



Glen Ellyn School District 41

Phyllis A. Hanna, Director of Finance and Operations

May 2009

To our families of Kindergarten – Fifth Grade Students:

All students need to register for school each year. This is the only way we can be assured we have current and accurate information on file for your child. Enclosed are the forms that need to be completed to register your child for the 2009-2010 school year. Please return them to your child's current school at your earliest convenience. You may bring the forms to school or send them to school with your child using the envelope provided.

We are asking that the current 5th grade student's forms be returned to their current school. We will then forward these to Hadley along with other student records over the summer.

It's important to know that we cannot make teacher assignments until the forms are completed and returned.

If you have other children who are currently in 6th or 7th grade at Hadley, you will receive their packets in the mail.

School Fees for 2009-2010:

School fee statements will be mailed to parents in late June. For your convenience, this year we will offer an on-line fee payment option. Instructions on how to access this option will be included in your statement. You will still have the option to pay by check if you prefer.

If you have any questions regarding this, please feel free to contact your school office or the Registrar at Central Services Office, 630-534-7529.

Thank you for your prompt attention to this matter.



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 #8

Glen Ellyn School District 41 Country Listing and Codes for Birthplace Data

Code	Country
0010	Afghanistan
0020	Albania
0030	Algeria
0040	American Samoa
0050	Andorra
0060	Angola
0070	Anguilla
0080	Antarctica
0090	Antigua and Barbuda
0100	Argentina
0110	Armenia
0120	Aruba
0130	Australia
0140	Austria
0150	Azerbaijan
0160	Bahamas
0170	Bahrain
0180	Bangladesh
0190	Barbados
0200	Belarus
0210	Belgium
0220	Belize
0230	Benin
0240	Bermuda
0250	Bhutan
0260	Bolivia
0270	Bosnia and Herzegovina
0280	Botswana
0290	Bouvet Island
0300	Brazil
0310	British Indian Ocean Territory
0320	Brunei Darussalam
0330	Bulgaria
0340	Burkina Faso
0350	Burundi
0360	Byelorussian SSR
0370	Cambodia
0380	Cameroon
0390	Canada
0400	Cape Verde
0410	Cayman Islands
0420	Central African Republic
0430	Chad
0440	Chile
0450	China
0460	Christmas Island
0470	Cocos (Keeling) Islands
0480	Colombia
0490	Comoros
0500	Congo
0510	Congo, The Democratic Republic of the
0520	Cook Islands
0530	Costa Rica
0540	Cote D'Ivoire (Ivory Coast)
0550	Croatia
0560	Cuba
0570	Cyprus
0580	Czech Republic
0590	Czechoslovakia
0600	Democratic Yemen
0610	Denmark
0620	Djibouti
0630	Dominica
0640	Dominican Republic
0650	East Timor
0660	Ecuador
0670	Egypt

Code	Country
0680	El Salvador
0690	Equatorial Guinea
0700	Eritrea
0710	Estonia
0720	Ethiopia
0730	Falkland Islands (Malvinas)
0740	Faroe Islands
0750	Fiji
0760	Finland C-2
0770	France
0780	France, Metropolitan
0790	French Guiana
0800	French Polynesia
0810	French Southern Territories
0820	Gabon
0830	Gambia
0840	Georgia
0850	German Democratic Republic
0860	Germany
0870	Ghana
0880	Gibraltar
0890	Greece
0900	Greenland
0910	Grenada
0920	Guadeloupe
0930	Guam
0940	Guatemala
0950	Guinea
0960	Guinea-Bissau
0970	Guyana
0980	Haiti
0990	Heard Island and McDonald Islands
1000	Holy See (Vatican City State)
1010	Honduras
1020	Hong Kong
1030	Hungary
1040	Iceland
1050	India
1060	Indonesia
1070	Iran, Islamic Republic of
1080	Iraq
1090	Ireland
1100	Israel
1110	Italy
1120	Jamaica
1130	Japan
1140	Jordan
1150	Kazakastan
1160	Kenya
1170	Kiribati
1180	Korea, Democratic People's Republic of
1190	Korea, Republic of
1200	Kuwait
1210	Kyrgyzstan
1220	Lao People's Democratic Republic
1230	Latvia
1240	Lebanon
1250	Lesotho
1260	Liberia
1270	Libyan Arab Jamahiriya
1280	Liechtenstein
1290	Lithuania
1300	Luxembourg
1310	Macao
1320	Macedonia, Former Yugoslav Republic of
1330	Madagascar
1340	Malawi

Glen Ellyn School District 41 Country Listing and Codes for Birthplace Data

Code	Country
1350	Malaysia
1360	Maldives
1370	Mali
1380	Malta
1390	Marshall Islands
1400	Martinique
1410	Mauritania
1420	Mauritius
1430	Mayotte
1440	Mexico
1450	Indonesia, Federated States of
1460	Moldova, Republic of
1470	Monaco
1480	Mongolia
1490	Montserrat
1500	Morocco
1510	Mozambique
1520	Myanmar (Burma)
1530	Namibia
1540	Nauru
1550	Nepal
1560	Netherlands
1570	Netherlands Antilles
1580	New Caledonia
1590	New Zealand
1600	Nicaragua
1610	Niger
1620	Nigeria
1630	Niue
1640	Norfolk Island
1650	Northern Mariana Islands
1660	Norway
1670	Oman
1680	Pakistan
1690	Palau
1700	Palestinian Territory, Occupied
1710	Panama
1720	Papua New Guinea
1730	Paraguay
1740	Peru
1750	Philippines
1760	Pitcairn
1770	Poland
1780	Portugal
1790	Puerto Rico
1800	Qatar
1810	Reunion
1820	Romania
1830	Russian Federation
1840	Rwanda
1850	Saint Helena
1860	Saint Kitts and Nevis
1870	Saint Lucia
1880	Saint Pierre and Miquelon C-3
1890	Saint Vincent and the Grenadines
1900	Samoa
1910	San Marino

Code	Country
1920	Sao Tome and Principe
1930	Saudi Arabia
1940	Senegal
1950	Seychelles
1960	Sierra Leone
1970	Singapore
1980	Slovakia
1990	Slovenia
2000	Solomon Islands
2010	Somalia
2020	South Africa
2030	South Georgia and the South Sandwich Islands
2040	Spain
2050	Sri Lanka
2060	Sudan
2070	Suriname
2080	Svalbard and Jan Mayen
2090	Swaziland
2100	Sweden
2110	Switzerland
2120	Syrian Arab Republic
2130	Taiwan, Province of China
2140	Tajikistan
2150	Tanzania, United Republic of
2160	Thailand
2170	Togo
2180	Tokelau
2190	Tonga
2200	Trinidad and Tobago
2210	Tunisia
2220	Turkey
2230	Turkmenistan
2240	Turks and Caicos Islands
2250	Tuvalu
2260	Uganda
2270	Ukraine
2280	Union of Soviet Socialist Republics
2290	United Arab Emirates
2300	United Kingdom (Great Britain)
2310	United States
2320	United States Minor Outlying Islands
2330	Uruguay
2340	Uzbekistan
2350	Vanuatu
1000	Vatican City State, see Holy See
2360	Venezuela
2370	Vietnam
2380	Virgin Islands, British
2390	Virgin Islands, U.S.
2400	Wallis and Futuna
2410	Western Sahara
2420	Yemen
2430	Yugoslavia
0510	Zaire, see Congo, The Democratic Republic of the
2440	Zambia
2450	Zimbabwe



Home Language Survey 2009-10

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.

Is a language **other than** English spoken in your home?

_____ Yes

_____ What Language? _____ Code# _____

_____ No

Does your child 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

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

Code	Language	Country
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

Code	Language	Country
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

Code	Language	Country
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

Code	Language	Country
	<u>FOR OTHER LANGUAGES</u>	<u>REFERENCE LANGUAGE</u>
	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

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

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.*

<u>Yes</u>	<u>No</u>	<p>Technology Internet Use: Parent or Guardian: 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.</p> <p>Student's Section: By signing this letter, I acknowledge that I have read, understand and agree to all terms as outlined in the <i>Glen Ellyn School District 41 Technology Use Policy</i>. 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.</p>
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<u>Yes</u>	<u>No</u>	<p>PTA Directory Permission</p> <p>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.</p>
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<u>Yes</u>	<u>No</u>	<p>Release of Name in Press Releases and Honor Rolls</p> <p>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.</p>
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<u>Yes</u>	<u>No</u>	<p>Student Request for the Loan of Textbooks</p> <p>I hereby request the loan of secular textbooks in accordance with applicable Illinois law and regulations.</p>
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SIGNATURES

Parent's Name (Print) _____

Parent's Signature _____ Date: _____

Student's Signature _____ Date: _____



Using a Photograph or Videotape of a Student for 2009 - 10

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

Hadley Junior High School
240 Hawthorne Blvd.
Glen Ellyn, IL 60137
Dr. Christopher Dransoff, Principal

REQUEST FOR INFORMATION FROM AN EDUCATIONAL AGENCY

Please forward copies of the indicated educational records you have on file for the following student:

_____ Name of Student	
√ Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, attendance record)	√ Teacher and Counselor observations and ratings
√ Standardized Achievement Test scores	√ Psychologist or Social Worker Records
√ Personality Test Scores	√ Family Background Data
√ Interest Test Scores	√ Health Records/Accident Reports
√ Record of Extracurricular Activities	√ Programs in Progress
√ Other: _____	√ Special Education Records

This information will be used to plan and implement the most effective educational program possible for this student. In receiving this information, District 41 is committed to conforming to all the regulations of the Family Educational and Privacy Act of 1974 and the Illinois School Student Records Act of 1975 as amended as well as the appropriate regulations.

Current regulations governing the transfer of student records provide for the release of records to educational institutions in which the student may enroll without parental consent.

Date

Dr. Christopher Dransoff, Principal

Parent/Guardian Signature

**Hadley Junior High School
240 Hawthorne Blvd.
Glen Ellyn, IL 60137
(630) 790-6450
Fax Number (630) 790-6469**

Name of Former School

Address

City, State, Zip Code

Phone Number

Fax Number

FORM #14



Glen Ellyn School District 41

Class Placement Background Information

Dear Parent/Guardian:

Your child will be transferring to our school and during this transition time of receiving records from their previous school of attendance, we are asking you to complete this form.

Thank you.

Date: _____

Student's Name: _____

Birth Date: _____

Last grade completed or assigned to prior to transfer: _____

	Yes	No
Was your child enrolled in a regular education classroom? If no, please list the type of classroom:		
Does your child have an active IEP?		
Is your child enrolled in a special education program?		
If yes,		
Is it a full day class?		
Is it a partial day class?		
Is it for Learning Disabilities?		
Is it for Speech?		
Is it another type of class? If yes, please list the type of program		
Has your child been in a Gifted and/or Talented program?		
If yes, please list the subject area(s):		
Has your child been in a Reading Improvement Program?		
Has your child been in a Bi-lingual/English Second Language Program?		

Has your child attended a District 41 school in the past? Yes_____ No_____

If so, which one _____

When _____



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



Please Print

Student's Name Last First Middle			Birth Date			Sex			Grade Level			ID#								
Address Street City ZIP code			Parent/ Guardian			Telephone # Home			Work											
IMMUNIZATIONS: 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. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.																				
VACCINE/DOSE			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.

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

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)

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

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

ALLERGIES (Food, drug, insect, other)			MEDICATION (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?		
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Information may be shared with appropriate personnel for health and educational purposes.		
Ear/Hearing problems?	Yes	No		Parent/Guardian Signature	Date	
Bone/Joint problem/injury/scoliosis?						

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

PHYSICAL EXAMINATION REQUIREMENTS	HEAD CIRCUMFERENCE	HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING (Not required for daycare.) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>					
LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ Blood Test Result _____ (If child resides in Chicago, blood test is required.)					
TB SKIN TEST 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 Date Read / / Result mm					
LAB TESTS (Recommended)	Date	Results	Date	Results	
Hemoglobin or Hematocrit			Sickle Cell (when indicated)		
Urinalysis			Developmental Screening		
SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs	
Skin			Endocrine		
Ears			Gastrointestinal		
Eyes Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/> Result _____ Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/> Referred to Ophthalmologist/Optomtrist 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		
NEEDS/MODIFICATIONS required in the school setting			DIETARY 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

Print Name	Signature	Date
Address	Phone	

(Complete both sides)



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



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

ATTENTION

Please remember to also complete the Basic Packet for your school and the Invoice for the Grade your student(s) are entering. These documents are found by clicking the links just above this New Student Packet on the registration page on www.d41.org

Call our Central Services office at 630-790-6400 if you need to confirm which school your student(s) will attend or if you have any other questions.