



Community Unit School District 303

ANNUAL STUDENT REGISTRATION UPDATE FORM

This form must be completed, signed and returned to the school for each student.

Student Name: _____ Grade: _____ Date: _____

Please re-affirm your residency in St. Charles Community Unit School District 303:

I, _____ declare that I physically reside at _____
(Parent/Guardian Name-Printed)

(Current Street Address and City)

in Illinois and that I have no other residence other than that listed above. In order to affirm my residency in St. Charles Community Unit School District 303, I have presented certain documents with my address to school officials. I declare that these documents are still true and accurate. I also declare that I am in compliance with the Illinois School Code which requires that students attend school in the district in which they live with their parent or guardian (Policy 7:60 – Residency found at www.d303.org.) I have read, understand and will comply with these policies. I am aware that falsification of information for school attendance purposes is unlawful and the District may pursue legal action.

Homeless pupils (per the Illinois Education for Homeless Children Act, 105 ILCS 45/1-1) must be immediately enrolled at any public school that non-homeless students who live in the attendance area in which the homeless pupil is living are eligible to attend. Please notify the school if you are living in a homeless situation as defined by the Illinois Education for Homeless Children Act such as sharing the housing of others due to loss of housing or not residing in a fixed, regular and adequate nighttime residence.

If you have moved, please contact the registrar or main office at the school to update your address and, if you have moved out of the school or district boundaries, arrange for the transfer of your child’s records to his/her new school.

MILITARY CHILDREN INFORMATION: This information will help identify Illinois military families. Answering these voluntary questions will help schools get U.S. Department of Defense assistance for children whose parent/guardian serves in the military, National Guard or Reserve.

Does this student’s parent or guardian serve in the military, including National Guard or Reserve? YES NO

Is the parent or guardian currently serving on active duty or expected to be deployed this year? YES NO

Has the parent or guardian returned from deployment in the past six (6) months? YES NO

FIELD TRIPS: From time to time we may take educational field trips in the surrounding area. Your signature gives permission for the student listed above to attend educational field trips in Community Unit School District 303. **You will be notified before each trip.**

DISTRICT’S AUTHORIZATION FOR ELECTRONIC NETWORK ACCESS: I have read the District’s policy regarding Access to Electronic Networks (<http://district.d303.org/6235-access-electronic-networks>) and the District’s Authorization for Electronic Network Access (6:235 AP1) and understand that failure of any student to follow the terms of this policy and administrative procedure will result in the loss of privileges, disciplinary action and/or appropriate legal action.

PARENT/STUDENT ACKNOWLEDGEMENT OF STUDENT HANDBOOK: I understand that all students will be held accountable for their behavior and will be subject to the guidelines and the disciplinary consequences outlined in the student handbook and discipline procedures found on the District’s website at <http://district.d303.org/student-handbooks>.

FERPA (Family Educational Rights and Privacy Act) gives custodial and non-custodial parents certain rights with respect to their children’s education records, unless a school is provided with evidence that there is a court order or State law that specifically provides to the contrary. Both custodial and non-custodial parents have the right to inspect and review education records, seek to amend education records believed to be inaccurate, and consent to the disclosure of personally identifiable information from education records, except as specified by law. When a student reaches 18 years of age, he or she becomes an “eligible student,” and all rights under FERPA transfer from the parent to the student. The term “education records” is defined as those records that contain information directly related to a student and which are maintained by an educational agency or institution or by a party acting for the agency or institution.

Parent/Guardian Signature: _____ Date _____

Student Signature: _____ Date _____



Community Unit School District 303

Jennifer Mursu • Early Childhood Education Department • (331) 228-4834

To: Parents/Guardians
Regarding: Providing individual daily classroom snacks

Parents are asked to provide their child with a small, individually wrapped, healthy snack/drink each day for a classroom snack. The school district will not be providing a snack for students. Your child's snack will not be shared with other students. If your child is attending the Early Childhood Preschool for All Program, please contact the teacher for snack details.

We are committed to providing a safe and welcoming environment for all of the children in our school. Due to the number of allergies, all early childhood education classrooms have been designated as a **NUT- FREE** classroom.

While some allergic reactions can be mild, many students with severe food allergies experience serious, potentially life-threatening symptoms to eating (and in some cases touching and smelling) certain foods. Please be careful not to send foods into the classroom that contain nuts. Please refer to the ingredients and allergy information labeled on the packaging for details.

Suggestions for snacks:

- No refrigerated food, unless a cold pack is included
- Fruits
- Vegetables
- Whole grain cereals
- Raisins
- Cereal bars with no nuts
- Foods that children can open independently

Please call the school's Health Office if you have any questions or concerns.

Thank you for helping to make this school year safe for all students.

Sincerely,

Early Childhood Department

PICK UP PERMISSION 2017-18

For the safety and protection of your child we cannot release he/she for pick up unless you, the parent and/or guardian specifies.

Please list adults who have your permission to pick up your child at dismissal.

* If your spouse/ex-spouse **is not** allowed to transport your child, please check below and add their name and address.

CANNOT TRANSPORT MY CHILD!

NAME	ADDRESS	PHONE
_____	_____	_____

Adults who **can** transport my child:

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Child's Name

Date

Parent Signature

Phone



Community Unit School District 303

To: All District 303 Volunteers

From: Mark Moore, Assistant Superintendent Leadership (6-12 Education)
Jan Geier, Assistant Superintendent Leadership (PreK-5 Education)

Re: Volunteer Information Form and Waiver of Liability / Fingerprinting

Thank you for expressing an interest in serving District 303 as a volunteer. District 303 requires all volunteers who will work with students to complete a *Volunteer Information Form and Waiver of Liability* once each academic year at each school at which they are volunteering. Additionally, you may be required to submit to a criminal history records check (fingerprinting) for certain volunteer circumstances.

- The identities of volunteers are to be reviewed by the Building Principal or designee by using an on-site identification scanning system or against the Illinois Sex Offender Registry, www.isp.state.il.us/sor, and the Illinois State Police Child Murderer and Violent Offender Against Youth Registry (www.isp.state.il.us/cmvo).
- A *criminal history records check* (fingerprinting) will be requested if the volunteer will be:
 - Chaperoning an overnight field trip
 - Chaperoning any school sanctioned activity that requires travel out-of-state
 - Or in other situations where a check would be prudent.
 - District 303 utilizes the services of the Kane County Regional Office of Education in Geneva to secure fingerprints and perform the criminal history records check.
- A request to volunteer or to continue volunteering will be denied if the volunteer behaves in any manner that demonstrates he or she is not a good role model or is otherwise detrimental to the school environment.

We thank you for your commitment to the education and support of the children in District 303.

“Empowering and Inspiring ALL”



Community Unit School District 303

Volunteer Information and Waiver of Liability

A volunteer waiver of liability needs to be completed each school year at each location an individual will be volunteering. Please print clearly in ink.

Name _____ Telephone _____
(First) (Middle) (Last)

Address _____
(Street) (City) (State) (Zip Code)

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

If yes, at which school? _____ Which year? _____

Waiver of Liability

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

By your signature below:

1. You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, or death resulting from the volunteer's unpaid service to the School District.
2. You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the School District. You also agree to waive any and all claims against the School District, or its officers, Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.
3. **If required**, you agree and authorize the School District to conduct a criminal background check and understand that the District will use the Kane County Regional Office of Education to secure fingerprints and that your fingerprints will be checked against State of Illinois records. You also agree that you will be responsible for covering the \$20.00 fingerprinting fee.

District 303 School

Principal/Staff Member Name (Please Print)

Volunteer Signature

Principal/Staff Member Signature

Date

"Empowering and Inspiring ALL"



STATE AND CUSD 303
MEDICAL/DENTAL/VISION REQUIREMENTS BY GRADE

This table reflects the vaccines that are **mandated** in association with grades when a physical is required, a dental exam is required or a special vaccine is mandated. (Early Childhood, Kindergarten, Second, Sixth, Ninth and Twelfth grades). Students entering any other grade are subject to the minimum immunization requirements required for entry into a school in the State of Illinois. Your school nurse will review all vaccine and physical exam data for students to assure compliance.

Care For Kids

[**CLICK HERE FOR HEALTH / DENTAL / EYE EXAM FORMS**](#)

	EC	Kdg	2nd	6th	9th	12th
Physical Exam	Due prior to the first day of attendance	Due prior to the first day of attendance		Due prior to the first day of attendance	Due prior to the first day of attendance	
*Note: Diabetic and Lead screening are required. Parent must complete and sign Health History portion. A TB test is recommended for Early Childhood students.						
Dental Exam	Recommended but not required	Required	Required	Required		
Vision Exam		Required	Required for transfer students new to Illinois			
IMMUNIZATIONS						
Diphtheria/ Tetanus/ Pertussis (DTP/DTaP)	4 doses (4 th dose must be 6 mos or more after 3 rd dose)	4 or more doses with last dose after 4 th birthday		Required for students in grades sixth thru ninth (if not already received after age 4)		
Tetanus/ Diphtheria /Pertussis (Tdap)				1 dose required for students in grades six thru twelve (if not already received after age 10)		
Polio (IPV/OPV)	3 doses administered at proper intervals	3 or more doses with last dose after 4 th birthday	Required for students in grades kindergarten thru twelfth (if not already received)			
Varicella	1 dose required after the age of 12 months	2 doses administered at proper intervals		2 doses administered at proper intervals (if not already received.)	2 doses administered at proper intervals (if not already received.)	
Hepatitis B	3 doses administered at proper intervals			3 doses administered at proper intervals (if not already received.)	3 doses administered at proper intervals (if not already received.)	3 doses administered at proper intervals (if not already received.)
Measles/Mumps / Rubella (MMR)	1 dose after the age of 12 months	2 doses of MMR or 2 doses of the measles, mumps and rubella live vaccines administered at proper intervals. Required for students in grades kindergarten thru twelve (if not already received).				
Haemophilus Influenzae Type B (Hib)	Primary series and booster administered at proper intervals or 1 dose after 15 months					
Pneumococcal	Primary series or a single dose between 24-59 months of age.					
Meningococcal (MCV)				1 dose required for students entering sixth grade received on or after their tenth birthday.		2nd dose or initial dose required after 16th birthday.

[**CLICK HERE FOR HEALTH / DENTAL / EYE EXAM FORMS**](#)