

Marshall Schools Registration Information Packet

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Page 11 **Edgar Co. Dental Program application** for free dental services – to print, complete and turn into your school office

High School Drivers: [Please register your vehicle here](#)



2023-24 Timeline and Overview

Once again Marshall Schools will utilize an online registration process to increase efficiency and accommodate varied parent schedules. **We recommend using a computer to complete this process NOT a cell phone.** Phone screens are very small and you may experience technical issues.

In person registration is only required if you need to turn in forms, pay for fees via cash or check or speak with the nurse. You will want to attend if you have questions or need computer access/assistance.

July 24: Parent portal letters and directions will be emailed to parents

July 24 – Aug 4: ALL SCHOOLS Online registration will be open through the Lumen parent portal

- All registration forms can be accessed through this system. Most will be submitted electronically.
- Student fees can be paid by credit card in the “Fees and Fines” area of the Parent Portal
- Lunch money can be added to student accounts in the “Lunch Info” area of the Parent Portal
- **New to the district students** (including incoming kindergarteners): **Registering is a two-step process.**
 1. Parents will first need to contact the school office (beginning Aug. 1) to get an invite code to enter basic information. This enables us to get the student into the computer system (many incoming kindergarten parents completed this pre-registration process this past spring)
 2. The parent will then receive parent portal information via email and will need to complete registration just like returning students.

Aug 2nd: In-Person Registration at each school 8:00a-4:00p

Computers and assistance will be available if you have not yet completed online registration.

Forms due at registration:

All grades: Free and Reduced Lunch form

Kindergarten - Physical Exam, Dental Exam, Eye Exam, Lead Screening, Shot records, Birth Certificate

2nd Grade: Dental Exam

6th Grade: Physical Exam, Dental Exam, Tdap booster shot & 1st Meningitis shot

9th Grade: Physical Exam, Dental Exam

12th Grade: 2nd Meningitis shot

Athletes: Sports physicals

Elementary Teacher Assignments: Teacher placements will be emailed out the afternoon of August 4 for students for whom the registration process is completed (all forms completed online and fees paid). Additional emails will be sent daily once the student’s registration is complete.

Junior High Schedules: Schedules will be available online on August 2.

High School Schedules: Schedules will be available to view when registration opens on July 24th. If you need to talk to Mrs. Frailey about high school scheduling issues, she will be available beginning Aug 3rd. M-F 9:00-12:00 & 1:00-3:00

HS/JH Sports fees: If your child participated in a school sport in Junior High or High School in 2022-23, we will post a sports fee for 2023-24 so it can be paid online.

- If your child is charged but will NOT be participating this coming year please contact the school and we will remove it.
- If your child is planning to participate in school athletics but did not in 2022-23 and you wish to pay the sports fee online, contact the school and we will make it payable online.

Marshall High School: 826-2395

Marshall Junior High: 826-2812

Unit Office 826-5912



North Elementary: 826-2355 South Elementary: 826-5411

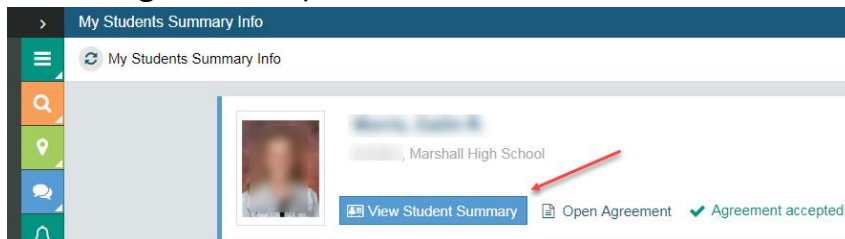
Completing Online Registration on the Lumen Parent Portal

The online registration process consists of 5 steps – Please use a computer NOT a cell phone.

1. Sign into the Parent Portal
2. Pay fees
3. Complete forms
4. Submit forms
5. Sign out

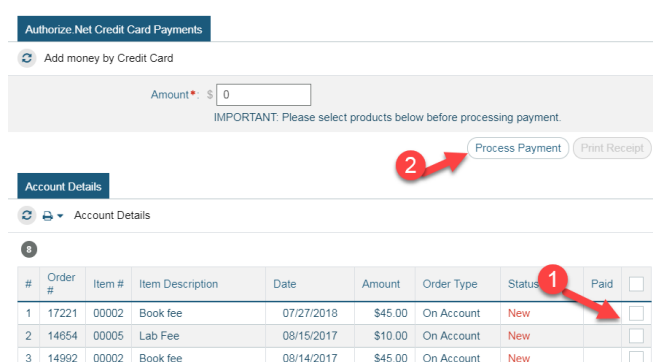
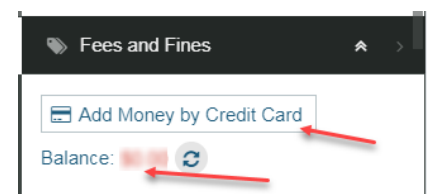
Sign into your Lumen Parent Portal

1. Log into your parent portal at websis.marshall.k12.il.us You will receive a separate email with your portal username and password. We recommend using Firefox  or Chrome  browser .
2. Click **View Student Summary** (you may first need to complete the “User Information Access Agreement”)



Pay Fees

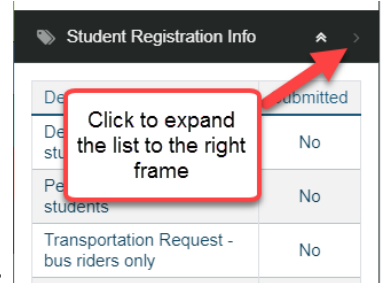
1. In the left column find the section is labeled **Fees and Fines**
2. It will show your fees balance. **DO NOT try to add lunch money here. It is added in the section labeled Lunch Info**
3. To make a payment click the **Add Money by Credit Card** link above the balance.
4. **Mark the items you are paying for**
5. Click Process Payment
6. Fill in your credit card information
7. Click **Pay**

A screenshot of the 'Authorize Net Credit Card Payments' form. The form has a section for 'Add money by Credit Card' with an 'Amount' field set to '\$ 0'. Below this, there is a table of account details. A red arrow points to the 'Process Payment' button. Another red arrow points to the 'Paid' checkbox in the table.

#	Order #	Item #	Item Description	Date	Amount	Order Type	Status	Paid
1	17221	00002	Book fee	07/27/2018	\$45.00	On Account	New	<input type="checkbox"/>
2	14654	00005	Lab Fee	08/15/2017	\$10.00	On Account	New	<input type="checkbox"/>
3	14992	00002	Book fee	08/14/2017	\$45.00	On Account	New	<input type="checkbox"/>

Compete Forms

1. Find the section in the left column labeled **Student Registration Info.**
2. Click the right arrow icon to expand the list of available registration forms.



3. The title of each form tells you for which students it is required.
4. Click the title (NOT the “history” icon) of **each form** and complete the requested information. When you are finished **click save**.
5. If you wish to print a form there is a print icon in the upper right corner



Submit Forms

1. When you have completed and saved all of the applicable forms, check the box next to each form you completed
2. Click the **Submit** button at the top of the page

<div> 3 2 Submit </div>					
#	Description	History	Available for Entry	Status	School Reply
1	Demographics - all students			Not Submitted	<input type="checkbox"/>
2	Permissions HS - all students			Not Submitted	<input type="checkbox"/>
3	Transportation Request - bus riders only				<input type="checkbox"/>

Sign out

When you are done, you may sign out by clicking the red arrow icon on the left



2023-2024 ILLINOIS HEALTH REQUIREMENTS

All students playing sports, dance and cheer teams, and any new students transferring in from out-of- state will need a physical exam. Eye exams required for all new students entering an Illinois school for the first time.

All Preschool, Kindergarten, and new students will need a copy of their birth certificate.

GOING INTO KINDERGARTEN

Physical Exam
Dental Exam
Eye Exam
Lead Screening
Birth Certificate
Immunizations:

GOING INTO PRE-SCHOOL

Up-to-date Immunizations
Physical Exam
Lead Screening
Birth Certificate

- As a quick reference they need the following with most requiring a booster after the age of 4: (4) Dtap; (3) Polio; (2) MMR; (2) Varicella; (3) Hep B., Pneumococcal and Hib are not required after age of 5. *Call Nurse Dana at South School at 217-826-5411 for more specific information regarding Kindergarten and Pre-School*

<u>GOING INTO SECOND GRADE</u> Dental Exam	<u>GOING INTO NINTH GRADE</u> Physical Exam Dental Exam
<u>GOING INTO SIXTH GRADE</u> Physical Exam Dental Exam Tdap Booster 1 st Meningitis	<u>GOING INTO 12TH GRADE</u> 2 ND Meningitis
<u>ALL TRANSFERS FROM OUT OF STATE</u> Physical Exam	<u>ALL SPORTS PARTICIPANTS</u> Physical Exam prior to the 1 st Day of Practice

Follow this link to Forms (Physical Exam, Eye Exam, Dental Exam, Lead Screening, and Medication List)

<https://www.marshallk12.net/o/marshall-community-school-district-c2/browse/51005>

Call Nurse Tina at North School with any questions at 217-826-2355.

Marshall CUSD C-2 2023-2024 Fee Schedule

Book fee PK-12: \$45

Junior High PE fee: \$8

Junior High Sports fee - sport participants only annually regardless of number of sports:
\$30*

High School Sports fee - sport participants only annually regardless of number of sports:
\$45*

Driver's Ed Course fee: \$50

Lab fee for the following High School Courses: \$10

Intro to FCS

Foods I & II

Electronics I & II

Construction Skills I & II

Production

Welding Technology I & II

Transportation

Drafting/CAD I & II

Beginning Drafting

Beginning Construction I & II

Energy

Manufacturing I & II

Principles of Engineering I & II

Dual Credit fees: Only if you chose to receive college credit

Small Engines	\$147.36
Auto Mechanics	\$110.52
Welding Technology	\$184.20
Principals of Engineering	\$294.72
College Algebra with Trig	\$92.10
Finite Math	\$55.26
Statistics	\$55.26

*Sports fees limit \$100 per household

Dear Parents,

We at Marshall Community Schools take very seriously our role in ensuring the safety of your children as they travel to and from school. We work with your child's school to deliver them to and from school safely. This is our number one priority. This partnership yields a high degree of safety for children on school buses. You can help making sure your children know the basic school bus safety rules.

1. The driver is in full charge of the school bus at all times and students must obey him/her promptly.
2. The driver will assign a seat for which the student will be held responsible.
3. Behavior which may divert the driver's attention thus endangering the safe operation of the bus is prohibited.
4. No eating or drinking on the bus. Water is allowed.
5. Students may use headphones for games and iPods (for their use only) and must keep the sound turned down and game sounds turned off.
6. Students are not allowed to get off the bus at any place other than their home without written permission from their parent/guardian, along with the Principal's signature.
7. Handbook rules and consequences apply as the school bus is an extension of the school day.

Dear Parent/Guardian:

Children need healthy meals to learn. Marshall CUSD #C-2 offers healthy meals every school day. Breakfast costs \$1.25; lunch costs \$2.95. Your children may qualify for free meals or for reduced price meals. Reduced price is \$.30 for breakfast and \$.40 for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to Marshall Schools Unit Office, 503 Pine Street.

Your child(ren) may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Income Eligibility Guidelines
Effective from July 1, 2023 to June 30, 2024

Household Size	Reduced-Price Meals (185% Federal Poverty Guidelines)				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional family member, add	9,509	793	397	366	183

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. *Use one Household Eligibility Application* for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
2. WHO CAN GET FREE MEALS? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
3. WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown above.
4. A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECIEVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
5. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your school.
6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
7. I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out the enclosed application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to the person listed above.
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
12. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
13. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
14. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
15. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6154 (voice) or (800) 447-6404 (TTY).

Sincerely,

Kevin Ross, Superintendent

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

- Part 1:** List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. (The last four digits of a Social Security Number are not necessary.)
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

- Part 1:** List all household members and the name of school for each child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.
- Part 4:** Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number. (or mark the box if s/he doesn't have one).
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1:** List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a Social Security Number are not necessary.
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

- Part 1:** List all household members and the name of school for each child. Check the "Foster Child" box for each foster child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- Box 1–Name:** List all household members with income.
 - Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDIPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** List all household members and the name of school for each child.
- Part 2:** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- Box 1–Name:** List all household members with income.
 - Box 2 –Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDIPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDIPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
- Part 4:** Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).
- Part 5 & 6:** Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

Privacy Act Statement: **This explains how we will use the information you give us.** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov

1. All Household Members (Attach another sheet of paper if necessary.)

☐ Check if Error Prone Application

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/ TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.										Check if Foster Child*
													<input type="checkbox"/>
													<input type="checkbox"/>
													<input type="checkbox"/>
													<input type="checkbox"/>
													<input type="checkbox"/>
													<input type="checkbox"/>

* A foster child is the legal responsibility of a welfare agency or court.

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

☐ Homeless ☐ Migrant ☐ Runaway ☐ Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director

Date

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the *I do not have a social security number* box.

X X X - X X -

Social Security Number

☐ I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

5. Contact Information (Optional)

Work Telephone Number (Include Area Code)

Home Telephone Number (Include Area Code)

Home Address (Number, Street, City, State, Zip Code)

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:

☐ Hispanic/Latino ☐ Not Hispanic/Latino

Mark one or more racial identities:

☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ American Indian or Alaska Native

– THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY –

INITIAL DETERMINATION

TOTAL INCOME \$ Per: ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

NUMBER IN HOUSEHOLD: CHANGE IN STATUS: Date

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

☐ Free based on:
☐ homeless ☐ migrant ☐ runaway ☐ Head Start

☐ SNAP or TANF ☐ foster child ☐ household's income

☐ Reduced based on:
☐ household's income

☐ Denied—Reason:
☐ income too high ☐ incomplete application ☐ Non-qualifying SNAP/TANF

Signature of Determining Official

Date Withdrawn: Date:



EDGAR COUNTY DENTAL PROGRAM SCHOOL SERVICES

502 Shaw Ave Paris, IL 61944 217-466-3565

2023/24

OFFICE USE ONLY:

FALL INS: _____

SPRING INS: _____

(Please print legibly in **Ink**)

CHILD'S LEGAL NAME _____ DATE OF BIRTH ____/____/____

CHILD'S NICKNAME _____ MALE _____ FEMALE _____

SCHOOL _____ MARSHALL NORTH _____ Year: **2023/24** GRADE _____ TEACHER _____

I understand that this form serves as my permission for my child to receive all dental services offered at his/her school during the year. Services may include **ONE DENTAL SCREENING EXAM, a cleaning and fluoride treatment, and sealants as needed.** Licensed public dental hygienists will come to your child's school with portable equipment to provide services. All students qualify for one dental screening examination which includes photos of the teeth provided at no cost to the family. Students who are uninsured or receive benefits through the Illinois Medical Card or All Kids Insurance qualify for cleanings, fluoride treatments and dental sealants (a protective coating on the chewing surfaces of back teeth).

_____ **YES**, I want my child to participate. _____ **NO**, I do not want my child to participate

*Edgar County Dental Clinic (ECDC) School Program will continue to provide a safe and healthy school dental experience using the same high standards of infection control that have been our practice in the past. The following measures have been implemented to mitigate exposure to potentially infectious particles in the air such as the COVID-19 virus.

--Specialized high-volume suction system

--Screens to fully enclose each treatment area

--Electrostatic sprayers used between all patient encounters

--Air purifiers will be placed in each treatment area

STAFF INITIALS _____

In order for your child to receive these services **YOU MUST PROVIDE THE INFORMATION REQUESTED BELOW AND SIGN IN THE AREA INDICATED. THIS FORM MUST BE SIGNED BY THE PARENT OR LEGAL GUARDIAN.**

PARENT/GUARDIAN NAME: _____ PHONE#: _____

ADDRESS: _____ CITY AND STATE: _____ ZIP: _____

STAFF INITIALS _____

Is your child enrolled in a Medicaid Program? _____ YES _____ NO Name of Medicaid Program: _____ #: _____

Is your child covered by private dental insurance? _____ YES _____ NO Name of Insurance: _____ STAFF INITIALS _____

1) Has your child had any history of, or conditions related to, any of the following: _____ **NONE**

<input type="checkbox"/> Anemia	<input type="checkbox"/> Chronic Sinusitis	<input type="checkbox"/> Growth Problems	<input type="checkbox"/> Seizures	<input type="checkbox"/> Thyroid	<input type="checkbox"/> ADHD/ADD
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Respiratory Disease	<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Ear Aches	<input type="checkbox"/> Fainting	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Heart	<input type="checkbox"/> Tobacco/Drug Use	<input type="checkbox"/> Latex Allergy	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Cancer	<input type="checkbox"/> Hearing
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Cognitive Disorders	<input type="checkbox"/> Behavioral Disorder	<input type="checkbox"/> Communication Disorder	<input type="checkbox"/> Mental Health Issues	
<input type="checkbox"/> Injuries to mouth, head or teeth			<input type="checkbox"/> Other: _____		STAFF INITIALS _____

2) Is your child taking any **MEDICATIONS** at this time? _____ Yes _____ No

If yes, list the medications and reason for taking: _____

3) Does your child have any allergies? _____ Yes _____ No

If yes, please list: _____

Consent and Authorization

-I have reviewed this information and provided accurate information. I understand that the answers I have provided will be used by the dentist to determine appropriate dental treatment for my child. I agree to notify the dentist if any change in my child's health status should occur.

-I give consent to the dental staff to perform a dental screening exam, cleaning, fluoride treatment, and any necessary sealants and intraoral pictures.

-I understand that this form gives permission for IDPH, Quality Assurance Audits to be performed and providers to return to your school to recheck your child's sealants.

-I understand that Edgar County Dental Services must at times collaborate with other outside facilities to coordinate treatment and hereby authorize release of protected health information to these facilities when necessary for treatment of my child.

-I authorize the dentist to release all protected health information necessary to secure payment of benefits to Medicaid of Illinois.

-I understand that I can request a copy of HIPAA information at any time by calling Edgar County Dental Clinic at 217-466-3565.

I am the custodial parent or legal guardian of the minor child named above. I authorize and consent to this child receiving the dental treatment described and allow the nurse/school representative and dental provider access to the child's dental record.

Signature of Parent or Legal Guardian _____ Date: ____/____/____

STAFF INITIALS _____