen time on computers, reading and other visual stimuli based on the student's symptoms.
- NO TESTS OR QUIZZES.
- Homework load based on symptoms.
- No due dates on homework assignments.
- No physical activity including no PE or recess.

Phase 3: Full-Day Attendance with Accommodations:

- As the student improves, gradually increase demands on the brain by increasing the amount, length of time, and difficulty of academic requirements, as long as this does not worsen symptoms.
- Continue to prioritize assignments, tests and projects: limit students to one test per day with extra time to complete and breaks as needed.
- Gradually increase homework.
- No physical activity.

Phase 4: Full-Day Attendance without Accommodations:

- Accommodations are removed when student can participate fully in academic work at home and school without triggering symptoms.
- Physical activities allowed if specified by physician.

Phase 5: Full School and Extracurricular Involvement:

- Student is symptom free, consistently tolerating full school days without triggering any symptoms.
- Student must receive written clearance and complete the RTP progression before returning to physical education and/or sports.

The RTL team (social worker, school nurse, teacher, principal and student's physician) should recognize that communication is the key for success of the management plan. Students are encouraged to meet with teachers regularly to discuss progress, grades and make up work.

References:

www.cdc.gov/concussion
www.luriechildrens.org/sports

Concussion & Performance Enhancing Substances Policies Agreement Form

Insurance Waiver Consent Form

Name of Student: _____

Name of Parent: _____

Grade: *(check one)*
OGS: ❑ 5 ❑ 6
OJHS: ❑ 7 ❑ 8
OHS: ❑ 9 ❑ 10 ❑ 11 ❑ 12

CONCUSSION/PERFORMANCE ENHANCING SUBSTANCE POLICIES AGREEMENT

I have read and understand both the Performance-Enhancing Substance Testing Policy and the Concussion Policy and agree to adhere to the provisions listed and explained in both policies.

_____ _____
Student Signature **Date**

I have read and understand both the Performance-Enhancing Substance Testing Policy and the Concussion Policy and agree to adhere to the provisions listed and explained in both policies.

_____ _____
Parent/Guardian Signature **Date**

OAKWOOD CUSD #76
AUTHORIZATION FOR ELECTRONIC NETWORK ACCESS

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

Electronic network access, including the Internet, is available to students and teachers of Oakwood CUSD #76. We are very pleased to have this access, as we believe it offers valuable, diverse, and unique resources to both students and teachers. Our goal in providing this service is to promote educational excellence in the district by facilitating resource sharing, innovation, and communication.

For those not familiar with the term, the Internet is an "electronic highway" connecting millions of computers all over the world, and millions of individual users. Access to the Internet through the electronic network will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with users throughout the globe. In addition, the system will be used to increase school and District communication, enhance productivity, and assist employees in upgrading their skills through greater exchange of information with their peers. The system will also assist us in sharing information with the local community, including parents, social service agencies, government agencies, and businesses.

With access to computers and people from around the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. Families should be warned that some material obtained through the electronic network via the Internet might contain items that are illegal, defamatory, inaccurate, or potentially offensive. We have taken precautions to restrict access to controversial materials through the use of a filtering device. However, on a global network it is impossible to control all materials and an industrious user may discover controversial information, either by accident or deliberately. We firmly believe, however, that the benefits to students from online access far outweigh the possibility that users may procure material that is not consistent with our educational goals.

The purpose of this agreement is to ensure that use of the electronic network and Internet resources is consistent with our stated mission, goals, and objectives. The smooth operation of the network relies upon the proper conduct of the students and faculty who must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire. **IF A USER VIOLATES ANY OF THESE PROVISIONS, HIS OR HER ACCOUNT WILL BE TERMINATED AND FUTURE ACCESS COULD BE DENIED IN ACCORDANCE WITH THE RULES AND REGULATIONS. APPROPRIATE DISCIPLINARY ACTION AND/OR LEGAL ACTION WILL BE TAKEN AS DEEMED NECESSARY BY THE SYSTEM ADMINISTRATOR AND ADMINISTRATION OF THE OAKWOOD SCHOOL DISTRICT.**

To gain access to the electronic network and the Internet, all students under the age of 18 must obtain parental permission and must have this form signed by a parent or guardian. The signature(s) at the end of this document is (are) legally binding and indicate(s) the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

ELECTRONIC NETWORK AND INTERNET ACCESS – TERMS AND CONDITIONS

1) Students are responsible for good behavior on the school computer networks, just as they are in a classroom, or a school hallway. General school rules for behavior and communications apply.

2) The electronic network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Access is a privilege - not a right. That access entails responsibility. Inappropriate use will result in a suspension or cancellation of Internet privileges. The system administrators will deem what is inappropriate use and their decision is final. Also, the administrators may close an account at any time as required. The administration, faculty, and staff may request the system administrator to deny, revoke, or suspend specific user accounts.

3) Users are expected to abide by their generally accepted rules of network etiquette and conduct themselves in a responsible, ethical, and polite manner. Users are not to share passwords, use other users' passwords, or access other users' accounts without permission.

4) Users are expected to use appropriate language. Do not swear, or use vulgarities or any other inappropriate language.

5) Users are not to reveal their own full name, personal address and telephone numbers or those of fellow students or colleagues.

6) Users are not permitted to copy or download any software from the Internet without permission of the system administrator, regardless of whether it is copyrighted or de-virused.

7) Users are not permitted to download any software providing the capability to “zip” (compress) or “unzip” (decompress) files without permission of the system administrator. Examples include, but are not limited to, WinZip, and PKZip.

8) Users are not permitted to download programs, such as Napster or Scour Exchange, that enable peer-to-peer file sharing between computers over the electronic network or the Internet without permission of the system administrator. This includes, but is not limited to, the sharing of MP3, WAV, MPEG, and AVI files.

9) Users are not allowed to download software to enable, create or access any of the following: chat rooms, instant messaging, ICQ, web-based e-mail accounts such as Hotmail, Yahoo, etc. or any other such programs that will allow users access to the above mentioned features. A violation will result in immediate cancellation of privileges.

10) Users are not permitted to download copyrighted material from the Internet for any other purpose other than personal use.

11) Users are not permitted to use the computing resources for private financial or commercial purposes, product advertising, political lobbying, or political campaigning.

12) Users are not permitted to transmit, receive, submit, or publish any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, offensive, harassing, or illegal material.

13) Physical or electronic tampering with computer resources is not permitted. Any malicious attempt to harm or destroy data of other users, the Internet or any other electronic network, damaging computers, computer systems, or computer networks intentionally will result in cancellation of privileges. This includes, but is not limited to, the uploading or creation of computer viruses.

14) Users must respect all copyright laws that protect software owners, artists and writers. Plagiarism in any form will not be tolerated.

15) Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem in the school's computers, network, or Internet connection, you **must** notify a system administrator. **Do not** demonstrate the problem to others. Using someone else's password or trespassing in another's folders, work, or files without written permission, sharing your password with other users, attempts to logon to the local electronic network or the Internet as anyone but you or will result in immediate cancellation of user privileges. Wastefully using resources, such as file space, is also prohibited. The system administrator may deny access to the network to any user identified as a security risk.

16) The Oakwood School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. We assume no responsibility or liability for any unauthorized charges or fees, phone charges, line costs or usage fees, nor for any damages a user may suffer. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. We specifically deny any responsibility for the accuracy or quality of information obtained through its services.

17) All communication and information accessible via the computer resources shall be regarded as private property. However, people who operate the system may review files and messages to maintain system integrity and insure that users are using the system responsibly. Messages relating to or in support of illegal activities may be reported to the authorities.

Any violations may result in a loss of computer access, as well as other disciplinary or legal action. Users are considered subject to all local, state, and federal laws.

Students, parents/guardians, and teachers need only sign this Authorization for Electronic Network Access once while enrolled or employed by the school district.

OAKWOOD CUSD #76

AUTHORIZATION FOR ELECTRONIC NETWORK ACCESS
SIGNATURE PAGE

STUDENT SECTION

I have read the District Authorization for Electronic Network Access. I agree to follow the rules contained in this Policy. I understand that if I violate the rules my account can be terminated and I may face other disciplinary measures.

Student's Name (please print) _____ Grade _____

School _____

Student's signature: _____

Date:_____

PARENT OR GUARDIAN SECTION

As the parent or legal guardian of the student signing above, I have read this Authorization for Electronic Network Access and grant permission for my son or daughter to access the electronic network and the Internet. I understand that the district's computing resources are designed for educational purposes. I also understand that it is impossible for the Oakwood School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I understand that individuals and families may be held liable for violations. Furthermore, I accept full responsibility for supervision if and when my child's use is not in a school setting.

❑ I only want my son/daughter to access the local electronic network and have no access to the Internet.

Parent Signature _____ Date _____

Parent Name _____

Home Address _____

City, State, and Zip Code _____ Phone _____

NON-STUDENT, FACULTY, BOARD MEMBERS, SCHOOL EMPLOYEES SECTION

I understand and will abide by the Authorization for Electronic Network Access. I further understand that should I commit any violation, my access privileges may be revoked and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's Internet connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use, or inability to use the Internet.

User's Name (please print) _____

User's signature: _____

Date:_____

PLEASE LEAVE THE FOLLOWING BLANK – ADMINISTRATIVE USE ONLY

NETWORK ADMINISTRATOR SIGNATURE _____ DATE _____

USER ID: _____

DATE ACCOUNT ACTIVATED _____ DATE ACCOUNT DEACTIVATED_____

REGISTRATION FEES - Registration Fees are as follows:

General Registration Fees	
K through 6	$75.00*
Grades 7-8	$75.00*
Grades 9-12	$75.00*
Athletic Fee** (K-12)	$25/sport

Junior High School Additional Fees	
PE Shirt	$6.00
PE Shorts	10.00

High School Additional Fees	
Art	$15.00*
Advanced Biology	20.00*
Biology I	10.00*
Foods	15.00*
PSAA/BSAA (Ag)	10.00*
Ag Science	10.00*
Landscaping	10.00*
Drivers Education (BTW)	200.00
PE Shirt	7.00*
PE Shorts	9.00*
Driving Permit & Hang Tag	15.00
Newspaper Fee	2.00
Class Dues	10.00

Fees with an asterisk (*) will be waived for those students that qualify for the free lunch program.

****Fees for participation in all extra-curricular athletic activities are not waived because participation in those activities is voluntary.***

FOOD SERVICE CHARGES

Daily charges are as follows:

Breakfast (OGS/OJHS only)		
	Daily	**Weekly**
Pre-K through 6	$1.55	$7.75
Grades 7-8	$1.55	$7.75

Lunch (All District Buildings)		
	Daily	**Weekly**
Pre-K through 6	$2.65	$13.25
Grades 7-8	$2.85	$14.25
Grades 9-12	$3.05	$15.25
Extra Milk	$0.50	

Reduced breakfast is **$0.30** – daily and **$1.50** weekly.

Reduced lunches are **$0.40** – daily and **$2.00** weekly.

Application forms for free and reduced breakfast and lunches will be available on our school district website or at the district office after July 1st.

LUNCH PAYMENTS

Lunches may be purchased by completing a payment through E-Pay on our website (www.oakwood76.org) or sending money with your child to the school. If you are sending a check, **please write your student's first and last name on the bottom left hand corner of your check**. Checks should be made payable to your child's school. We encourage payment by check when sending money to the school because it serves as a dated record of payment. If you must send cash, please enclose cash in an envelope with the student's first and last name printed on the envelope. **No lunch charges, please!** Free and reduced lunch applications are available in the office throughout the school year.

BUS TIMES AND ROUTES

Bus routes will be the same as last year unless otherwise notified. Students will be assigned bus routes based on residence/location. Due to the potential for overcrowding on the buses, you must contact the transportation department with any permanent or extreme emergency bus change requests. You may contact the transportation department at 217-354-4221, ext. 2307.

CHANGES IN DAILY SCHEDULES

If there is a change in your child's daily schedule, please write a note or contact the school office. Children often