

*Your handbook for...*

# Kindergarten Registration

Dear Parent or Guardian,

If your child will be five years old on or before September 1, 2009, he or she may be eligible to attend kindergarten in Glen Ellyn School District 41 in the Fall of 2009.

Kindergarten is a time when we begin to create lifelong learners, a love for learning and the foundations for scholastic and lifetime success. District 41 offers a balanced program which respects both a child's experiences and natural maturation so that no one phase of development or preparation is either neglected or overemphasized. District 41 kindergarten offers your child the time and support to extend interests and develop new ones. We encourage children to share their ideas and learn from one another and we provide the freedom to experiment, explore and discover.

The world of small children is a fast-moving one, challenging their curiosity and understanding. District 41 kindergarten provides the acceptance, help, direction and opportunity children need to explore the big world of small children.

Again, welcome to kindergarten!

Dr. Ann K. Riebock, Superintendent

Please save your "Handbook for Kindergarten Registration" as a reference after returning your completed forms.

Contents:

- P. 2 Contact information, orientation dates
- P. 3 General information
- P. 4 Communication, fees, class assignment
- P. 5 Transportation, emergencies, health & safety
- P. 6 Technology info, Handbook highlights
- P. 7 Attendance area map
- P. 8 Vision Statement

## REGISTRATION CHECKLIST

Please complete the enclosed forms and bring them to your home school. Your child's original, government-issued birth certificate is required.

- #1: Registration Information
- #2: Student Birthplace Data
- #3: Fee Form
- #4: Request for Waiver of Fees (if applicable)
- #5: Student Transportation
- #6: Health Questionnaire
- #7: Second Parent/Guardian Mailing (if applicable)
- #8: IPM Form
- #9: Home Language Survey
- #10: New Student Enrollment Form
- #10a: Student Residency Verification
- #11: Permissions for: Technology, PTA Directory, Textbook Loan, Press Release
- #12: Publicity Permission
- #13: AM/PM Preference
- Health Form—must be returned by the first day of school
- Eye Exam Form
- Dental Form
- Partnership for Educational Progress (PEP) voluntary donation form
- Music Education Foundation (MEF) voluntary donation form
- Please bring your child's **original, government-issued birth certificate** to school when you register your child.

GLEN ELLYN



SCHOOL DISTRICT

Our Vision: Ignite passion. Inspire excellence. Imagine possibilities.

### Central Services

793 N. Main Street  
Glen Ellyn, IL 60137-3941  
ph 630.790.6400  
fx 630.790.1867

Dr. Ann K. Riebock  
Superintendent  
630-534-7207  
ariebock@d41.org

Karen Carlson, Assistant  
Superintendent for Teaching,  
Learning and Accountability  
630.534.7238  
kcarlson@d41.org

Robert Ciserella, Assistant  
Superintendent for Finance,  
Facilities and Operations  
630.534.7220

The District 41 School Board, a body of seven unpaid, elected officials, decides policy and is responsible for the performance of the district. Board meetings take place in the Mary Luginbill Board Room in Central Services, usually on the first and third Monday of each month. The public is always welcome. Central Services is located at 793 N. Main St., across the street from Forest Glen School on the southeast corner of Main and Elm streets.

**Abraham Lincoln  
Elementary School**  
380 Greenfield Avenue  
ph 630.790.6475  
fx 630.790.6404  
Principal Shannon Cross  
scross@d41.org

**Benjamin Franklin  
Elementary School**  
350 Bryant Avenue  
ph 630.790.6480  
fx 630.790.6403  
Principal Kirk Samples  
ksamples@d41.org

**Churchill  
Elementary School**  
240 Geneva Road  
ph 630.790.6485  
fx 630.790.6498  
Principal Scott Klespitz  
sklespitz@d41.org

**Forest Glen  
Elementary School**  
561 Elm Street  
ph 630.790.6490  
fx 630.790.6468  
Principal Mary Hornacek  
mhornacek@d41.org

**Hadley Junior High School**  
240 Hawthorne Boulevard  
ph 630.790.6450  
fx 630.790.6469  
Principal Dr. Chris Dransoff  
cdransoff@d41.org

[www.d41.org](http://www.d41.org)

# Registration

To register your child, please bring your forms and your child's birth certificate to your home school (addresses at left).

**Kindergarten Open Houses at all elementary schools will be held on Thursday, May 14 from 7-8 p.m.** to help students and parents get off to the right start. There is an attendance map on the back of this booklet, but if you are unsure which school your child will attend, please call Marylou Gehringer at the District 41 business office, 630.534.7529.

**Birth certificate: Illinois law says all children must be age five on or before September 1 of the year they are enrolling.** Please bring your child's **original, government-issued** birth certificate to school when you register your child. State law requires us to make a copy for our records. **The Missing Child Act requires us to notify the police if we do not receive this document within 30 days of your child's enrollment.**

To obtain a government-issued, original birth certificate for a child born in Illinois, write:

**Illinois Dept. of Public Health  
Division of Vital Records  
605 W. Jefferson St.  
Springfield, IL 62702-5097**

If your child was born in DuPage County, send your request and \$10 to:  
**DuPage County Health Dept.  
Division of Vital Records  
111 N. County Farm Road  
Wheaton, IL 60187**



You know that children are growing up when they start asking questions that have answers. —John J. Plomp

# How to help your child make the transition

- Talk to your school principal and your child's teacher whenever you have questions or concerns. Talk about school with your child.
- Stick to established routines for bedtime, napping and meals...most kids are happier and do better in school when their routines are regular.
- Walk your child to school or to the bus stop several times before school begins to establish the best route and help make your child comfortable.
- Encourage your child to take care of and be responsible for personal belongings and to respect the belongings of others.
- Label your child's outerwear, accessories and supplies to avoid loss and confusion.
- Check your child's backpack daily for information that has been sent home to you from school.
- Attend your child's school fall curriculum meeting during which your child's teacher will provide a presentation about kindergarten.
- Attend parent-teacher conferences to maintain home and school communication.
- Whenever possible, attend school programs and assemblies.
- Get involved in school...it's fun and your involvement helps your child feel safe and secure in school. PTA is a great place to start.
- Consider feelings...do not send party invitations to school unless the entire class is invited.
- Be patient...recognize your child is growing and developing at the rate which is just right for him. Patience and affection will help your child develop to the fullest.

## What will my child know and be able to do ?

In every grade, District 41 aligns its curriculum with Illinois Academic Standards for what children should know and be able to do. Below are some things your child will learn in kindergarten. For more information, visit [www.d41.org/curriculum.htm](http://www.d41.org/curriculum.htm).

### **Social-emotional**

- Respect for self and others, self-control, joy in learning.
- Relationships, working with others and independently.
- Ability to verbalize thoughts and needs to teachers and peers.

### **Cognitive**

- Joy of learning, ability to question, organize, classify information.
- Explore new ideas in creative ways, expand imagination.

### **Language arts, literacy**

- Reading readiness by letter and sound recognition.
- Develop phonemic awareness, concept of words.

### **Mathematics**

- Math readiness through exploring data and chance, geometry and spatial sense.
- Measurements, money, numeration, order, patterns.
- Functions, sequences, time.

### **Social studies**

- Compare past & present.
- Culture, work, play.
- Government, environment, community service.
- Problem solving.

### **Science**

- Senses, force and motion, environmental health, scientific process.

### **Motor development**

- Large and fine motor, hand-eye, spatial, locomotor skills, creative movement.

When you are dealing with a child, keep all your wits about you,  
and sit on the floor. —Austin O'Malley



# Communication, fees, class assignments

The student information we keep on file helps us help students succeed and stay safe as well as keeps us in compliance with the Illinois School Code. We review our forms each year to make sure we are not asking for unnecessary information. Please fill out all forms completely and let us know right away if your information changes after you have returned them. At District 41, we believe that excellent two-way communication is essential to the success of our students and strive to listen attentively and communicate clearly. We encourage you to phone us, email us, attend board meetings, come to school events and join us in our mission: to advocate for children enabling each one to optimize his or her potential within a culture of continuous improvement. We also encourage you to read the information we distribute, much of which is available on [www.d41.org](http://www.d41.org). If you have questions or concerns, please call or write.

**Parent communication:** Please let us know if your family has special communication needs, for example, if there is a shared custody arrangement. Form #7 included in this packet provides a place to put additional addresses to which student progress reports, the D41 calendar/handbook and other essential information should be sent.

**Telephone Communication:** D41 personnel may need to contact a parent or guardian during the school day. We encourage parents to call the school whenever they have questions. Calls from parents requesting that messages from parents be delivered to students should be restricted to emergencies.

**Emergency Communication:** District 41 uses an automatic phone notification system to notify parents and staff of unexpected school closings and other emergencies. Within minutes, the system can complete hundreds of calls delivering accurate and consistent information to live answers, voicemail and answering machines. The automated calling system will not work on phones with privacy blocker software. It is not affected by the National Do Not Call list. Automatic calling will be used in addition to our current procedure of posting emergency information on our Web site, using [emergencyclosings.com](http://emergencyclosings.com) and notifying local news media. Participation in our automatic calling system is voluntary, as stated on Registration Form #1.

*Your information is confidential. D41 does not share it with others.*



If evolution really works, how come mothers  
only have two hands? —Ed Dussault

## Fees and fee waivers

Illinois is different from many states in that schools are mainly funded by local property taxes. Also, by Illinois law, school districts may assess limited fees to help offset certain costs, such as books, supplies and activities. If paying fees is difficult for any reason, District 41 can work out a payment plan. You may be eligible for a fee waiver, meaning you do not have to pay fees if your income falls within the guidelines outlined on Form #4. Please call Marylou Gehringer in our Business Office, 630.534.7529, if you have questions.

## Class assignments

Typically, kindergartners continue to register throughout the summer as families move into D41. For that reason, we wait until mid-summer to finalize class composition. Form #10 asks for your preference for morning or afternoon kindergarten, and we will do our best to meet your request, but cannot guarantee this. In August, we will mail your child's teacher assignment and indicate whether they are in the morning or afternoon class.

## Health exams

Kindergartners are required to have three exams prior to entering school: a health exam, dental exam and vision exam. For more information about these exams, please contact your school and ask to speak to the school nurse.

# Transportation, emergencies, health & safety

For your child's protection, school personnel will not release your child to anyone other than the custodial parent(s) unless permission is on file.

**Bus transportation:** Children who live a mile and half or more from school, or do not have a safe walking route are eligible to ride the bus at no charge. Students who live closer than that may ride for a fee if there is space available. If you are unsure whether your child qualifies for free bus transportation, please call the school your child will attend (see map on page 7). There is a procedure for applying for a route change, if the assigned route is problematic. The school's obligation to students who ride the bus is to transport them to and from home and school, not to transport them to other activities such as music lessons or social engagements. Please read the following guidelines and reinforce them with your student:

**Bus Policy:** All children attending Glen Ellyn School District 41 and meeting the eligibility requirements for bus transportation are entitled to ride the school bus provided. Any behavior by a student which in the opinion of the bus driver, and the concurrence of the building principal, is detrimental to the safety and welfare of other students, or to the safe operation of the school bus, will be sufficient cause for suspension of bus riding entitlement:

1. The bus driver shall have the final authority for safe operation of the bus. Students should respond to driver requests promptly and willingly.
2. Students must cross the road in front of the bus, never behind.
3. Students may be assigned seats. They must remain in those seats at all times unless permission to change is granted by the driver.
4. Windows may be opened only with the driver's permission.
5. Only ordinary conversation levels are acceptable inside the bus.
6. Students may not extend hands, arms or heads out of the windows at any time.
7. Nothing should be thrown inside or outside of the bus.
8. Students should see that they have nothing in their possession that may cause injury to others. Books and backpacks should be kept out of the aisle.
9. Eating is not allowed on the bus.
10. Students should exercise safe conduct at bus stops.
11. Parents of students damaging school buses will be responsible for the cost of repairing the damage.

**Car transportation:** Our schools were never designed to accommodate the traffic we now have. We ask drivers to be vigilant, courteous and to follow directions of staff who are directing traffic.

**School closing due to severe weather:** The decision to close school is made by evaluating the forecast, the road conditions, the bus company's status, the ability of staff to get in to work and other factors. In the event that school is closed due to emergency or severe weather, we make every effort to notify parents by phone, by the media and on our Web site ([www.d41.org](http://www.d41.org)). You may also sign up for an email notification of school closings at [emergencyclosings.com](http://emergencyclosings.com).

**Health Insurance through D41:** At no charge, all D41 students are covered by Student Accident Insurance which covers your child for any injuries incurred while participating in school-sponsored or school-supervised programs or activities, including athletics. The insurance is free, and you may expand coverage for a fee. You will receive more information in the mail.

## Health and Safety

Your child will need health, vision and dental examinations and appropriate immunizations to be completed before entering school.

**Attendance:** We encourage students to be in school on time every day. Please avoid planning vacations, doctor appointments or other activities during school hours. If your child will be absent or tardy, please call the school as soon as possible (by 9 a.m. at the latest)—you can leave a message on the school's voicemail at any time.

**When should you keep your child home from school?** Please keep your child home and contact your physician if he or she displays the following: fever within the last 24 hours, rash or unusual skin condition, cough, shortness of breath or difficulty breathing. If your child shows any unusual condition or seems generally unwell, please talk to your physician before sending your child to school. When weather is bad but school is open, parents have the option to keep their child home if they believe that is the best thing to do. If you decide that the conditions are severe enough to adversely affect your child's attending school even though school is open, this will be treated as an excused absence so long as you follow the call-in procedure. Your child's teacher is always ready to help returning children catch up.

# Technology information

Technology is used for educational purposes only and students must comply with the rules spelled out in **Board Policy 6:235**. The D41 online Policy Manual can be accessed at [www.d41.org/policy/intro.htm](http://www.d41.org/policy/intro.htm). If you would like to receive a copy of this policy in the mail, please contact your school office. Some important features of the policy are:

- Access to the district's technology must be for educational purposes, and misuse can result in the revocation of technology privileges. Technology is intended only for school-related use.
- Use of the district's technology resources is a privilege, not a right, and these privileges may be revoked by the district at any time.
- Technology use shall be lawful, comply with all federal and state regulations including copyright law. The user shall not use electronic resources to violate or infringe upon the rights of others.
- Technology use shall comply with generally accepted rules of etiquette.
- The district is not liable for any damages or viruses that may result from downloading material.
- There is no expectation of privacy with respect to electronic files or transmissions.
- In all cases where acceptable use comes into question, the district reserves the right to make the determination. Sanctions ranging from a warning up to legal action may be initiated.

## Internet Safety

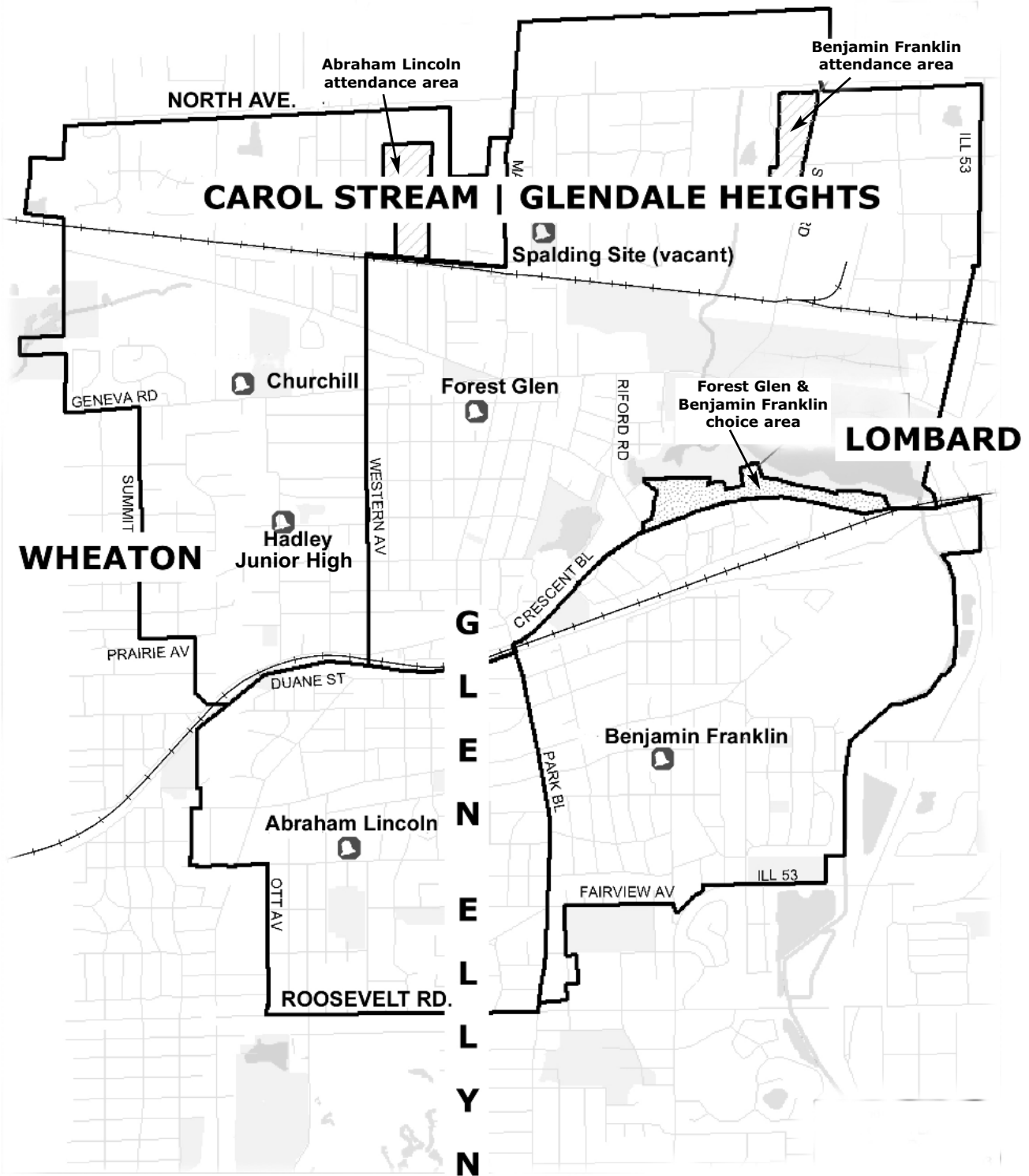
- The district uses software that limits the Internet access of students and protects them from inappropriate content. The district cannot guarantee that filtering software will block such content in all instances.
- Personal information will not be published on the district Web site.

# Handbook Highlights

District 41 distributes a Handbook to all families at the beginning of the year, and posts this Handbook on [www.d41.org](http://www.d41.org). The Handbook information is based on our policies, procedures and customary practices. Handbook information is important for all our families to be familiar with and will help you and your children to have a successful school year. Among the topics covered in the D41 Handbook are:

- Attendance and absence procedures
- Board of Education information
- Contact Information
- Dress Code
- Emergency and Crisis Information
- Health Services
- Registering and Withdrawing from School
- Report Cards
- Special Education
- Student Conduct and Discipline
- Volunteering at School
- and much more

# Attendance areas for Glen Ellyn School District 41



"Don't limit a child to your own learning, for he was born in another time.

—Rabbinical Saying



# Our Vision

Ignite passion. Inspire excellence. Imagine possibilities.

## Our Mission

We embrace the future with optimism, working in partnership with our community on behalf of our children. We develop intellect, engage creativity, foster responsibility, and build positive and collaborative relationships to enable all children to thrive in a changing and increasingly global society.

## Our Values

Our values are the cornerstones of our learning community and direct the actions we take; we must model, teach and live them throughout the district.

- We expect honesty, integrity and ethical behavior of all members of our learning community.
- We empower every child to become a self-directed lifelong learner capable of creative and critical thinking.
- We emphasize written and oral skills which are essential to success, timeless in their importance and are the basis of future learning.
- We encourage flexibility and adaptability knowing they are necessary to succeed in a global and diverse society.
- We leverage our resources and technology to create powerful and equitable educational environments and experiences for all learners.

*Adopted Sept. 15, 2008*



We have recently updated our student database management system and it allows us to gather the required student/parent/guardian contact information differently. We feel it is very important to us to communicate to you about your child appropriately. Please complete and return all pages with the other registration materials you received.

**Also, please remember as your contact information may change during the year (cell phones, work phones, etc.) you should always notify the school offices of the changes, not the classroom teachers.**

**Student's Name - Legal Name as presented on birth certificate**

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_  
Legal Middle Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt.#/Unit# \_\_\_\_\_ Subdivision \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone (include area code) \_\_\_\_\_ Phone Unlisted? (Y/N) \_\_\_\_\_  
Gender (M/F) \_\_\_\_\_ Birth Date \_\_\_\_\_

ETHNIC CODE: (Please check one of the following):  
\_\_\_\_\_ American Indian/Alaskan \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Black (Non-Hispanic)  
\_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_ Multi-Racial

Sibling Name \_\_\_\_\_ Sibling DOB \_\_\_\_\_  
Sibling Name \_\_\_\_\_ Sibling DOB \_\_\_\_\_  
Sibling Name \_\_\_\_\_ Sibling DOB \_\_\_\_\_

Student Lives With (Please check one of the following): \_\_\_\_\_ Father Only \_\_\_\_\_ Mother Only \_\_\_\_\_ Both Parents  
\_\_\_\_\_ Guardian \_\_\_\_\_ Father & Step Mother \_\_\_\_\_ Mother & Step Father

(Please check one) **Mother** \_\_\_\_\_ **Guardian** \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

(Please check one) **Father** \_\_\_\_\_ **Guardian** \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

(Please check one) **Step Father** \_\_\_\_\_ **Guardian** \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

(Please check one) **Step Mother** \_\_\_\_\_ **Guardian** \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

PLEASE COMPLETE THE REVERSE SIDE



**Glen Ellyn School District 41**

2009 - 2010

Please list at least 2 additional contacts that should be called in case of a school day emergency. These emergencies could include student illness, unexpected school closure during the day. Ideally, the contacts you list should live/work within a close proximity to the school so they can respond quickly in an emergency when called. Also, please remember as contact information may change during the year (cell phones, work phones, etc.) you should always notify the school offices of the changes, not the classroom teachers.

**Local Emergency Contact 1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Local Emergency Contact 2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Auto Call – Automated Emergency Calling System**

As part of our emergency communication process we enlist an auto calling service to place hundreds of calls within minutes to notify families of extreme events related to the schools such as school closures due to weather. In all cases the home number of the student will always be called using this service. If there is an additional number that should be listed with this service in addition to the home phone of the student, please include that number here including the area code. If your home phone number has call blocker on it, the call will not go through so in those cases an alternate phone number such as a cell phone number would be helpful to include in this service list.

Additional Auto Call Number: (\_\_\_\_) \_\_\_\_\_ (Not the student home number)

**For Emergencies, I authorize the school administration to take action as necessary in case of an emergency.**

Name of Person Name Completing the form (Please Print): \_\_\_\_\_

Signature of person completing the form: \_\_\_\_\_

Date form Completed: \_\_\_\_\_

*Please fill out form 1A if there is Second Parent/Guardian Mailing information we should have.*



**Glen Ellyn School District 41**

**2009 - 2010**

***SECOND PARENT/GUARDIAN MAILING INFORMATION***

If you are a divorced/separated couple, we encourage you, in the interest of your student, to share school progress information and together attend parent-teacher conferences. We recognize that it is not always possible for divorced/separated parents to share school progress information and attend parent-teacher conferences. If you are a divorced/separated couple sharing joint custody or designated as a custodial and non-custodial parent and would like information sent to both parents, please complete the form below and return with the registration packet. Returning this form with the registration packet will ensure that both parents receive progress reports on your student's academic and emotional/physical health; notices of school-initiated parent-teacher conferences; a District 41 calendar/handbook.

**Finally, it is the responsibility of the custodial parent to provide to the school documentation of any court-ordered limitations in regard to communication with the non-custodial parent.**

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Name and addresses of parents to whom progress reports, notices of school initiated parent-teacher conferences and a District 41 calendar should be sent.

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**This request applies to the current school year only.** Thank you for your cooperation as we seek to improve communication with all parents.

Print Parent's name: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

# GLEN ELLYN SCHOOL DISTRICT 41

793 North Main Street - Glen Ellyn, IL 60137

Phone 630 • 790 • 6400 Fax 630 • 790 • 1867

---

## Student Information/Birthplace Data

Periodically the District is asked for demographic information on our students from Federal and State agencies to assist them in developing their data for allocating potential grant monies and opportunities. We are now being asked for more detailed information regarding where our students were born and if they are new to the United States. Please complete the form below as it applies to your child and return it with the other registration forms you received in the packet.

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Was your child born in the United States, or the U.S. Territories of Puerto Rico or the U.S. Virgin Islands? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered **Yes**, please provide the following information, sign the form below and continue with the remainder of the registration papers.

City/State/Territory student was born: \_\_\_\_\_

If you answered **No**, complete the following and continue with the remainder of the registration papers.

See Country Code attached to this form.

Country of birth: \_\_\_\_\_ Code # for Country of birth \_\_\_\_\_

Date your child entered the United States: \_\_\_\_\_  
Month Year

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form #2**



# Glen Ellyn School District 41

793 North Main Street - Glen Ellyn, IL 60137

Dr. Ann Riebock, Superintendent

**Please complete/Please print:**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Grade/Year: Entering Kindergarten 2009 - 2010 school year

Activity Date	Fee/Payment Description	Amount	Check #
2/2009	Kindergarten Fees	\$56.00	

**TOTAL DUE**            **\$56.00**

*In order for District 41 to prepare for the upcoming school year, it is extremely important that all the forms in this packet be returned within **10 days**. We encourage you to also include payment of these fees at the same time as returning the forms. If you choose not to remit the fees at this time, please retain the invoice and note the due date for the fees is **June 4, 2009**.. Thank you in advance for your cooperation in this matter.*

**PAYMENT**

All forms and payments should be mailed or delivered to 793 N. Main Street, Glen Ellyn 60137.

Check or Money Order made payable to **District 41**. (In accordance with Board Policy 4:45 effective 3/21/05 all checks returned unpaid & per Board Policy 4:46 effective 5/15/06 all declined credit cards will be assessed a fee of \$25.00)

Visa       Master Card       Discover

Cash (Payment accepted in person only.) **DO NOT MAIL CASH.**

\_\_\_\_\_   
Card Number

\_\_\_\_\_   
Expiration Date

\_\_\_\_\_   
Print Name

\_\_\_\_\_   
Signature

# GLEN ELLYN SCHOOL DISTRICT 41

793 North Main Street - Glen Ellyn, IL 60137

Phone 630 • 790 • 6400 Fax 630 • 790 • 1867

---

---

**We would like to receive an application for the Illinois Free Lunch/Milk Program and District 41 Waiver of Fees for the 2009-10 school year.**

Student's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

To qualify for this program, households must meet Illinois Income Guidelines. Written evidence will be required when the application is submitted. Evidence submitted will be verified.

**The State of Illinois Applications will be mailed to parents and guardians in July 2009 when the forms become available.**

## INCOME ELIGIBILITY GUIDELINES FOR FY 2009

The United States Department of Agriculture has issued the following income guidelines for the period July 1, 2008 through June 30, 2009:

Household	Level for Free Meals				
	<u>Size</u>	<u>Monthly</u>	<u>Twice Per Month</u>	<u>Every 2 Weeks</u>	<u>Weekly</u>
	1	\$ 1,107	\$554	\$ 511	256
	2	1,484	742	685	343
	3	1,861	931	859	430
	4	2,238	1,119	1,033	517
	5	2,615	1,308	1,207	604
	6	2,992	1,496	1,381	691
	7	3,369	1,685	1,555	778
	8	3,746	1,873	1,729	865
Each Additional Family Member Add		+377	+189	+174	+87

The following is the definition of income:

Income is defined as any monies earned before any deductions such as income taxes, social security taxes, insurance premiums, charitable contributions, and bonds. It includes the following: (1) monetary compensation for services including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement or pensions or veteran payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income. Other cash income would include cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which would be available to pay the price of a child's meal.

# GLEN ELLYN SCHOOL DISTRICT 41

793 North Main Street - Glen Ellyn, IL 60137

Phone 630 • 790 • 6400 Fax 630 • 790 • 1867

## STUDENT TRANSPORTATION INFORMATION FOR 2009-10

To be filled out for ALL students, one child per form. (*If information changes during school year, you must fill out new form.*)

Please print

STUDENT NAME (Last, First) \_\_\_\_\_ 2009-10 Grade \_\_\_\_\_

STUDENT ADDRESS \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Check any square that applies to your child:

**Circle days that apply**

- |   |   |   |   |    |   |
|---|---|---|---|----|---|
| <input type="checkbox"/> walk to school from home                   | M | T | W | Th | F |
| <input type="checkbox"/> walk from school to home                   | M | T | W | Th | F |
| <input type="checkbox"/> parent/adult transport to school from home | M | T | W | Th | F |
| <input type="checkbox"/> parent/adult transport from school to home | M | T | W | Th | F |

Adult Name \_\_\_\_\_

- |   |   |   |   |    |   |
|---|---|---|---|----|---|
| <input type="checkbox"/> walk to school from sitter               | M | T | W | Th | F |
| <input type="checkbox"/> walk from school to sitter               | M | T | W | Th | F |
| <input type="checkbox"/> ride on school bus from sitter to school | M | T | W | Th | F |
| <input type="checkbox"/> ride on school bus from school to sitter | M | T | W | Th | F |

Sitter's Name \_\_\_\_\_ Phone \_\_\_\_\_

Sitter's address \_\_\_\_\_

- |  |   |   |   |    |   |
|--|---|---|---|----|---|
| <input type="checkbox"/> day care will transport to school   | M | T | W | Th | F |
| <input type="checkbox"/> day care will transport from school | M | T | W | Th | F |

Day Care Name \_\_\_\_\_ Phone \_\_\_\_\_

Day Care Address \_\_\_\_\_

### BUS REGISTRATION

- |  |   |   |   |    |   |
|--|---|---|---|----|---|
| <input type="checkbox"/> School bus will transport from home to school | M | T | W | Th | F |
| <input type="checkbox"/> School bus will transport from school to home | M | T | W | Th | F |

For Kindergarten students:

AM Session students will be brought to school with the regular morning routes and then returned home with the special mid-day route for Kindergarten only.

PM Session students will be brought to school with the special mid-day route for Kindergarten only and then returned home with the regular afternoon routes.

See **reverse side for** bus information sheet with bus #, stop code # and street names:

Coming to school: Bus # \_\_\_\_\_ Stop # \_\_\_\_\_ Street Names \_\_\_\_\_

Going home: Bus # \_\_\_\_\_ Stop # \_\_\_\_\_ Street Names \_\_\_\_\_

**Please sign:** I have read the Bus Ridership Policy on the wrapper and reviewed it with my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Form #5

OVER

## **Forest Glen School Bus Schedule 2009 - 2010**

These stops are subject to change. You will be notified this summer with your bus stop and pick-up time.

<b><u>Bus #1</u></b>
<b><u>Stop Code #</u></b>
162 1 N 641 Main
175 Park & Busch
117 Busch & Goodrich
118 Busch & Glenrise
119 Glenrise & Valley View
176 1 N 618 River
120 2 <sup>nd</sup> & Eastern
169 Eastern & 1 <sup>st</sup>
121 1 <sup>st</sup> & Glenrise
122 1 <sup>st</sup> & Goodrich
187 1 <sup>st</sup> & Park
177 1 N 310 Main
178 Main & Cherry
123 Stagecoach & Pleasant
179 St. Charles & Highland (southside)
171 Highland & Emerson
168 Highland & Cherry

<b><u>Bus #4</u></b>
<b><u>Stop Code #</u></b>
129 St. Charles & Eastern
160 1 N 521 Main
161 1N 577 Main
115 1 N 625 Main
163 275 Peterson
128 Peterson & Goodrich
127 Goodrich & Burdette
183 618 Burdette
184 688 Forest
125 604 Forest
148 443 Park
159 2 <sup>nd</sup> & Forest
185 Poss & Highland
186 Highland & St. Charles
167 St. Charles & Prairie
157 St. Charles & Pleasant
156 420 St. Charles

<b><u>Bus #2</u></b>
<b><u>Stop Code #</u></b>
150 Emerson & Forest
180 22 W 328 North Ave.
135 Willowlake Youth Center
136 River & Lynn
149 831 Hoyle
141 Argyle & Sunset
152 21 W 377 Sunset
181 21 W 352 Sunset
142 Swift & Valley View
134 Swift & Burdette
146 Rt. 52 & Sunset
165 Meadow & Cimmaron
182 900 W. St. Charles

**GLEN ELLYN SCHOOL DISTRICT 41 HEALTH QUESTIONNAIRE**

---

Student's Name \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Grade \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_  
School \_\_\_\_\_

The following questionnaire should be completed by the parent(s) of the student on a yearly basis. It is designed to keep your child's school health record complete and up to date. It is a **CONFIDENTIAL** record kept in the health office.

	YES	NO
1. Were there any pregnancy or birth problems? If YES, please explain. _____ _____	_____	_____
2. Has your child ever had any serious illness or injury? If YES, please specify. _____	_____	_____
3. Has your child ever been hospitalized for any serious illness, injury or surgery? If YES, please specify. _____ _____	_____	_____
4. Does your child have any known allergies or asthma (i.e. bronchitis, foods, medicine)? If YES, please specify. _____ _____	_____	_____
5. Does your child presently take any medication? If YES, please specify. Also, if your child needs to take this medication during school hours, please complete the necessary forms. _____ _____	_____	_____
6. Does your child have any speech, vision, or hearing difficulties? If YES, please specify. _____ Does your child wear glasses? _____	_____	_____
7. Is there anything about your child's health, physical or emotional background that you would like the nurse to know? If YES, please specify. _____ _____ _____	_____	_____

***A medication form needs to be completed and signed by a physician and parent when any medication is taken at school, whether it be prescription or over the counter.***

If anything changes during the school year **please** contact the nurse.

# GLEN ELLYN SCHOOL DISTRICT 41

793 North Main Street - Glen Ellyn, IL 60137  
Phone 630 • 790 • 6400 Fax 630 • 790 • 1867

---

## SECOND PARENT/GUARDIAN MAILING FORM

If you are a divorced/separated couple, we encourage you, in the interest of your student, to share school progress information and together attend parent-teacher conferences. We recognize that it is not always possible for divorced/separated parents to share school progress information and attend parent-teacher conferences. If you are a divorced/separated couple sharing joint custody or designated as a custodial and non-custodial parent and would like information sent to both parents, please complete the form below and return with the registration packet. Returning this form with the registration packet will ensure that both parents receive progress reports on your student's academic and emotional/physical health; notices of school-initiated parent-teacher conferences; a District 41 calendar/handbook.

**Finally, it is the responsibility of the custodial parent to provide to the school documentation of any court-ordered limitations in regard to communication with the non-custodial parent.**

---

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Name and addresses of parents to whom progress reports, notices of school initiated parent-teacher conferences and a District 41 calendar should be sent.

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**This request applies to the current school year only.** Thank you for your cooperation as we seek to improve communication with all parents.

**OR: *If this form does not apply to your family situation, please circle "not applicable" and sign below.***     Not applicable

Print Parent's name: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

**Form #7**

# GLEN ELLYN SCHOOL DISTRICT 41

793 North Main Street - Glen Ellyn, IL 60137

Phone 630 • 790 • 6400 Fax 630 • 790 • 1867

---

## IPM Form

### REQUEST FOR ADVANCE NOTIFICATION OF PEST CONTROL APPLICATIONS AT SCHOOL BUILDINGS

Dear Parent,

All Illinois schools are required to adopt a pest control process called Integrated Pest Management or IPM. As part of this process, schools are required to notify staff, students and parents prior to certain types of pest control applications.

Integrated Pest Management emphasizes inspection and communication with the school administration. The focus of the problem is to identify and eliminate conditions in the school that could cause pests to be a problem. Applications of pest control materials are made only when necessary to eliminate a pest problem. Regular spraying is not part of the program.

If it becomes necessary to use any pest control products other than traps or baits, notice will be posted two business days prior to the application. The only exception to the two-day notice would be if there was an immediate threat to health or property. If you would like to receive written notification prior to the application of any pest control materials that are subject to the notification requirements, please complete the enclosed form and return it to your school.

The school district has selected Anderson Pest Control to provide Integrated Pest Management services when needed. Anderson has had IPM programs in place in the schools that they service since 1991. If you have any questions about this information or about the procedures of Anderson Pest Control, you may contact them at (630) 834-3300, or call the Business Office at 630-534-7222.

---

\_\_\_ I would like written notification two days before the use of liquid or aerosol pest control materials at the school. I understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out, I will be notified as soon as possible.

\_\_\_ I do not need written notification two days before the use of liquid or aerosol pest control materials at the school.

#### PLEASE PRINT.

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form #8**

**Glen Ellyn School District #41**  
**ISBE Home Language Survey**  
**Language Listing**

<b>Code</b>	<b>Language</b>	<b>Country</b>
76	AFRIKAANS (TAAL)	SOUTH AFRICA
103	AKAN (FANTE,ASANTI,TWI)	GHANA--IVORY COAST
42	ALBANIAN,GHEG (KOSOVO/MACEDONIA)	BALKAN STATES
153	ALBANIAN/TOSK (ALBANIA)	ALBANIA
6	ALGONQUIN	USA
105	AMHARIC	ETHIOPIA
56	APACHE	USA
10	ARABIC	AFRICA--NORTHERN---MID EAST
26	ARMENIAN	ARMENIA
110	ASSAMESE	INDIA, BANGLADESH
25	ASSYRIAN (SYRIAC, ARAMAIC)	ASSYRIA
112	BAGHELI	INDIA
107	BALINESE	INDONESIA--BALI
54	BEMBA	ZAMBIA, CONGO, TANZANIA,
67	BENGALI	INDIA
116	BISAYA (MALAYSIA)	BRUNEI, MALAYSIA ( SABAH, SARAWAK)
152	BOSNIAN	BALKAN STATES
55	BULGARIAN	BULGARIA
15	BURMESE	BURMA
73	CAMBODIAN (KHMER)	CAMBODIA--KAMPUCHEA—KHMER REPUBLIC
21	CANTONESE (CHINESE)	CHINA
36	CEBUANO (VISAYAN)	PHILIPPINES
158	CHALDEAN	IRAQ
108	CHAMORRO	GUAM--NORTHERN MARIANA ISLANDS
147	CHAOCHOW/TEOCHIU (CHINESE)	CHINA
117	CHECHEN	RUSSIA (CHECHNYA)
97	CHEROKEE	USA
65	CHICHEWA (NYANJA)	MALAWI
50	CHIPPEWA/OJIBAWA/OTTAWA	USA
87	CHOCTAW	USA
43	COMANCHE	USA
48	CREEK	USA
151	CROATIAN	BALKAN STATES
98	CROW	USA
20	CZECH	CZECH REPUBLIC
41	DANISH	DENMARK
157	DINLEA (TURKISH)	TURKEY, UZBEKISTAN, MACEDONIA
28	DUTCH/FLEMISH	THE NETHERLANDS
999	ENGLISH	
144	EFIK	NIGERIA
111	ESKIMO	USA
64	ESTONIAN	ESTONIA
52	EWE	GHANA--TOGO
31	FARSI (PERSIAN)	IRAN
44	FINNISH	FINLAND
12	FRENCH	FRANCE
148	FUKIEN/HOKKIEN (CHINESE)	CHINA
71	GA	GHANA, TOGO
102	GAELIC (IRISH)	IRELAND
57	GAELIC (SCOTTISH)	SCOTLAND
51	GBAYA	CENTRAL AFRICAN REPUBLIC, CAMEROON, CONGO, NIGERIA
5	GERMAN	GERMANY
2	GREEK	GREECE

**Glen Ellyn School District #41**  
**ISBE Home Language Survey**  
**Language Listing**

<b>Code</b>	<b>Language</b>	<b>Country</b>
37	GUJARATI	INDIA
115	GUYANESE	GUYANA
149	HAINANESE (CHINESE)	CHINA
49	HAITIAN-CREOLE	HAITI
113	HAKKA (CHINESE)	CHINA
80	HAUSA	NIGERIA--NIGER
161	HAWAIIAN	USA (HAWAII)
29	HEBREW	ISRAEL
81	HEMBA	CONGO
14	HINDI	INDIA
68	HMONG	LAOS
95	HOPI	USA
19	HUNGARIAN	HUNGARY
85	IBO/IGBO	NIGERIA
70	ICELANDIC	ICELAND
130	ILOCANO	PHILIPPINES
143	ILONGGO (HILIGAYNON)	PHILIPPINES
62	INDONESIAN	INDONESIA--BALI
83	ISOKO	NIGERIA
3	ITALIAN	ITALY
156	JAMAICAN	JAMAICA
11	JAPANESE	JAPAN
139	KACHE (KAJE,,JU)	NIGERIA
159	KANJOBAL	GUATEMALA
63	KANNADA (KANARESE)	INDIA
69	KANURI	NIGERIA
136	KASHI (UYGHUR)	CHINA
66	KASHMIRI	KASHMIR
89	KIKAMBA (KAMBA)	KENYA
119	KONKANI	INDIA
8	KOREAN	KOREA
142	KPELLE	LIBERIA--GUINEA
120	KRIO	SIERRA LEONE
121	KURDISH	IRAQ--IRAN
74	LAO	LAOS
38	LATVIAN	LATVIA
122	LINGALA	CONGO
17	LITHUANIAN	LITHUANIA
123	LUGANDA / BANTU	UGANDA
125	LUNDA	ANGOLA
92	LUO	KENYA, TANZANIA
124	LUYIA (LUHYA)	KENYA
58	MACEDONIAN	MACEDONIA
59	MALAY	MALAYSIA
60	MALAYALAM	INDIA
91	MALTESE	MALTA
30	MANDARIN (CHINESE)	CHINA
100	MANDINGO (MANDINKA)	SENEGAL, GAMBIA
138	MAORI	NEW ZEALAND
78	MARATHI	INDIA
101	MENDE	SIERRA LEONE
72	MENOMINEE	USA
146	MIEN (YAO)	LAOS
140	MINA (GESER-GORAM)	INDONESIA (SERAM AND GOROM ISLANDS)

**Glen Ellyn School District #41**  
**ISBE Home Language Survey**  
**Language Listing**

<b>Code</b>	<b>Language</b>	<b>Country</b>
141	MONGOLIAN	MONGOLIA
61	NAVAJO	USA
77	NEPALI	NEPAL
40	NORWEGIAN	NORWAY
127	OKINAWAN	JAPAN
79	ONEIDA	USA
128	ORIYA	INDIA
129	ORRI (ORING)	NIGERIA
99	OTHER	
106	OULOF (WOLOF)	SENEGAL
160	PALAUAN	PALAU (WEST CAROLINES)
118	PAMPANGAN	PHILIPPINES
53	PANJABI (PUNJABI)	INDIA
131	PASHTO (PUSHTO)	PAKISTAN--AFGHANISTAN
9	PILIPINO (TAGALOG)	PHILIPPINES
82	PIMA	USA
4	POLISH	POLAND
23	PORTUGUESE	PORTUGAL
84	PUEBLO	USA
27	ROMANIAN	ROMANIA
93	ROMANY (GYPSY)	EUROPE
35	RUSSIAN	RUSSIA
13	SAMOAN	SAMOA
7	SERBIAN	BALKAN STATES
150	SHANGHAI (CHINESE)	CHINA
75	SHONA	ZIMBABWE--MOZAMBIQUE
132	SIKKIMESE	INDIA
133	SINDHI	INDIA--PAKISTAN
134	SINHALESE	SRI LANKA
39	SIOUX (DAKOTA)	USA
45	SLOVAK	SLOVAKIA
96	SLOVENIAN	SLOVENIA
135	SOTHO	AFRICA--SOUTH CENTRAL
145	SOURASHTRA (SAURASHTRA)	INDIA
1	SPANISH	SPAIN--SOUTH & CENTRAL AMERICA
46	SWAHILI	ZANZIBAR--CONGO
24	SWEDISH	SWEDEN
47	TAIWANESE/FORMOSAN/MIN NAN (CHINESE)	TAIWAN
94	TAMIL	INDIA
86	TELUGU (TELEGU)	INDIA
22	THAI	THAILAND
137	TIBETAN	TIBET
109	TIGRINYA (TIGRIGNA)	ETHIOPIA, ERITREA
154	TONGAN	TONGA
104	TULU	
32	TURKISH	TURKEY
18	UKRAINIAN	UKRAINE
33	URDU	PAKISTAN--INDIA
155	UZBEK	UZBEKISTAN
34	VIETNAMESE	VIET NAM
114	WELSH	WALES
88	WINNEBAGO	USE
16	YIDDISH	ISRAEL--GERMANY
126	YOMBE	ZAIRE--ANGOLA--CONGO--MALAWI
90	YORUBA	NIGERIA--BENIN--TOGO

**Glen Ellyn School District #41**  
**ISBE Home Language Survey**  
**Language Listing**

<b>Code</b>	<b>Language</b>	<b>Country</b>
	<b><u>FOR OTHER LANGUAGES</u></b>	<b><u>REFERENCE LANGUAGE</u></b>
	ARAMAIC	SEE ASSYRIAN
	ASANTI	SEE AKAN
	BANTU	SEE LUGANDA
	DAKOTA	SEE SIOUX
	FANTE	SEE AKAN
	FLEMISH	SEE DUTCH
	FORMOSAN	SEE TAIWANESE
	GYPSY	SEE ROMANY
	HILIGAYNON	SEE ILONGGO
	HOKKIEN	SEE FUKIEN
	IRISH	SEE GAELIC (IRISH)
	JJU	SEE KACHE
	KAJE	SEE KACHE
	KANARESE	SEE KANNADA
	KHMER	SEE CAMBODIAN
	LUHYA	SEE LUGANDA
	LUHYA	SEE LUYIA
	MIN NAN	SEE TAIWANESE
	OJIBAWA	SEE CHIPPEWA
	ORING	SEE ORRI
	OTTAWA	SEE CHIPPEWA
	PERSIAN	SEE FARSI
	PUNJABI	SEE PANJABI
	PUSHTO	SEE PASHTO
	SCOTTISH	SEE GAELIC (SCOTTISH)
	SYRIAC	SEE ASSYRIAN
	TAAL	SEE AFRIKAANS
	TAGALOG	SEE PILIPINO
	TELEGU	SEE TELUGU
	TEOCHIU	SEE CHAOCHOW
	TWI	SEE AKAN
	VISAYAN	SEE CEBUANO
	YAO	SEE MIEN
	OJIBAWA	SEE CHIPPEWA
	ORING	SEE ORRI
	OTTAWA	SEE CHIPPEWA
	PERSIAN	SEE FARSI
	PUNJABI	SEE PANJABI
	PUSHTO	SEE PASHTO
	SCOTTISH	SEE GAELIC (SCOTTISH)
	SYRIAC	SEE ASSYRIAN
	TAAL	SEE AFRIKAANS
	TAGALOG	SEE PILIPINO
	TELEGU	SEE TELUGU
	TEOCHIU	SEE CHAOCHOW
	TWI	SEE AKAN
	VISAYAN	SEE CEBUANO
	YAO	SEE MIEN

# GLEN ELLYN SCHOOL DISTRICT 41

793 North Main Street - Glen Ellyn, IL 60137

---

## Home Language Survey

*Please print*

STUDENT'S NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

The State of Illinois 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 on a daily basis.** It also helps to identify the need for bilingual and English as a Second Language education services in the schools.

**Please complete the following information using the attached Language Listing as a reference.**

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

\_\_\_\_\_ Yes

\_\_\_\_\_ What Language? \_\_\_\_\_ Code# \_\_\_\_\_

\_\_\_\_\_ No

Does your son/daughter speak a language other than English?

\_\_\_\_\_ Yes

\_\_\_\_\_ What Language? \_\_\_\_\_ Code# \_\_\_\_\_

\_\_\_\_\_ No

If the answer to either question is yes, the school will assess your child's English language proficiency. The school will measure your child's listening and speaking skills and, for students in grades 2 through 12, reading and writing skills.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form #9**

**SCHOOL DISTRICT 41/NEW STUDENT ENROLLMENT FORM**  
**(TO BE COMPLETED BY THE PERSON CLAIMING CUSTODY OF THE**  
**STUDENT AND WITH WHOM THE STUDENT LIVES IN THE SCHOOL DISTRICT)**

Generally, Illinois law provides that the residence of a student is deemed to be the same as the residence of the person who has legal custody of the student and permits only students who are residents of the School District to enroll and attend on a tuition-free basis. The person claiming custody must also reside in the District. To assist the District in determining residency and legal custody, this form must be completed. The District may investigate the residency of any student before or after enrollment and require the involved persons to provide additional information to be considered by the District in determining residency. Enrollment is not completed, and attendance will usually not be permitted, until all residency issues are resolved.

**I. Identifying Information:** *(Please print)*

Student:	Person Claiming Custody:	Person Enrolling Student:
_____	_____	_____
[Name]	[Name]	[Name]
_____	_____	_____
[Address]	[Address]	[Address]
_____	_____	_____
[Telephone Number]	[Telephone Number]	[Telephone Number]
_____	_____	_____
	[Relationship to Student]	[Relationship to Student]

**II. Residency of Person with Whom Student Lives and Who Claims Custody of the Student:**

As initial proof of residency, the person with whom the student lives in the District and who claims custody of the student must attach to this Form at least one document from Category A and at least two documents from Category B, all of which must be acceptable to the District. If the person enrolling the student claims the student is (1) homeless, or (2) attending school in the student's former district upon the determination of the Department of Children and Family Services, only the appropriate line in Category C must be checked.

**Category A** *(CHECK AND ATTACH AT LEAST ONE OF THE FOLLOWING DOCUMENTS:)*

- \_\_\_\_\_ The most recent real estate tax bill for my residence showing me as the taxpayer
- \_\_\_\_\_ Signed lease for my residence
- \_\_\_\_\_ A closing statement for the purchase of my residence
- \_\_\_\_\_ A notarized letter from the owner of my residence stating that I reside at that residence and the duration of my residence. (E-3)

**Category B** *(CHECK AND ATTACH AT LEAST TWO OF THE FOLLOWING DOCUMENTS:)*

- \_\_\_\_\_ Driver's license
- \_\_\_\_\_ Utility or cable bill
- \_\_\_\_\_ Public Aid card
- \_\_\_\_\_ Home/apartment insurance certificate
- \_\_\_\_\_ Automobile registration - State of Illinois
- \_\_\_\_\_ Receipt for city vehicle sticker
- \_\_\_\_\_ Other (please describe below)
- \_\_\_\_\_
- \_\_\_\_\_

**Category C** None of the documents in Categories A or B above are applicable because:

- \_\_\_\_\_ 1.The student is homeless and eligible for enrollment under the Illinois Education for Homeless Children Act.
- \_\_\_\_\_ 2.The student is enrolling based on the determination of the Department of Children and Family Services (DCFS).
- \_\_\_\_\_ 3.Residency will be established within 30 calendar days.

**NOTE:** If you checked 2 above, attach evidence of DCFS determination. If you checked 3 above, attach a real estate contract, lease or closing statement.

**III. Custody: (CHECK AS MANY OF THE FOLLOWING AS ARE APPLICABLE.)**

- \_\_\_\_\_ 1.I am the natural or adoptive parent of the student.
- \_\_\_\_\_ 2.The student lives with me on a full-time basis.
- \_\_\_\_\_ 3.I provide the student with a regular nighttime place to sleep. ("Regular" means virtually full-time, including most weekends, holidays, and school vacation periods.)
- \_\_\_\_\_ 4.The student is a special education student.
- \_\_\_\_\_ 5.The student is a foreign exchange student.
- \_\_\_\_\_ 6.The student is at least 18 years old.
- \_\_\_\_\_ 7.I have a court order giving me custody or guardianship of the student.
- \_\_\_\_\_ 8.I am a caretaker relative of the student receiving aid for the student from the Illinois Department of Public Aid.
- \_\_\_\_\_ 9.I am a foster parent of the student who was placed with me by the Illinois Department of Children and Family Services.
- \_\_\_\_\_ 10.I am a representative of a child care facility with which the student has been placed by the Illinois Department of Children and Family Services.
- \_\_\_\_\_ 11.The student is under 18 years of age but has been emancipated by court order or marriage.
- \_\_\_\_\_ 12.I have been appointed a short-term guardian of the student.

**NOTE:** If you are not the natural or adoptive parent with legal custody of the student, state the reason(s) the student is living with you:\_\_\_\_\_

**NOTE:** If you checked any of 7 through 12 above, attach a copy of the court order, marriage certificate, transfer of guardianship, evidence of receipt of public aid for the student or DCFS documents as appropriate.

**IV. Warning and Affirmation:**

Illinois law has made it a crime, punishable by imprisonment and fine, to knowingly or willfully present any false information regarding the residency of a student for purposes of enabling that student to attend on a tuition-free basis or to knowingly enroll or attempt to enroll a student on a tuition-free basis when the student is known to be a non-resident of the District. The District will seek prosecution to the full extent of the law of any person who the District believes has committed any residency-related crime. Additionally, a civil lawsuit may be initiated by the District.

I affirm that I am a resident of this District and that the information presented in this Affidavit and in connection with any investigation of my residency or the residency of the student is true, complete and accurate.

\_\_\_\_\_  
**Signature** of the Person Claiming Custody of the Student  
and With Whom the Student Lives in the School District

Dated:\_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
**Notary Public**



## Glen Ellyn School District 41

Phyllis A. Hanna, Director Finance and Operations

If you are providing a lease for an **apartment, house** or **condominium** as part of your proof of residency under Category A on Form #10, we will need the following information completed.

**PLEASE PRINT CLEARLY**

---

Landlord/Property Owner Name

---

Contact phone # for Landlord/Property Name

---

Contact address for Landlord/Property Owner

---

Parent/Guardian Signature

Date

# GLEN ELLYN SCHOOL DISTRICT 41

793 North Main Street - Glen Ellyn, IL 60137  
Phone 630 • 790 • 6400 Fax 630 • 790 • 1867

---

## Student Residency Verification

To attend a District 41 school on a tuition-free basis, a child must reside within District 41. Residing is defined as actually living in the district. A child whose parents own property within the district but who resides outside the district is not considered a resident. The residency requirement is consistent with the Illinois School Code and Board Policy 7:60. For more information, please contact the District 41 registrar at (630) 534-7529.

Do you currently have another student currently enrolled in our District?

Yes \_\_\_\_\_ No \_\_\_\_\_

If **Yes**, please complete the information below and continue to **page11**:

Student's Name	School Attending	Grade 2008/09

If **No**, please complete the attached form and return with registration materials including all copies of documents requested along with the required notarization.

# GLEN ELLYN SCHOOL DISTRICT 41

793 North Main Street - Glen Ellyn, IL 60137

Phone 630 • 790 • 6400 Fax 630 • 790 • 1867

---

---

## Technology, PTA Directory, Press Releases and Textbook Loan Permissions

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Please circle Yes or No for each item for which you grant or do not grant permission. Complete the form by both the parent and student signing at the area below on this sheet. *I understand that these requests will remain valid as long as my son/daughter is enrolled in District 41 and I may at any time revoke any or all of these requests by notifying the Building Principal in writing.*

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Technology Internet Use: Parent or Guardian:</b> As the parent or guardian of this student, I have read <i>Glen Ellyn School District 41 Technology Use Policy</i> and understand that this access is designed for education purposes; however, I recognize that it is impossible for District 41 to restrict access to all controversial material, and I will not hold District 41 responsible for materials accessed on the network. Further I accept full responsibility for supervision if my child's use of technology is not in a school setting. I hereby give District 41 permission to issue an account for my child.
-------------------------------------	------------------------------------	---

**Student's Section:** By signing this letter, I acknowledge that I have read, understand and agree to all terms as outlined in the *Glen Ellyn School District 41 Technology Use Policy*. I understand that if I do not follow these guidelines; I may lose my network privileges and may be subject to additional disciplinary actions pursuant to the district's student discipline policy.

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>PTA Directory Permission</b> I understand that District 41 will release directory information and home phone numbers to the District 41 PTAs for the creation of Student Directories to be distributed to school families. I hereby give District 41 permission to release directory information and phone numbers to the Glen Ellyn PTA for the above purpose.
-------------------------------------	------------------------------------	---

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Release of Name in Press Releases and Honor Rolls</b> I understand that District 41 occasionally releases student names to the press in connection with their achievements, participation in school activities and as part of honor rolls. I hereby give District 41 permission to release my child's first and last name for the above purposes.
-------------------------------------	------------------------------------	---

<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Student Request for the Loan of Textbooks</b> I hereby request the loan of secular textbooks in accordance with applicable Illinois law and regulations.
-------------------------------------	------------------------------------	--

## SIGNATURES

Parent's Name (Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_

# GLEN ELLYN SCHOOL DISTRICT 41

793 North Main Street - Glen Ellyn, IL 60137  
Phone 630 • 790 • 6400 Fax 630 • 790 • 1867

---

## Using a Photograph or Videotape of a Student

Pictures of Unnamed Students. Students may occasionally appear in photographs and videotapes taken by school staff members, other students, or other individuals authorized by the Building Principal. The school may use these pictures, without identifying the student, in various publications, including the school yearbook, school newspaper and school website. No consent or notice is needed or will be given before the school uses pictures of unnamed students taken while they are at school or a school-related activity.

Pictures of Named Students. Many times, however, the school will want to identify a student in a school picture. School officials want to acknowledge those students who participate in a school activity or deserve special recognition.

In order for the school to publish a picture with a student identified by name, one of the student's parents or guardians must sign a consent form. Please complete and sign this form to allow the school to publish and otherwise use photographs and videotapes, with your child or ward identified, while he or she is enrolled in this school.

**I grant consent to Glen Ellyn School District #41 to identify a picture of my child or ward, by full name and/or the school he or she attends, in any school sponsored material, publication, videotape, or website. This consent is valid for the entire time my child or ward is enrolled in the Glen Ellyn School District. I may revoke this consent at any time by notifying the Building Principal in writing.**

\_\_\_\_\_  
*Parent's Name (Print)*

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Student's Name (Print)*

Pictures of Students Taken by Non-School Agencies. While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student. School staff members will not, however, identify a student for an outside photographer.

**Form #12**

# GLEN ELLYN SCHOOL DISTRICT 41

793 North Main Street - Glen Ellyn, IL 60137

Phone 630 • 790 • 6400 Fax 630 • 790 • 1867

---

---

## KINDERGARTEN SESSION PREFERENCE

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Parent's Name

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

We attempt to honor your preference but cannot guarantee the placement. We cannot accept specific teacher requests. Notification of classroom assignments will be mailed sometime after July 1, 2009.

Preference: \_\_\_\_\_AM \_\_\_\_\_PM

Reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special considerations for school success (health, siblings, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Form #13**

# GLEN ELLYN SCHOOL DISTRICT 41

793 North Main Street - Glen Ellyn, IL 60137

Phone 630 • 790 • 6400 Fax 630 • 790 • 1867

*Dr. Ann Riebock, Superintendent*

---

Dear Parents,

Students entering Kindergarten are required by State of Illinois P.A. 81-184, School Code 27-8 to have a physical examination, **within one year prior to entering Kindergarten**. Notification is being sent early so that there is ample time to take care of this before school starts in the fall.

The enclosed forms must be completed by the **doctor** and the **dentist**. All immunization dates, basic and booster, are required. Review the immunization status carefully with your doctor. Month, day and year for each immunization must be recorded. A dental examination is required by State of Illinois P.A. 093-0946, School Code 27-8.1.5 for all kindergarten students, as well and is to be completed by **May 15, 2010**. Notification is being sent to you now so that there is ample time for you to take care of this.

All students entering kindergarten in the fall of 2009 will be required by the State of Illinois to show proof of having had a vision examination by an eye doctor, either an **optometrist** or **ophthalmologist**. Proof of having had this examination needs to accompany submission of physical examination and immunizations.

The physical examination report may be returned to school as soon as completed or on registration day. The parent should complete and sign the medical history section. If these forms are not returned by **October 15**, students will be excluded from school until in compliance.

For those children who are under the care of a specialist, a report from the doctor for the child's school health record would be appreciated. This will help school staff work more effectively with your child.

Sincerely,

School Health Services  
Glen Ellyn School District 41



STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
CERTIFICATE OF CHILD HEALTH EXAMINATION

Please Print

<b>Student's Name</b> Last First Middle			<b>Birth Date</b>			<b>Sex</b>			<b>Grade Level</b>			<b>ID#</b>								
<b>Address</b> Street City ZIP code			Parent/ Guardian			Telephone # Home			Work											
<b>IMMUNIZATIONS:</b> To be completed by health care provider. Note the mo/da/yr for <i>every</i> dose administered. The day and month is required if you cannot determine if the vaccine was given <i>after</i> the minimum interval or age. <b>If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.</b>																				
<b>VACCINE/DOSE</b>			1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																				
Diphtheria and Tetanus (Pediatric DT or Td)																				
Inactivated Polio (IPV)																				
Oral Polio (OPV)																				
Haemophilus influenzae type b (Hib)																				
Hepatitis B (HB)																				
Varicella (Chickenpox)												Comments								
Combined Measles, Mumps and Rubella (MMR)																				
Measles (Rubeola)																				
Rubella (3-day measles)																				
Mumps																				
Pneumococcal (not required for school entry)			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23		
Check specific type (PCV7, PPV23)			Date																	
Other (Specify hepatitis A, meningococcal, etc.)																				

**Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.**

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b> (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	<b>Title</b>	<b>Date</b>
<b>Signature</b> (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	<b>Title</b>	<b>Date</b>

**ALTERNATIVE PROOF OF IMMUNITY**

1. **Clinical diagnosis is acceptable if verified by physician.** \*(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

\*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. **History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.**  
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease Signature Title Date

3. **Laboratory confirmation (check one)**  Measles  Mumps  Rubella  Hepatitis B  Varicella

Lab Results Date MO DA YR (Attach copy of lab report, if available.)

VISION AND HEARING SCREENING DATA																	
Pre-school – annually beginning at age 3; School age – during school year at required grade levels																	
Date																	Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/ Contacts
Age/Grade	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	
Vision																	
Hearing																	

Printed by Authority of the State of Illinois  
(Complete Both Sides)

<b>Student's Name</b>			<b>Birth Date</b>	<b>Sex</b>	<b>School</b>	<b>Grade Level/ ID #</b>
Last	First	Middle	Month/Day/ Year			

**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

<b>ALLERGIES</b> (Food, drug, insect, other)			<b>MEDICATION</b> (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma? Child wakes during the night coughing?	Yes Yes	No No	Indicate Severity	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes Yes	No No
Birth complications/prematurity?	Yes	No		Hospitalizations? When? What for?	Yes	No
Developmental delay?	Yes	No		Surgery? (List all.) When? What for?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		Serious injury or illness?	Yes	No
Diabetes?	Yes	No		TB skin test positive (past/present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No		TB disease (past or present)?	Yes*	No
Seizures? What are they like?	Yes	No		Tobacco use (type, frequency)?	Yes	No
Heart problem/Shortness of breath?	Yes	No		Alcohol/Drug use?	Yes	No
Heart murmur/High blood pressure?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No
Dizziness or chest pain with exercise?	Yes	No		Dental 9 Braces 9 Bridge 9 Plate Other		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____				Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)		
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Other concerns?		
Ear/Hearing problems?	Yes	No		Information may be shared with appropriate personnel for health and educational purposes.		
Bone/Joint problem/injury/scoliosis?				<b>Parent/Guardian Signature</b>		
				<b>Date</b>		

**Entire section below to be completed by MD/DO/APN/PA**

<b>PHYSICAL EXAMINATION REQUIREMENTS</b>	<b>HEAD CIRCUMFERENCE</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>BMI</b>	<b>B/P</b>
<b>DIABETES SCREENING</b> (Not required for daycare.) <b>BMI&gt;85% age/sex</b> Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: <b>Family History</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Ethnic Minority</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Signs of Insulin Resistance</b> (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>At Risk</b> Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>LEAD RISK QUESTIONNAIRE</b> Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. <b>Questionnaire Administered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Blood Test Indicated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Blood Test Date</b> _____ <b>Blood Test Result</b> _____ (If child resides in Chicago, blood test is required.)					
<b>TB SKIN TEST</b> Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. <input type="checkbox"/> No Test Needed <input type="checkbox"/> Test performed <b>Date Read</b> / / <b>Result</b> mm					
<b>LAB TESTS (Recommended)</b>	Date	Results		Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)		
Urinalysis			Developmental Screening		
<b>SYSTEM REVIEW</b>	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs
Skin			Endocrine		
Ears			Gastrointestinal		
Eyes Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>		Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/> Result _____ Referred to Ophthalmologist/Optometrist Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary		LMP
Nose			Neurological		
Throat			Musculoskeletal		
Mouth/Dental			Spinal examination		
Cardiovascular/HTN			Nutritional status		
Respiratory			Mental Health		
<b>NEEDS/MODIFICATIONS</b> required in the school setting			<b>DIETARY</b> Needs/Restrictions		

**SPECIAL INSTRUCTIONS/DEVICES** e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

**MENTAL HEALTH/OTHER** Is there anything else the school should know about this student?

If you would like to discuss this student's health with school or school health personnel, check title:  Nurse  Teacher  Counselor  Principal

**EMERGENCY ACTION** needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?

Yes  No  If yes, please describe.

**On the basis of the examination on this day, I approve this child's participation in** (If No or Modified, please attach explanation.)

**PHYSICAL EDUCATION** Yes  No  Modified  **INTERSCHOLASTIC SPORTS** (for one year) Yes  No  Limited

Physician/Advanced Practice Nurse/Physician Assistant performing examination

<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b>Address</b>	<b>Phone</b>	

(Complete both sides)





# State of Illinois Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician who provides complete eye examinations be submitted to the school no later than October 15 of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to October 15 of the year the child enters an Illinois school.

Student Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial)

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
(Month/Day/Year)

Parent or Guardian \_\_\_\_\_ (Last) \_\_\_\_\_ (First)

Phone \_\_\_\_\_ (Area Code)

Address \_\_\_\_\_ (Number) \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (ZIP Code)

County \_\_\_\_\_

### To Be Completed By Examining Doctor

#### Case History

Date of Exam \_\_\_\_\_

Ocular History:  Normal or Positive for \_\_\_\_\_

Medical History:  Normal or Positive for \_\_\_\_\_

Drug Allergies:  NKDA or Allergic to \_\_\_\_\_

Other Information \_\_\_\_\_

#### Examination

Refraction:	Distance			Near
	Right	Left	Both	Both
Unaided Visual Acuity	20/	20/	20/	20/
Best Corrected Visual Acuity	20/	20/	20/	20/

Was refraction performed with cycloplegic agents?  Yes  No

	Normal	Abnormal	Not Able to Assess	Comments
External Exam (eye and adnexa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal Exam (media, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological Integrity (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular Function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and Vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
IOP (glaucoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### Diagnosis

Normal  Myopia  Hyperopia  Astigmatism  Strabismus  Amblyopia

Other \_\_\_\_\_



# State of Illinois Eye Examination Report

## Recommendations

1. Corrective Lenses:  No  Yes, glasses should be worn for:  
 Constant Wear  Near Vision  Far Vision  
 May Be Removed for Physical Education

2. Preferential seating recommended:  No  Yes

Comments \_\_\_\_\_  
\_\_\_\_\_

3. Recommend re-examination:  3 months  6 months  12 months  
 Other \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Print name \_\_\_\_\_  
Optometrist or Physician who provides eye examinations

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_  
Optometrist or Physician who provides eye examinations

Date \_\_\_\_\_

<p><b>Consent of Parent or Guardian</b></p> <p>I agree to release the above information on my child or ward to appropriate school or health authorities.</p> <p>_____</p> <p style="text-align: center;">(Parent or Guardian's Signature)</p> <p>_____</p> <p style="text-align: center;">(Date)</p>
--

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



# State of Illinois Department of Public Health Eye Examination Waiver Form

**Please print:**

Student Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
(Month/Day/Year)

Address \_\_\_\_\_  
(Number) (Street) (City) (ZIP Code)

Phone \_\_\_\_\_  
(Area Code)

Parent or Guardian \_\_\_\_\_  
(Last) (First)

Address of Parent or Guardian \_\_\_\_\_  
(Number) (Street) (City) (ZIP Code)

**I am unable to obtain the required vision examination because:**

My child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/All KIDS).

My child is enrolled in Medicaid/All KIDS, but we are unable to find a medical doctor who performs eye examinations or an optometrist in the community who is able to see the child and accepts Medicaid/All KIDS.

My child does not have any type of medical or vision/eye care insurance coverage, and there are no low-cost vision/eye clinics in our community that will see my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Source: Added at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



Dear Kindergarten Parents,

Welcome to Forest Glen Elementary School! This is such an exciting time for your child.

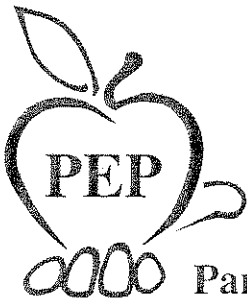
I would like to introduce the Forest Glen PTA. We are a group of parents and teachers who serve as advocates for our children. To honor this commitment, we provide a number of enrichment opportunities as well as many fun activities. You can visit the Forest Glen PTA website to get a flavor of what we have done and will be doing this year. Simply go to [www.d41.org](http://www.d41.org), click on Forest Glen Elementary. When you get to the Forest Glen home page, click on a box on the right hand side that says, Forest Glen PTA.

Forest Glen PTA holds regularly scheduled meetings that provide parents an opportunity to learn more about what's happening at the school. It also provides parents an opportunity to bring new ideas and suggestions to the school. The PTA brings together parents from various grade levels with different interests and concerns. It is a great way to get involved in your child's education.

Please feel free to contact me if you have any questions about the PTA. I look forward to meeting you at the Kindergarten Orientation on May 14, 2009 at 7:00 pm. You will have an opportunity to meet our principal, kindergarten teachers and visit each of the classrooms.

Sincerely,

Debbie Boyle  
PTA President  
raydeb@ameritech.net  
630.495.7556



**Partnership for Educational Progress**

*Promoting Educational Excellence in the Glenbard Community Schools*

An EDUCATION FOUNDATION  
that provides financial resources to  
enhance student achievement and  
enrich learning opportunities  
within School Districts  
15, 16, 41, 44, 87, 89 and 93

## THE PEP 41 FUND

The Partnership for Educational Progress invites you to join with other District 41 parents in support of enriched learning opportunities for students in District 41 schools. Donations to the **PEP 41 Fund** are used to support curriculum-enhancing projects for students at each of the five District 41 schools. These projects help bring to life the District's vision of providing exceptional learning experiences for all students across the District.

PEP is a 501(c)(3) charitable foundation. Donations to the **PEP 41 FUND** are tax-deductible. Your donation to the **PEP 41 FUND** can be made in one of the following ways:

1) Please indicate a charge on the form below, or make a check out to **PEP 41 FUND** and return it to the school along with the bottom portion of this page,

or 2) please include your donation in your check/charge to District 41, noting your donation on your enrollment form and using the bottom portion of this page.

\*\*\*\*\*

To: District 41 Student Enrollment

Name \_\_\_\_\_ Address \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_

\_\_\_\_\_ I have enclosed a separate check/charge in the amount of \$ \_\_\_\_\_ for the **PEP 41 Fund**.

\_\_\_\_\_ My check/charge to District 41 for student enrollment fees includes \$ \_\_\_\_\_ for the **PEP 41 FUND**.

Signature \_\_\_\_\_  
(donation authorization)

\_\_\_\_\_ Check  
\_\_\_\_\_ Charge Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
(MasterCard - Visa - Discover)

\_\_\_\_\_ My employer matches donations to K-12 charitable foundations.

\_\_\_\_\_  
(Employer's Name)

# Help support the musical talents of all our children

The Music Education Foundation (MEF) is a volunteer parent organization dedicated to ensuring that every child in District 41 has an opportunity to express their musical talent. Each year MEF raises funds to support a wide range of music programs, including chorus, orchestra, band, jazz band, and general elementary music classes and performances.

## Your financial contributions help provide for the following:

- Instrument rental scholarships based on financial need
- Music camp scholarships
- Directors' Outstanding Musician Awards
- Band, Orchestra, and Chorus uniforms
- Funding for special projects such as guest conductors and feature soloists
- High-cost instruments and equipment for elementary and junior high programs

MEF raises funds primarily through your generous donations and the Musical Mayhem family fun night held annually at Hadley Junior High for all District 41 families.

Please consider making a donation to MEF.

We appreciate your generous support.

For more information, please visit [mef.d41teachers.org](http://mef.d41teachers.org)

## MEF Contribution Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (optional): \_\_\_\_\_

Email (optional): \_\_\_\_\_

### In which programs does/do your child(ren) participate?

Child's name	School	Grade	Band	Chorus	Orchestra	Hand Bells	Jazz Band

### Tax-deductible contribution level (Make check payable to "MEF")

- \$200 Maestro Member
- \$100 Concert Master/Mistress Member
- \$50 Soloist Member
- \$20 Ensemble Member
  
- I would like to become an active member and volunteer to help in upcoming events.**
  - Musical Mayhem
  - Music Contests
  - Concerts
  - I have a van to help move instruments
  - I wish to contribute goods or services to the Musical Mayhem raffle

### Please return this form and your check with your registration or mail to:

Hadley Junior High School  
 Attn: Music Education Foundation  
 240 Hawthorne Street  
 Glen Ellyn, IL 60137





IGNITE PASSION.

INSPIRE EXCELLENCE.

IMAGINE POSSIBILITIES.

**Glen Ellyn School District 41**

**Superintendent Dr. Ann K. Riebock**

January 2010

Dear Parent or Guardian:

This letter is to tell you about a new form that is now required by the U.S. Department of Education, and to ask you to fill out this form completely and promptly. The form is printed on the reverse side of this page. The form has two purposes: to provide a more accurate picture of the nation's diversity, and to provide the information needed to report and analyze state 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.**

Although you may have filled out a similar form in the past, you must still complete this new form and return it to District 41. You will receive one form for each of your children. The form can only be filled out by the student's parents or guardians. If the form is not returned, or if it returned with missing information, the school district staff will provide the information to the best of its ability.

Please complete one form per child, and be sure to answer both parts of the two-part question.

Thank you for your cooperation. If you have questions or concerns, please contact your child's school at the number listed below.

Abraham Lincoln	630-790-6475
Benjamin Franklin	630-790-6480
Churchill	630-790-6485
Forest Glen	630-790-6490
Hadley Jr. High	630-790-6450

## **Form #2**

Glen Ellyn School District 41, 793 N. Main St., Glen Ellyn, IL 60137

---

Phone 630.790.6400 Fax 630.790.1867 [www.d41.org](http://www.d41.org)



IGNITE PASSION.

INSPIRE EXCELLENCE.

IMAGINE POSSIBILITIES.

**Glen Ellyn School District 41**

Superintendent Dr. Ann K. Riebock

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

**New U.S. Department of Education Race and 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.

**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**

*The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.*

**Part B. What is the student's race? Choose one or more.**

**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.)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Office Use Only	
D41 ID# _____	State ID# _____



**Notification to  
Parents and Student of  
Their Rights Concerning a  
Student's School Records.  
Board Policy 7:34 E-1**

This notice is being provided to you at this time to be in compliance with current Board Policy and other State Regulations.

Please take some time to review this information and if you have any questions, please feel free to contact your local school or the Central Services Office.

Abraham Lincoln	630-790-6475
Benjamin Franklin	630-790-6480
Churchill	630-790-6485
Forest Glen	630-790-6490
Hadley Jr. High	630-790-6450
Central Service Office	630-790-6400

The District maintains two types of school records for each student: *permanent* record and *temporary* record. These records may be integrated.

The *permanent record* includes:

Basic identifying information  
Academic transcripts  
Attendance record  
Accident reports and health records  
Honors and awards received  
Information pertaining to release of this permanent record information  
Information concerning participation in school-sponsored activities and athletics

The *temporary record* includes:

Family background information  
Completed Home Language Survey  
Information pertaining to release of temporary record information.  
Disciplinary information, including information regarding any punishment for misconduct involving drugs, weapons, or bodily harm to another  
Scores received on the Prairie State Achievement Examination and other state assessment tests  
Information provided under Section 8.6 of the Abused and Neglected Child Reporting Act (325 ILCS 5/8.6) as required by Section 2(f) of the Illinois School Student Record Act

The *temporary record* may also include:

Intelligence and aptitude scores  
Psychological evaluation reports  
Participation in extracurricular activities  
Teacher anecdotal records  
Special education files  
Verified reports or information from non-educational persons, agencies or organizations  
Verified information of clear relevance to the student's education

Information in the temporary record will indicate authorship and date.

The Superintendent or designee may recommend a student biometric information collection system solely for the purposes of identification and fraud prevention. Biometric information means any information that is collected through an identification process for individuals based on their unique behavioral or physiological characteristics, including fingerprint, hand geometry, voice, or facial recognition or iris or retinal scans. Before collecting biometric information, the District shall obtain written permission from the person having legal custody of the student, and shall collect, store, transmit, and destroy student biometric information as set forth in Board Policy 7:340.

The Family Educational Rights and Privacy Act (FERPA) and the Illinois School Student Records Act ("ISSRA") afford parents/guardians and students over 18 years of age ("eligible

students") certain rights with respect to the student's education records. They are:

**1. The right to inspect and copy the student's permanent and temporary records within 15 school days of the day the District receives a request for access.**

The degree of access a student has to his or her records depends on the student's age. Students less than 18 years of age have the right to inspect and copy only their permanent record. Students 18 years of age or older have access and copy rights to both permanent and temporary records. Parents/guardians or students should submit to the Building Principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The Principal will make arrangements for access and notify the parent(s)/guardian(s) or student of the time and place where the records may be inspected. The District charges \$.35 per page for copying but no one will be denied their right to copies of their records for inability to pay this cost.

The above rights shall be denied to any person against whom an order of protection has been entered concerning a student. Upon receipt of a court order of protection, the Building Principal shall file it in the records of a child who is the "protected person" under the order of protection. No information or records shall be released to the Respondent named in the order of protection.

**2. The right to request the amendment of the student's education records that the parent(s)/guardian(s) or eligible student believes are inaccurate, misleading, irrelevant, or improper.**

Parents/guardians or eligible students may ask the District to amend a record that they believe is inaccurate, misleading, irrelevant, or improper. Parents/guardians or eligible students can challenge the accuracy, relevance, or propriety of the contents of the records with the exception of 1) academic grades, and 2) references to expulsions or out-of-school suspensions, if the challenge is made at the time the student's school records are being forward to another school to which the student is transferring. Parents/guardians or eligible students should write the Building Principal or records custodian, clearly identify the record they want changed, and specify the reason.

If the District decides not to amend the record as requested by the parents/guardians or eligible student, the District will notify the parents/guardians or eligible student of the decision and advise him or her of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent(s)/guardian(s) or eligible student when notified of the right to a hearing.

**3. The right to control access and release of school student records and the right to request a copy of information released.**

**4. The right to permit disclosure of personally identifiable information contained in the student's education records, except to the extent that the FERPA or ISSRA authorizes disclosure without consent.**

Disclosure is permitted without consent to school officials with current demonstrable educational or administrative interests. A school official is a person employed by the District as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or any parent(s)/guardian(s) or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a current demonstrable educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the District discloses education records without consent to officials of another school district in which a student has enrolled or intends to enroll, as well as to any person as specifically required by State or federal law. Before information is released to these individuals, the parents/guardians will receive prior written notice of the nature and substance of the information, and an opportunity to inspect, copy, and challenge such records.

Disclosure is also permitted without consent to: any person for research, statistical reporting or planning, provided that no student or parent(s)/guardian(s) can be identified; any person named in a court order, provided that parents/guardians receive prompt written notice of the terms of the order, the nature and substance of the information proposed to be released in compliance with such order and an opportunity to inspect, copy, and challenge the contents of such records; appropriate persons if the knowledge of such information is necessary to protect the health or safety of the student or other persons; juvenile authorities when necessary for the discharge of their official duties who request information before adjudication of the student; a SHOCAP (Serious Habitual Offender Comprehensive Action Program) committee members provided under Section 10/6(a)(10) of ISSRA; and the Department of Healthcare and Family Services as provided under Section 10/6(a)(11) of ISSRA.

The District shall grant access to, or release information from, student records to any person possessing a written dated consent, signed by a parent/guardian or eligible student stating to whom the records may be released, the information or record to be released, and the reason for the release. Whenever the District receives such a consent form (or a request for such a consent), the records custodian shall inform the parent(s)/guardian(s) or eligible student of the right to inspect and copy such records, to

challenge their contents, and to limit such consent to specific portions of information in the records.

**5. The right to a copy of any school student record proposed to be destroyed or deleted.**

Student records are reviewed every 4 years or upon a student's change in attendance centers, whichever occurs first. The permanent record shall be maintained for at least 60 years after the student graduates, withdraws, or transfers. The District shall maintain the student's temporary record for at least 5 years after the student transfers, graduates, or permanently withdraws. Temporary records that may be of continued assistance to a student with disabilities who graduates or permanently withdraws, may, after 5 years, be transferred to the parent(s)/guardian(s) or to the student, if the student has succeeded to the rights of the parent(s)/guardian(s).

The Building Principal is responsible for the maintenance, retention, or destruction of a student's permanent or temporary records. Upon a student's graduation, transfer, or permanent withdrawal, the Building Principal or designee shall notify the parent(s)/guardian(s) and the student when the student's permanent and temporary school records are scheduled to be destroyed and of their right to request a copy.

**6. The right to prohibit the release of directory information concerning the parent's/ guardian's child.**

Throughout the school year, the District may release directory information regarding students, limited to:

Name  
Address  
Gender  
Grade level  
Birth date and place  
Parents'/guardians' names and addresses  
Academic awards, degrees, and honors  
Information in relation to school-sponsored activities, organizations, and athletics  
Major field of study  
Period of attendance in school

*Any parents/guardians or eligible student may prohibit the release of any or all of the above information by delivering a written objection to the Building Principal within 30 days of the date of receipt of this notice. No directory information will be released within this time period, unless the parents/guardians or eligible student is specifically informed otherwise.*

**7. The right to inspect and challenge the information contained in a school student record prior to the transfer of the record to another school district, in the event of the transfer of the student to that district.**

**8. The right contained in this statement: No person may condition the granting or withholding of any right, privilege or benefits or make as a condition of employment, credit, or insurance the securing by any individual of any information from a student's temporary record which such individual may obtain through the exercise of any right secured under State law.**

**9. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA.**

The name and address of the Office that administers FERPA is:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington DC 20202-4605

Reviewed: October 18, 2004  
Adopted: October 18, 2004  
Revisions Adopted: January 24, 2005,  
February 27, 2006,  
March 8, 2010