

Enrollment Checklist for Parents/Guardians 2020-2021

Name _____

- Birth Certificate *Original copy with seal
(hospital certificates will not be accepted)

- Enrollment Form
 - School
 - Kindergarten

- Home Language Survey

- Health Forms

- Race/Ethnicity Data Form

- Student Information Card

- Residency Forms *
 - Category I (one)
 - Category II (two)

*All originals will be returned

RONDOUT SCHOOL DISTRICT #72 ENROLLMENT FORM

Student Information

Students Legal Name _____ Gender: M F
(First Name, Middle Name, Last Name)

Preferred Name: _____ Birthdate: _____ Grade: _____
(Entering in Fall)

Home Address: _____
(Street, City, State, Zip)

Mailing Address (if different): _____
(Street/PO Box, City, State, Zip)

Parent Information

Mother: _____ Employer: _____
(First Name, Last Name)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Mother's Mailing Address: _____
(If different than students) (Street/PO Box, City, State, Zip)

Mother's Maiden Name (required by the State of Illinois): _____

Place of Birth (City, State, Country - required by the State of Illinois): _____

Father: _____ Employer: _____
(First Name, Last Name)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Father's Mailing Address: _____
(If different than students) (Street/PO Box, City, State, Zip)

For Office Use Only

Enrollment Start Date _____

Birth Certificate _____

Residency: Category I ___ Category II ___

Home Language Survey _____

Legal Guardian: _____ Relationship to Student: _____
(If other than mother or father)

Employer: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Guardian Mailing Address: _____
(Street/PO Box, City, State, Zip)

Custody/Family Member Information

Who does the child live with? Both parents Mother Father Stepmother
 Stepfather Other (please specify) _____

If the Court has awarded legal custody, please indicate to whom: _____
A copy of the court order must be on file with the school.

Is there a second parent/guardian who should receive school mailings? ____ Yes ____ No
If yes, please provide name and mailing address: _____

Please list all siblings:
Name: _____ Birthdate: _____
Name: _____ Birthdate: _____
Name: _____ Birthdate: _____
Name: _____ Birthdate: _____
Name: _____ Birthdate: _____

Previous School Information

Complete this section only if your child is new to District #72. Include preschool information if your child is entering Kindergarten.

Previous School Attended: _____

Address: _____
(Street, City, State, Zip)

Grade: ____ Last Date of Attendance: ____ School Phone: _____

Has this student received any supportive services? (Please check all that apply)

- IEP (Special Ed) 504 Plan ELL/Bilingual Early Intervention
 - Other _____
-



Dear Parent or Guardian:

In fall 2007, the U.S. Department of Education issued new guidance on the collection and reporting of race and ethnicity data for public school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of the nation's diversity. The new data collection process requires respondents to answer a two-part question, indicating ethnicity first and then one or more of five races.

The Illinois State Board of Education will use the new categories starting with data to be reported for the school year. This requires school districts to re-identify race and ethnicity for all students. The identification is to be done by parents and guardians. If a student's parents or guardians decline to indicate race and/or ethnicity, observer identification by school district staff is required.

The new race and ethnicity data will be used in the same manner as previously collected data, e.g. in reporting and analyzing test results by race and ethnicity. The information will not be used to check immigration status, and the confidentiality of individual student information will be protected.

Attached is the form that parents or guardians need to complete to identify race and ethnicity for their children. Please complete one form per child and be sure to answer both parts of the two-part question. Return the completed form to your child's school with the registration forms.

Thank you for your cooperation in providing the needed data.

Sincerely,

Dr. Jenny Wojcik, Ph. D.
Superintendent
Rondout School District #72

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 _____

If "yes", what language? _____

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

Yes _____ No _____

If "yes", 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

Race/Ethnicity Data Collection Form

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.

Student's Name: _____

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**

Part B. What is the student's race?

Choose one or more (if applicable).

- 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.)

Residency Requirements

Parents/Guardians must present proof of residency within Rondout School District 72 in order to complete the enrollment process. You must provide the required number of documents from each category. Please circle the document you will be providing.

Category I (One document required)

Most recent property tax bill and proof of payment (canceled check or Form 1098 for homeowners)

Mortgage papers

Signed and dated lease and proof of last month's payment (canceled check or receipt)

Affidavit of Residency

Category II (Two documents showing address required)

Driver's license

Vehicle registration

Voter registration

Most recent cable or credit card bill (address section only)

Current public aid card

Current homeowners/renters insurance policy and premium payment receipt

Most recent gas, electric, or water bill (address section only)



2020-2021 School Year Health Checklist

Please complete, sign and return, each item below, to Nurse Kellie

- Concussion Information Sheet (ALL)**

- Health Examination and Immunizations (K, 6)**
 - **Completed and signed by Dr.**
 - **Parents complete and sign Health History on back page top section**
*Form can be found on Rondout.org Website under health forms

- School Medication Authorization Form (ALL)**
Complete this for ANY medication to be given at school, including Over the Counter Medications (OTC) such as: Tylenol, Advil, cough drops, asthma inhalers, epi pens, Allergy medications, eye drops, cold medicine, ANY prescription etc.
Must be completed and signed by Dr. AND Parent.

- Eye Examination Report (K and students requiring glasses)**
*Form can be found on Rondout.org Website under health forms

- Dental Examination Report (K, 2, 6)**
*Form can be found on Rondout.org Website under health forms

If your 5-8 student will be participating in a school sport:

A sports physical or school physical covering the whole season is required by state law.



Concussion Information Sheet 2020-2021

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment
Signs observed by teammates, parents and coaches include:	
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays in coordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness 	

Adapted from the CDC and the 3rd International Conference on Concussion in Sport Document created 7/1/2011, Reviewed 4/24/2013, Reviewed 7/16/2015

The Rondout Way

Respect ● Responsibility ● Honesty ● Kindness . . . Throughout our day

Rondout School District 72 • 28593 North Bradley Road • Lake Forest, IL 60045 • www.rondout.org

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Return-to-Play Policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions.

Student

Student Name (Print): _____

Grade: _____

Student Signature: _____

Date: _____

Parent or Legal Guardian

Name (Print): _____

Signature: _____

Date: _____

Relationship to Student: _____

Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.



School Medication Authorization Form

School Year 2020-21

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

*To be completed by the student's physician, physician assistant, or advanced practice RN (Note: for asthma inhalers only, use the **Asthma Inhalers** section below):*

Physician's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Medication name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances:

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

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

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Physician's signature

Date

Asthma Inhalers

Parent(s)/Guardian(s) please attach prescription label here:

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For only parents/guardians of students who need to carry and use their asthma medication or an epinephrine auto-injector:

I authorize the School District and its employees and agents, to allow my child or ward to self-carry and self-administer his or her 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-carry and self-administration of asthma medication or epinephrine auto-injector (105 ILCS 5/22-30).

Please initial to indicate (a) receipt of this information, and (b) authorization for your child to carry and use his or her asthma medication or epinephrine auto-injector.

Parent/Guardian

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 to allow my child to *self-administer* pursuant to State law, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. This includes administration of undesignated epinephrine auto-injectors to my child when there is a good faith belief that my child is having an anaphylactic reaction whether such reactions are known to me or not (105 ILCS 5/22-30, amended by P.A. 98-795). **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/Guardian printed name

Address (if different from Student's above): _____

Phone: _____ Emergency Phone: _____

Parent/Guardian signature

Date

Approved JW 5/9/16