

C. Hoose Elementary School

2018-2019

Student's Last Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student's First Name: \_\_\_\_\_ Grade \_\_\_\_\_

Complete Middle Name: \_\_\_\_\_ Start Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City/State/Country/County)

Student lives with:  Parents  Father  Mother  Guardian  Other \_\_\_\_\_

Primary/Home Phone: (\_\_\_\_) \_\_\_\_\_ Social Security No. (optional) \_\_\_\_\_

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

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

• **Father's (Guardian's) Name:** \_\_\_\_\_

Street Address \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

• **Mother's (Guardian's) Name:** \_\_\_\_\_

Street Address \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone : (\_\_\_\_) \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_

**Ethnic: (CHECK ONE ONLY)**

Is this student Hispanic, Latino? (11) (A person of Cuban, Mexican Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

- NO, not Hispanic/Latino
- YES, Hispanic/Latino

Native Language \_\_\_\_\_

Home Language Spoken \_\_\_\_\_

**Special Needs:**

- IEP  Yes  No
- 504 Plan  Yes  No

Disability: \_\_\_\_\_

**Race: (Choose one or more)**

- American Indian or Alaskan Native (12)** (A person having origins in any of the original peoples of North/South American, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian(13)** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam.)
- Black or African American(14)** ( A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander(15)** ( A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (16)** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Has your child ever attended Unit 5?  Yes  No Where: \_\_\_\_\_

School last attended: \_\_\_\_\_ Phone: \_\_\_\_\_

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

- If your child was born outside of the United States, please list the school, state and date they first attended in the United States.

(School) \_\_\_\_\_ (State) \_\_\_\_\_ (Date) \_\_\_\_\_

Names of Brothers and/or Sisters:

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any special health instructions or conditions such as heart disease, epilepsy, severe allergies, eye or ear problems, asthma, diabetes, etc.

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

Doctor's Name: \_\_\_\_\_ Hospital: \_\_\_\_\_

List two **LOCAL EMERGENCY CONTACTS** who will assume temporary care of your child if the parents/guardians listed on the front of this form cannot be reached.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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

I do hereby authorize school officials to take whatever action is deemed necessary in their judgment for the health of this child. I will not hold the school district financially responsible for the emergency care and/or transportation for this child. All the information is accurate to the best of my knowledge at this time.

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

# Home Language Survey



Dear Parent/Guardian,

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

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

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

1. Is a language other than English spoken in your home on a daily basis?

Yes \_\_\_\_\_ No \_\_\_\_\_ What language? \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_ What language? \_\_\_\_\_

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

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

\_\_\_\_\_  
Date

### For Office Use Only

Date \_\_\_\_\_ Screener \_\_\_\_\_

Location \_\_\_\_\_

WIDA MODEL	Results	W-APT
Listening PL _____		W-APT Listening PL _____
Speaking PL _____		W-APT Speaking PL _____
Oral PL _____		W-APT Oral PL _____
Reading PL _____		W-APT Reading PL _____
Writing PL _____		W-APT Writing PL _____
Literacy Score _____		W-APT Literacy PL _____
Overall Composite _____		W-APT Composite PL _____

### Eligibility Determination

Eligible to receive ELL services Yes \_\_\_\_\_ No \_\_\_\_\_

*McLean County Unit District No. 5*  
**VERIFICATION OF RESIDENCY AND ENROLLMENT**

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

I, \_\_\_\_\_, live at \_\_\_\_\_  
Name of Adult Address

which is located within the boundaries of McLean County Unit District No. 5.

**Step 1: Residency Verification (Part A)**

Do you:  Own your own home  Rent  Other: \_\_\_\_\_

You must provide documentation showing you live at the address listed above. Please check and attach a copy of three (3) of the following documents. You should black out account and social security numbers on the documents. If you cannot produce all three (3) documents, skip to Residency (Part B).

*All documents must be current and show your name and address.*

You must provide one (1) document from Category A and two (2) documents from Category B.

*Category A – One (1) document*

- Real estate tax bill
- Signed lease
- Mortgage document or payment book
- Residency Attestation
- Military housing letter
- Section 8 letter
- Other\*: \_\_\_\_\_

*Category B – Two (2) documents*

- Gas bill
- Public aid card
- Electric bill
- Medicaid card
- Water/Sewer bill
- Food stamp card
- Phone bill (no cell)
- Credit card statement
- Cable bill
- Pay check stub
- Vehicle registration
- City sticker receipt
- Bank statement
- Driver's license/State ID
- Other\*: \_\_\_\_\_

\*Please contact the registration staff if you are having trouble collecting all three documents. The district may require a home visit and/or additional documentation to verify residency.

**Step 1: Residency Verification (Part B)**

I am unable to provide three (3) of the above documents because: (check all that apply)

Our family has not had a permanent residence since \_\_\_/\_\_\_/\_\_\_.  
Address of last permanent residence: \_\_\_\_\_  
Last school attended: \_\_\_\_\_

- Living in a shelter
- Sharing housing with others due to loss of housing, economic hardship, or similar reason
- Living at a train or bus station, park or in a car
- Living in a hotel, motel, campground, or other similar situation
- Abandoned apartment/building
- Disaster victim
- Unaccompanied youth
- The child is temporarily housed, awaiting DCFS permanent foster care placement.

Other: \_\_\_\_\_

*Your child may qualify for additional services—please ask the registration staff for more information or contact the District's McKinney-Vento Liaison at 309-557-4400.*

Please indicate any social service agency you are currently working with: \_\_\_\_\_

*McLean County Unit District No. 5*  
**VERIFICATION OF RESIDENCY AND ENROLLMENT**

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Step 2: Relationship to Student**

You must provide a certified, original birth certificate. A copy will be made and the original returned to you. If the birth certificate is not available at the time of registration, other proof of the child's identity and date of birth is required, along with a signed affidavit.

Check one below:

- I am the natural or adoptive parent listed on the birth certificate. Please provide custody agreement, if applicable.
- I was granted court-ordered guardianship (provide copy of court document).
- I receive public aid on behalf of the child (provide copy of documentation showing receipt of aid).
- I have assumed and exercise responsibility for the child and provide him/her with a fixed, nighttime abode. *Please check each of the following boxes to be true and accurate.*
  - The child is living with me because \_\_\_\_\_
  - I am at least 18 years of age.
  - The child eats and sleeps at my residence on a regular basis.
  - The child is not living with me for the sole purpose of having access to the educational programs of the school district.

**Step 3: Affirmation and Warning (Must be completed in the presence of a District employee)**

Please read the following statements and initial each:

\_\_\_\_\_ I affirm that the information presented in this verification form, in connection with any investigation of my residency or the residency and custody of the student, is true, complete and accurate.

\_\_\_\_\_ I understand that knowingly or willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school in that district without the payment of nonresident tuition is a Class C misdemeanor.

\_\_\_\_\_ I understand that knowingly enrolling or attempting to enroll a child in the school of a school district on a tuition-free basis when I know the child to be a nonresident of the school district, unless the nonresident child has a lawful right to attend, is a Class C misdemeanor and I will be liable for payment of tuition, fees, and all other applicable fines.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Date                                          Adult (Signature)                                          Adult (Print Name)

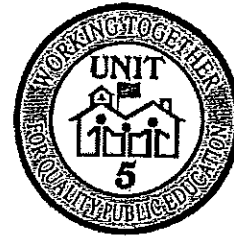
**FOR OFFICE USE ONLY**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Date                                          Enrollment Personnel (Signature)                                          Enrollment Personnel (Print Name)

Form Complete       Form Incomplete

For Office Use Only  
Date of Verification: \_\_\_\_/\_\_\_\_/\_\_\_\_\_      Signature of Residency Officer: \_\_\_\_\_

# Colene Hoose Elementary 2018 - 2019 Parent Sign Off Form



\_\_\_\_\_

Student Last Name

\_\_\_\_\_

Student First Name

(Check yes or no for each category)

## HANDBOOK RECEIPT

Yes  No I am aware that the Elementary School Student / Parent Handbook is located on line. I understand that is my responsibility to familiarize myself and my child with this information.

## STUDENT ACCEPTABLE USE OF ELECTRONIC NETWORKS

Yes  No I acknowledge that I read, understand and will share the contents of the *Student Authorization of Acceptable Use of Electronic Networks (Board Policy 6.235 – E2)* with my child. I understand that this acknowledgment is required before my child's access to Electronic Networks is granted.

## FIELD TRIPS

Yes  No I hereby give permission for my child to participate in educational field trips during the school year. I understand that I will be notified in advance of all educational field trips and may withdraw my permission for specific trips by sending a written note to my child's teacher prior to the date of the field trip.

## DIRECTORY

Yes  No I authorize the release of my student's information for the purpose of a student directory.

## CONSENT TO RECORD

Unit 5 will occasionally record classrooms for the purpose of enhancing instruction. The *Illinois Eavesdropping Act (720 ILCS 5/14-1 et seq.)* prohibits the use of eavesdropping devices for purposes of hearing or recording conversations without the consent of all parties to the conversation. Your consent is hereby requested to include your child in video and/or audio recording.

Yes  No I hereby give my consent for McLean County Unit School District No. 5 to video and/or audio record my child for educational purposes.

## MEDIA RELEASE

In addition to everyday classroom activities, students have the opportunity to participate in programs, field trips and events that support their education. Staff members, parents and local media will sometimes cover these happenings in our schools by taking photographs and/or video, which may appear in the newspaper, on television and on various websites, including classroom, school and district web pages.

Yes  No I give permission for my child to be photographed, filmed or interviewed for school-related public media or the Unit 5 website.

## MEDICAL INFORMATION

Yes  No I, the parent/guardian of the above named student, hereby give consent to McLean County Unit District No. 5 for the exchange of relevant medical information with my child's health care provider, with the school staff that have an educational interest, and with the local health department for the purpose of communicable disease control. **HEALTH/IMMUNIZATION REQUIREMENTS:** I understand that if my student will be entering a pre-kindergarten program, kindergarten, sixth, or ninth grade, that I will need to show proof that he or she has received a new physical exam BEFORE THE FIRST DAY OF SCHOOL. Immunizations are also required BEFORE THE FIRST DAY OF SCHOOL.

## MEDICAID CONSENT

If your child receives any Medicaid School-Based services and qualifies for Medicaid benefits at any time during the school year, we request your permission to release information to enable your school district to access School-Based Medicaid Reimbursement. You have the right to withdraw this consent at any time. If you do not provide consent, the district will still provide the services.

Yes  No I am aware that a copy of the Medicaid Annual Notification Regarding Parental Consent can be found on the Unit 5 website. I understand and agree that McLean County Unit District No. 5 may access my child's public benefits or insurance information in order to seek reimbursement for services rendered under the School-based Medicaid program.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

*Authorization to Release Student Records Form*

Student Information

\_\_\_\_\_  
Last Name                      First Name                      MI

\_\_\_\_\_  
Birthdate                      Current Grade

\_\_\_\_\_  
Previous School Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone                                              Fax #

I hereby authorize my previous school to release all educational records concerning my child including:

- Official School Transcripts
- Standard Achievement Scores
- Intelligence and Aptitude Test Data
- Psychological Reports
- Grades In Progress
- Official Birth Certificate
- Medical Records
- Special Education Records
- Official Administrative Records (Name, Address, Birthdate, Grade Level Completed, and Attendance Records)

Please send the above requested information to:

**Colene Hoose Elementary School**  
**600 Grandview Drive**  
**Normal, IL 61761**  
**Phone: 309.557.4414**  
**Fax: 309.557.4515**

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

According to the Final Regulations-Family Educational Rights and Privacy Act (Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, page 24673), it is no longer required to obtain written consent to release records between schools.

\*\*\*\*\*

FOR OFFICE USE ONLY

Date Requested \_\_\_\_\_ Date Received \_\_\_\_\_