

# KINDERGARTEN



## Required Documents for Registration

The following items must be presented in order to register a new student:

Current District 202 residents who will have students entering Kindergarten for the new school year are encouraged to register their students beginning in April. All Kindergarten students living within the school district boundaries are guaranteed placement.

**\*\*\*THE STUDENT MUST BE 5 YRS. OLD ON OR BEFORE SEPTEMBER 1st OF THE NEW SCHOOL YEAR\*\*\***

### 1. Certified Birth Certificate

Please provide the Official Certified Birth Certificate with a raised seal issued by the county/country in which the student was born. We do not accept the decorative foot print hospital certificate.

### 2. Photo I.D. of Person Enrolling the Student (or Valid Passport)

### 3. Any Existing Legal Custody/Divorce Decree/Guardianship Documents, if applicable

If there are any legal documents pertaining to custody of the student, you must provide a copy of that documentation.

### 4. Illinois State Transfer Form/Withdrawal Form, if applicable

Public schools in the State of Illinois will provide the Illinois State Transfer Form to the parent at the time of the withdrawal stating that the student is in good standing at the time of the transfer. Students coming from out of state, private schools, or out of country must provide some type of transfer/withdrawal form or the most recent report card from the previous school.

### 5. Current Physical

New students entering Kindergarten for the first time will need to provide the physical prior to the first day of school. Students transferring from a school within the State of Illinois will need a copy of the Kindergarten physical or most recent one available. Students transferring from out of state will need a physical dated within the last 12 months comparable to the State of Illinois requirements. Students transferring from out of the country will need a complete physical on the State of Illinois physical form and TB test with results to complete registration.

### 6. 3 Proofs of Residency: Parent/Guardian name with current address

One or Two from each Category to make 3 total

#### Category A

- Recent Real Estate Tax Bill
- Lease (signed & showing date of occupancy)
- Settlement Statement (signed)
- Truth in Lending (signed)
- Warranty Deed
- Current Assessment Notice
- Mortgage Stmt./Payment Book (less than 30 days old)
- Bill of Sale
- Military Housing Letter
- Residency Affidavit

#### Category B

- Drivers License OR State I.D.
- Auto Insurance
- Auto Registration
- Utility Bill
- Public Aid Card
- Cell Phone Bill
- Homeowners/Renters Insurance
- Photo I.D. from Foreign Consulate
- Letter or Document from a Federal/State Agency
- Cable Bill
- Paycheck Stub
- Bank Statement
- Credit Card Statement

**NOTE:** If you do not own or rent the home in which you are residing, please obtain the student residency affidavit along with the proofs listed on the cover sheet.

### 7. Payment (See School Fee Statement)

# DISTRICT 202 SCHOOL INFORMATION FORM

Revised 04/10

For office use only

School: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ ID#: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First Middle Last

Name student goes by: \_\_\_\_\_ SS# \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
(optional) M or F

Student Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Number Street City Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Month-Day-Year City/State Country (if not USA)

## Contact Telephone #'s for Student Attendance:

1<sup>st</sup> Contact Tel.#: \_\_\_\_\_ 2<sup>nd</sup> Contact Tel.#: \_\_\_\_\_

School Transportation: \_\_\_\_\_ Before and/or After School Care: \_\_\_\_\_  
Bus/Walk/Car Name of Provider and Phone Number

## Student Resides With (at address above):

**Family Status:** Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

**ADULT 1** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: Yes/No

Highest Grade Completed in School: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer Town Occupation

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

E-Mail Address: \_\_\_\_\_ Preferred Language for School Written & Electronic Communications \_\_\_\_\_

**ADULT 2** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: Yes/No

Highest Grade Completed in School: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer Town Occupation

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

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

**Other Parent Student Does Not Reside With:** Send Mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

**ADULT 3** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: Yes/No

Highest Grade Completed in School: \_\_\_\_\_ Work: \_\_\_\_\_  
Employer Town Occupation

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

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
Number/Street City/State/Zip

**EMERGENCY NAMES:** In case parent/guardian cannot be reached, what LOCAL resident(s) may we call?

Name1: \_\_\_\_\_ Relation to student: \_\_\_\_\_ Phone: \_(\_\_\_\_) \_\_\_\_\_ (H)  
Phone: \_(\_\_\_\_) \_\_\_\_\_ (Work) Phone: \_(\_\_\_\_) \_\_\_\_\_ (Cell)  
Name2: \_\_\_\_\_ Relation to student: \_\_\_\_\_ Phone: \_(\_\_\_\_) \_\_\_\_\_ (H)  
Phone: \_(\_\_\_\_) \_\_\_\_\_ (Work) Phone: \_(\_\_\_\_) \_\_\_\_\_ (Cell)

Previous School Student Attended: \_\_\_\_\_  
Name City-State

**Did your student receive special services/programs at their previous school?** \_\_\_\_\_  
Speech/TPI/TBE/IEP/Gifted/Title I/Other

**Has the student ever attended Plainfield School District in the past?**  Yes  No

**Has your son/daughter previously attended USA schools?**  Less than 1 year  More than 1 year  
 More than 2 years  More than 3 years

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**SIBLINGS: (Currently attending Plainfield School District 202)**

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

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**WEARS GLASSES:** \_\_\_\_\_ YES \_\_\_\_\_ NO

**WEARS CONTACT LENSES:** \_\_\_\_\_ YES \_\_\_\_\_ NO

**MEDICAL INFORMATION** (Please list any medical conditions we need to know):

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

It is imperative that all items on this registration form are complete. As parent/guardian of the above named student, I affirm that I have completed this form in its entirety and to the best of my knowledge.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# PLAINFIELD SCHOOL DISTRICT 202 - ENROLLMENT FORM

(To be completed by the person with legal custody of the student)

Generally, Illinois law permits only students who are residents of School District 202 to enroll and attend on a tuition-free basis. Under the law, the residence of a student is deemed to be the residence of the person who has legal custody of the student. "If a pupil is determined to be a nonresident of the District for whom tuition is required to be charged pursuant to this section, the School Board shall refuse to permit the pupil to continue attending the schools of the District unless the required tuition is paid for the pupil." "A person who knowingly or willfully presents to any School District any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that District without the payment of a non-resident tuition charge shall be guilty of a Class C Misdemeanor."

(105 ILCS 5/10-20.12b)

## **Identifying Information:** (Please print)

Student:

Person Enrolling Student and Relationship to Student:

\_\_\_\_\_  
(Name) (Name) (Relationship)  
Current Address: Current Telephone:

\_\_\_\_\_  
District 202 Address: (If future address is under contract) District 202 Telephone:

**Do you have legal custody of this student?** Yes No

If no, please explain. \_\_\_\_\_

## **Residency of Person with Legal Custody of the Student:**

As initial proof of residency, the person with legal custody of the student and with whom the student lives in School District 202 must provide at least one or two documents from Category A and at least one or two documents from Category B. (A total of three documents required). *In order to enroll without established residency, proof of future residency as described in Category C along with a \$350.00 deposit is required.*

Category A and B documents must be submitted when actual occupancy occurs. If the registering adult claims the student is homeless, Category D applies.

**3 Proofs of Residency: Parent/Guardian name with current address**

**Provide one or two from Category A & B to make 3 total**

### **Category A**

- \_\_\_\_ Recent Real Estate Tax Bill
- \_\_\_\_ Lease (signed & showing date of occupancy)
- \_\_\_\_ Settlement Statement (signed)
- \_\_\_\_ Truth in Lending (signed)
- \_\_\_\_ Warranty Deed
- \_\_\_\_ Current Assessment Notice
- \_\_\_\_ Mortgage Stmt./Payment Book (less than 30 days old)
- \_\_\_\_ Bill of Sale
- \_\_\_\_ Military Housing Letter
- \_\_\_\_ Residency Affidavit

### **Category B**

- \_\_\_\_ Drivers License OR State I.D.
- \_\_\_\_ Auto Insurance
- \_\_\_\_ Auto Registration
- \_\_\_\_ Utility Bill
- \_\_\_\_ Public Aid Card
- \_\_\_\_ Cell Phone Bill
- \_\_\_\_ Credit Card Statement
- \_\_\_\_ Homeowners/Renters Insurance
- \_\_\_\_ Photo I.D. from Foreign Consulate
- \_\_\_\_ Letter or Document from a Federal/State Agency
- \_\_\_\_ Cable Bill
- \_\_\_\_ Paycheck Stub
- \_\_\_\_ Bank Statement

**Category C** - PROVIDE ONE OF THE FOLLOWING DOCUMENTS WITH THE DEPOSIT:

- \_\_\_\_\_ Fully executed purchase agreement, stating an approximate closing date, and a deposit of \$350.00 is required for nonresidents to prove future residency. An additional tuition payment to cover the next month will be required if occupancy is not acquired within 30 days of the 1<sup>st</sup> day of school attendance.
- \_\_\_\_\_ Fully executed residency sales contract, showing no unsatisfied contingencies, and a deposit of \$350.00 will be required for nonresidents to prove future residency. An additional deposit to cover each additional month will be required if occupancy is not acquired within 30 days of the 1<sup>st</sup> day of school attendance.
- \_\_\_\_\_ Fully signed lease with occupancy beginning after the 1<sup>st</sup> day of student attendance and a deposit of \$350.00 will be required for nonresidents to prove future residency. An additional deposit to cover the next month's tuition will be required if occupancy is not acquired within 30 days of the 1<sup>st</sup> day of student attendance.

**Category D**

- \_\_\_\_\_ None of the documents in Categories A, B, or C above are applicable because the student is homeless and eligible for enrollment under the Illinois Education for Homeless Children Act.

**Grounds for Legal Custody:** (Check one of the following as applicable. If none is applicable, you must check one of the "Exceptions" noted on the form.)

1. \_\_\_\_\_ Custody is exercised by a natural or an adoptive parent with whom the student resides.
2. \_\_\_\_\_ Custody has been granted by court order to a person with whom the student resides for reasons other than to have access to the educational programs of this District. (Attach copy of court order)
3. \_\_\_\_\_ Custody is exercised under a court approved short-term guardianship. (Attach copy of court order)
4. \_\_\_\_\_ Custody is exercised by a caretaker adult relative who is receiving aid under the Illinois Public Aid Code for the student who resides with that caretaker for the purposes other than to have access to the educational programs of this District. (Attach copy of Public Aid documents)
5. \_\_\_\_\_ Custody is exercised by an adult who demonstrates that, in fact, he or she has assumed and exercises legal responsibility for the student and provides the student with a regular fixed nighttime dwelling for purposes other than to have access to the educational programs of this District.

**Exceptions:**

1. \_\_\_\_\_ The student is homeless.
2. \_\_\_\_\_ The student is a foreign exchange student.
3. \_\_\_\_\_ The student has been placed with a foster parent or child care facility by the Department of Children and Family Services outside this District, but DCFS has determined it to be in the best interests of the student to maintain attendance in this District. (Attach copy of DCFS determination.)
4. \_\_\_\_\_ The student is at least 18 years old and lives in this District on a full and indefinite length of time basis.
5. \_\_\_\_\_ The student is under 18, but has been emancipated by court order or marriage and lives in this District on a full and indefinite length of time basis. (Attach copy of court order or marriage license).

**Warnings 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 School 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 School District.

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

\_\_\_\_\_  
Signature of Person with Legal Custody of the Student

\_\_\_\_\_  
Date



## COMPUTER, INTERNET AND ELECTRONIC MAIL USER AGREEMENT

### Plainfield School District #202

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. This *Agreement* does not attempt to state all required or proscribed behavior by user. It is intended to serve as a summary of the Board of Education's policy entitled, "Acceptable Use Of Plainfield Community Consolidated School District 202 Computer Network, Electronic Mail and the Internet: Administrative Procedure" (File: INA.AP). If you want to read this policy in its entirety, it is available at each school campus as well as the District Administrative Center. **The failure of any user to follow the terms of the "User Agreement" will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signature(s) at the end of this document is legally binding and indicates the party who signed has read the terms and conditions carefully and understands their significance.

1. Acceptable Use – Access to the District's electronic network must be (a) for the purpose of education or research, and be consistent with the educational objectives of the District, or (b) for a legitimate business use.
2. Privileges – The use of the District's electronic network is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrator will make all decisions regarding whether or not a user has violated this *Agreement* and may deny, revoke, or suspend access at any time; his or her decision is final.
3. Network Etiquette – You are expected to abide by the generally accepted rules of network etiquette.
4. No Warranties – The District makes no warranties of any kind, whether expressed or implied, for the service it is providing.
5. Indemnification – The user agrees to indemnify the School District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of, any breach of this *Agreement*.
6. Security – Network security is a high priority. If you can identify a security problem on the Internet, you must notify the system administrator or building principal. Do not demonstrate the problem to other users. Keep your account and password confidential.
7. Vandalism – Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or any other network.
8. Telephone Charges – The District assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment or line costs.
9. Copyright Web Publishing Rules – Copyright law and District policy prohibit the republishing of text or graphics found on the Web or on District Web sites or file servers, without explicit written permission.
10. Use of Electronic Mail – The District's electronic mail system, and its constituent software, hardware, and data files, are owned and controlled by the School District. The School District provides e-mail to aid students and staff members in fulfilling their duties and responsibilities, and as an education tool.

As outlined in Board policy and administrative procedures (File: INA), copies of which are available in the main office of each school, the following are not permitted:

- Violating any Federal, State or local laws
- Sending or displaying offensive messages or pictures
- Using obscene language
- Harassing, insulting or attacking others
- Damaging computers or the District's computer network, including the introduction of viruses designed to corrupt systems, files and/or resources
- Using others' passwords
- Trespassing in others' folders, work or files
- Intentionally wasting limited resources
- Employing the District's computer network for commercial purposes
- Political lobbying

I understand and will abide by the above *User Agreement*. I understand that the District and/or its agents may access and monitor my use of the Internet, including my E-mail and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's electronic network connection, and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use of, or inability to use the Internet.

USER (**TEACHER**) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**This Section for Student and Parent/Guardian Signature Only!**  
*(Required if the user is a student)*

I have read this *User Agreement*. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of this *Agreement* with my child.

Please check "**YES**" if you allow your child to have access to the District Computer Network and the Internet or "**NO**" if you do not want to allow your child access to the District Computer Network and the Internet.

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

Student's Name (Please Print): \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ **YES** Permission granted for my student to use the District Computer Network and access to the Internet

\_\_\_\_\_ **NO** Permission denied for my student to use the District Computer Network and access to the Internet

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

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_

# STUDENT HEALTH HISTORY

To be completed by parent or guardian

STUDENT'S NAME: \_\_\_\_\_ SCHOOL YEAR: 20\_\_\_\_ - 20\_\_\_\_

GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: MALE FEMALE SCHOOL: \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_ DOCTOR'S PHONE: \_\_\_\_\_

ALLERGIES YES NO \_\_\_\_\_

LIFE THREATENING YES NO \_\_\_\_\_

OTHER YES NO \_\_\_\_\_

ASTHMA YES NO \_\_\_\_\_

USES INHALER YES NO \_\_\_\_\_

BLOOD DISORDERS YES NO \_\_\_\_\_

DAILY MEDICATIONS YES NO \_\_\_\_\_

NAMES OF MEDICATIONS \_\_\_\_\_

Include those taken at home. If taken at school, the medication authorization form must be completed and on file.

DIABETES YES NO \_\_\_\_\_

EAR/HEARING PROBLEMS YES NO \_\_\_\_\_

EYE/VISION PROBLEMS YES NO \_\_\_\_\_

GLASSES/CONTACTS YES NO \_\_\_\_\_

HEART PROBLEMS YES NO \_\_\_\_\_

HOSPITALIZATIONS YES NO \_\_\_\_\_ AGE: \_\_\_\_\_

MENTAL HEALTH CONCERNS YES NO \_\_\_\_\_

MUSCULOSKELETAL PROBLEMS YES NO \_\_\_\_\_

NEUROLOGICAL PROBLEMS YES NO \_\_\_\_\_

PHYSICAL RESTRICTIONS YES NO \_\_\_\_\_

SEIZURES YES NO \_\_\_\_\_

SERIOUS INJURIES YES NO \_\_\_\_\_ AGE: \_\_\_\_\_

SURGERY YES NO \_\_\_\_\_ AGE: \_\_\_\_\_

Please contact the school nurse if you would like to discuss any medical concerns.  
Thank you,

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

\_\_\_\_\_  
Date

*Plainfield Community Consolidated School District 202*

Dear Kindergarten Parents/Guardians,

All kindergarten students entering District 202 must have a kindergarten physical exam on an Illinois Child Health Exam form, dated within one year of the child's start date, listing all dates of required immunizations. This form with up-to-date immunizations must be on file at your child's school before the first day of school. This is an Illinois Department of Public Health and District 202 requirement. **Children without up-to-date health requirements will not be allowed to start on the first day of school per District 202 Board of Education policy.**

All children in Kindergarten must have an oral health examination performed by a licensed dentist, dated after November 15<sup>th</sup>, of the previous school year. This form is to be submitted to your child's nurse before May 15, of the current school year. Additionally, all children in Kindergarten must have an eye exam completed within one year prior to starting school in the fall. Proof of the required eye examination must be submitted by Oct. 15, of the current school year.

Please make your doctor's appointments early. Doctors' offices are very busy during the summer months with school physicals and it may be difficult to get an appointment as school approaches.

For your convenience, we are also enclosing a list of public health and dental resources.

Child Health Exam forms, Dental Exam forms, Vision Exam forms and a list of district nurses and their phone numbers can be accessed on the district website, [www.psd202.org](http://www.psd202.org) homepage by going to departments-health services. Contact the nurse at your child's elementary school with any questions.

Thank you,

Laurie M. Inda, RN, ICSN  
Nursing Coordinator

**Will County: Medical and Dental Resources**

All these resources accept Medicaid. Some accept reduced fees or sliding scale fees based on income.

\*Will-Grundy Medical/Dental accepts anyone who has no other financial means of obtaining care.

**Dental**

Dental Dreams LLC	815-773-6200
Farrell Dental	815-835-3700
Primary Family Dental	815-727-5813
Royal Dental Center	815-729-1833
Troy Dental	815-254-1177
Will Co. Health Dept./Dental	815-774-7300
*Will Grundy Medical/Dental Clinic	815-726-3377

**Medical**

City Center Healthcare	815-726-0311
Community Pediatrics Ltd.	815-744-1600
Edward Hospital	630-527-3000
Dr. Estelle Fletcher, Fam. Practice	815-744-3335
Hartgrove Hospital	773-413-1700
Health Medical Service	815-744-4440
Homer Glen Pediatrics	708-301-5050
Lemont Primary Care	630-257-2265
Lincolnway Medical Associates	815-485-0760
Linden Oaks at Edward	630-305-5005
Dr. Thomas Moore/pediatrics	815-741-2888
Naperville Children's Clinic	630-961-1341
Pediatric Center	708-479-7337
Primary Care Joliet	815-726-2200
Provena St. Joseph Med. Center	815-725-7133
Regional Care Association	815-722-7000
Silver Cross Hospital	815-740-1100
Southwest Pediatrics	708-479-7337
St. James Hospital	708-756-4400
Will County Community Health	815-727-8670
*Will Grundy Medical Clinic	815-726-3377



# 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

**Consent of Parent or Guardian**  
 I agree to release the above information on my child  
 or ward to appropriate school or health authorities.  
 \_\_\_\_\_  
 (Parent or Guardian's Signature)

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

**Illinois Department of Public Health  
PROOF OF SCHOOL DENTAL EXAMINATION FORM**



**To be completed by the parent (please print):**

Student's Name: Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address: Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Address (of parent/guardian):		

**To be completed by dentist:**

**Oral Health Status (check all that apply)**

- Yes  No **Dental Sealants Present**
- Yes  No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1<sup>st</sup> molars.
- Yes  No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- Yes  No **Soft Tissue Pathology**
- Yes  No **Malocclusion**

**Treatment Needs (check all that apply)**

- Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- Restorative Care** — amalgams, composites, crowns, etc.
- Preventive Care** — sealants, fluoride treatment, prophylaxis
- Other** — periodontal, orthodontic

Please note \_\_\_\_\_

Signature of Dentist \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City ZIP Code

Telephone \_\_\_\_\_



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

Please Print

<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			

<b>Address</b>			<b>Parent/ Guardian</b>	<b>Telephone #</b>	<b>Work</b>
Street	City	ZIP code		Home	

**IMMUNIZATIONS:** To be completed by health care provider. Note the mo/da/yr for *every* dose administered. The day and month is required if you cannot determine if the vaccine was given *after* 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			2			3			4			5			6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	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	
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	Yes Yes	No No	Indicate Severity	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No
Birth defects?	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 <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other	
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor <input type="checkbox"/> 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?	Yes	No		<b>Parent/Guardian Signature</b>	<b>Date</b>

**Entire section below to be completed by MD/DO/APN/PA (\*INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)**

<b>PHYSICAL EXAMINATION REQUIREMENTS</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>BMI</b>	<b>B/P</b>
<b>DIABETES SCREENING 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>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. <b>Date Read</b> / / <b>Result</b> mm				
<b>LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES</b>	Date	Results	Date	Results
Hemoglobin * or Hematocrit *				Sickle Cell * (as indicated)
Urinalysis				Other
<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			
<b>SPECIAL INSTRUCTIONS/DEVICES</b> e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup				
<b>MENTAL HEALTH/OTHER</b> 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: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal				
<b>EMERGENCY ACTION</b> 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 <input type="checkbox"/> No <input type="checkbox"/> 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.)				
<b>PHYSICAL EDUCATION</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>		<b>INTERSCHOLASTIC SPORTS</b> (for one year) Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>		
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)

PLAINFIELD COMMUNITY CONSOLIDATED SCHOOLS DISTRICT 202  
TRANSPORTATION OFFICE  
14812 S. Eastern Avenue, Plainfield, IL 60544  
PHONE: (815) 439-5467 FAX: (815) 439-4830

Students who are regularly transported to or from a bus stop other than the one assigned for their home address must have a signed, current request on file at the District's Transportation Office. Sitter forms must be re-submitted yearly. Requests are granted based on current seats available, time schedules, and whether the new stop is within the school's boundaries for transportation. Information is also requested if District 202 does not transport the student due to day care center/sitter or parent transportation. Please return this form to the above address or fax number as soon as possible. **The District Transportation Office Requires a three (3) day notice ( working days ) to implement busing changes during the school year and 2 week notice prior to start up of new school year.**

*If you have any questions, please call Transportation at 439-5467 or 439-5524.*

**REQUEST TO TRANSPORT STUDENT TO/FROM DIFFERENT BUS STOP**

STUDENT'S NAME: \_\_\_\_\_  
(LAST NAME) (FIRST NAME)

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

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ HOME SUBDIVISION: \_\_\_\_\_

WORK PHONE NUMBER (S) OF PARENT/GUARDIAN (S):

DAD: \_\_\_\_\_ MOM: \_\_\_\_\_

SITTER'S NAME: \_\_\_\_\_

SITTER'S ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

SITTER'S PHONE #: \_\_\_\_\_ SITTER'S SUBDIVISION: \_\_\_\_\_

SITTER SITUATION: \_\_\_\_\_ to school only

\_\_\_\_\_ from school only

\_\_\_\_\_ both ways

DATE FOR BUSING TO START AT SITTER: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

PARENTS' / GUARDIANS NAME(S) PRINTED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **TRANSPORTATION POLICY FOR STOP LOCATION OTHER THAN STOP ASSIGNED TO HOME ADDRESS**

During the school year, students may be transported to / from **one** stop address other than their home bus stop; however, the stop must be for **everyday** of the week. The stop address must be within the same school's attendance boundary.

The four possible choices for bus transportation would be:

1. Pick up at home; drop off at home.
2. Pick up at home; drop off at sitter.
3. Pick up at sitter; drop off at sitter.
4. Pick up at sitter; drop off at home.

Students who are transported to / from a bus stop other than their assigned stop must have a parent / guardian signed transportation request form on file at the District's Transportation Department. A copy of that form is on the reverse side of this policy. Additional copies are available in each school's main office or at the District Office.

In order for the stop to be effective the first day of school, the form must be on file by **August 10th**. Requests submitted after **August 10th** will not be processed until after the first full week of school. During the school year, requests received by the District Transportation Office will become effective after **three** school days.



# Home Language Survey - Form A

The State of Illinois School Code requires that each school district shall administer a Home Language Survey to each student entering the school district for the first time. The information is used to identify the need for English language support services for your child.

Name of the student: \_\_\_\_\_  
*Last First Middle*

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

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

1. Is a language **other than** English spoken in your home?  YES  NO  
If yes, which language? \_\_\_\_\_

2. Does your son/daughter speak a language other than English?  YES  NO  
If yes, which language? \_\_\_\_\_

**If the answer to question 1 or 2 is YES, the school will assess your child's English language proficiency. The school will use the W-APT or IPT (PK only) test to measure your child's listening, speaking, reading and writing skills.**

3. Has your son/daughter previously attended USA Schools?  
 Less than 1 year  More than 1 year  More than 2 years  More than 3 years

4. Has your son/daughter received English as a Second Language (ESL) support services in any previous school district in the USA?  YES  NO  
If 'yes', please indicate name of state and school district \_\_\_\_\_

Signed: \_\_\_\_\_  
*Parent or legal guardian Date*

OFFICIAL USE ONLY
District Enrollment Date:
ELL Program Entry Date:

# Plainfield Community Consolidated School District 202

We prepare learners for the future.



---

## Administration Center

15732 Howard Street  
Plainfield, IL 60544  
[www.learningcommunity202.org](http://www.learningcommunity202.org)

(815) 577-4008 – telephone  
(815) 436-7824 – main fax

Dear Parent or Guardian,

Enclosed is the form that parents or guardians need to complete to identify race and ethnicity for their children. Please complete one form per child, and **be sure to answer both parts of the two-part question**. Remember that school district staff is required to provide any missing information by observer identification. Return the completed form to your child's school by [INSERT DATE].

In Fall 2007, the U.S. Department of Education issued new guidance on the collection and reporting of race and ethnicity data for public school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of the nation's diversity. The new data collection process requires respondents to answer a two-part question, indicating ethnicity and then one or more of five races. In the past, individuals were allowed to choose only one race or ethnicity category.

*The Illinois State Board of Education (ISBE) began using the new categories starting with data reported for the 2010-11 school year.* This requires school districts to re-identify race and ethnicity for all students—and the identification is to be done by parents or guardians. If a student's parents or guardians decline to indicate race and/or ethnicity, observer identification by school district staff is required.

The new race and ethnicity data will be used in the same manner as previously collected data, e.g., in reporting and analyzing 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.

Thank you for your cooperation in providing the needed data. Please direct any questions you may have to the administration at your child's school.

Sincerely,

# Plainfield Community Consolidated School District 202

We prepare learners for the future.



## Administration Center

15732 Howard Street  
Plainfield, IL 60544  
www.learningcommunity202.org

(815) 577-4008 – telephone  
(815) 436-7824 – main fax

## Illinois State Board of Education New U.S. Department of Education Race and Ethnicity Data Standards

**Note: Every student's parents or guardians must respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.**

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

Student ID: \_\_\_\_\_

**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 race and Part B asks about the student's ethnicity. **If you decline to respond to either question, the school district is required to provide the missing information by observer identification.**

### Part A. 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.)

### Part B. 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.*

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

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

**Note:** Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

# Plainfield School District 202

## Grade Report Card Language Preference

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

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

Grade report cards are available in English and Spanish and will be made available in the language indicated on the home language survey. Please indicate which language you wish to receive your child's grade report card.

Note: By choosing to receive my child's grade report card only in English, I waive my right to receive the grade report card in \_\_\_\_\_ (the language indicated on the home language survey).

I wish to receive my child's grade report card in:

- English
- Home Language indicated above
- Both

Signed: \_\_\_\_\_

*Parent or legal guardian*

*Date*

**GRADE REPORT CARDS:** In order to keep you and your child informed about your child's progress in school, you will receive your individual student's grade report. The grade report card includes information about the content being taught in school and the academic performance of your child. Grade report cards are sent according to the following schedule:

Kindergarten: end of each semester

Grade 1-5: end of each quarter

Grade 6-8: end of each semester

Grade 9-12: end of each semester

# Plainfield Community Consolidated Schools

District 202 Administration Center  
Plainfield, IL 60544

## RELEASE OF STUDENT RECORDS

I, \_\_\_\_\_, hereby give my permission to have the following  
(Parent/Guardian Name)

**permanent** and **temporary** records released related to

_____ (Student's Name)	_____ (Student's Date of Birth)
<input type="checkbox"/> Family Background Information	<input type="checkbox"/> Psychological Reports
<input type="checkbox"/> Aptitude Test Scores	<input type="checkbox"/> Neurological Reports
<input type="checkbox"/> Health Records	<input type="checkbox"/> Psychiatric Reports
<input type="checkbox"/> Illinois State Student Transfer Form	<input type="checkbox"/> Social Work Reports & Observations
<input type="checkbox"/> Intelligence Test Scores, Group & Individual	<input type="checkbox"/> Special Education Files, Including Individual Educational Program & Multidisciplinary Staff Conference Reports
<input type="checkbox"/> Elementary & Secondary Achievement Level Test Results	
<input type="checkbox"/> Official Transcript, Withdrawal Grades	

### Last School Attended:

_____ Name of School			
_____ Street	_____ City	_____ State	_____ Zip Code

### Forward To:

_____ Name of School			
_____ Street	_____ City	_____ State	_____ Zip Code

I understand and have been informed that I have a right to review all records on my child and am entitled to a copy of the records to be forwarded to the receiving party prior to their release. I have also been informed that I have a right to a hearing to contest and to information contained in my child's record prior to its release.

\_\_\_\_\_  
Date of Release

\_\_\_\_\_  
Signature of Adult Student and/or Parent/Guardian

## Plainfield School District 202 Elementary Schools

<p style="text-align: center;"><b>Central</b></p> <p>23723 Getson Avenue Plainfield, IL 60544 815-436-9278 Fax: 815-436-8415</p>	<p style="text-align: center;"><b>Charles Reed</b></p> <p>2110 Clublands Pkwy. Plainfield, IL 60586 815-254-2160 Fax: 815-254-9385</p>	<p style="text-align: center;"><b>Creekside</b></p> <p>13909 S. Budler Road Plainfield, IL 60544 815-577-4700 Fax: 815-372-0607</p>	<p style="text-align: center;"><b>Crystal Lawns</b></p> <p>2544 Crystal Drive Joliet, IL 60435 815-436-9519 Fax: 815-436-8433</p>
<p style="text-align: center;"><b>Eagle Pointe</b></p> <p>24562 Norwood Drive Plainfield, IL 60585 815-577-4800 Fax: 815-609-9403</p>	<p style="text-align: center;"><b>Freedom</b></p> <p>11600 Heritage Meadows Drive Plainfield, IL 60544 815-254-4005 Fax: 815-254-9706</p>	<p style="text-align: center;"><b>Grand Prairie</b></p> <p>3300 Caton Farm Road Joliet, IL 60431 815-436-7000 Fax: 815-436-1233</p>	<p style="text-align: center;"><b>Jefferson</b></p> <p>1900 Oxford Way Joliet, IL 60435 815-577-2021 Fax: 815-254-6862</p>
<p style="text-align: center;"><b>Lakewood Falls</b></p> <p>14050 S. Budler Road Plainfield, IL 60544 815-439-4560 Fax: 815-886-0463</p>	<p style="text-align: center;"><b>Liberty</b></p> <p>1401 Essington Road Bolingbrook, IL 60490 815-609-3037 Fax: 815-609-5963</p>	<p style="text-align: center;"><b>Lincoln</b></p> <p>14740 Meadow Lane Plainfield, IL 60544 815-577-4500 Fax: 815-609-5853</p>	<p style="text-align: center;"><b>Meadowview</b></p> <p>2501 Mirage Avenue Plainfield, IL 60586 815-439-4828 Fax: 815-436-3747</p>
<p style="text-align: center;"><b>Ridge</b></p> <p>1900 Caton Ridge Drive Plainfield, IL 60586 815-577-4630 Fax: 815-609-9387</p>	<p style="text-align: center;"><b>Riverview</b></p> <p>2097 Bronk Road Plainfield, IL 60586 815-439-4840 Fax: 815-436-4930</p>	<p style="text-align: center;"><b>Walkers Grove</b></p> <p>24810 W. 135<sup>th</sup> Street Plainfield, IL 60585 815-439-2885 Fax: 815-439-2883</p>	<p style="text-align: center;"><b>Wesmere</b></p> <p>2001 Wesmere Parkway Plainfield, IL 60586 815-439-3244 Fax: 815-439-3413</p>
<p style="text-align: center;"><b>Eichelberger</b></p> <p>12450 S. Essington Road Plainfeild, IL. 60585</p>			

**PLEASE NOTE: KINDERGARTEN DOES NOT MEET ON HALF DAYS OF SCHOOL.**

# **TRIPLE TIER BUSING AND NEW SCHOOL TIMES**

The Board of Education on February 28, 2011 approved implementing “triple tier busing” starting next school year to help save money.

This system will save District 202 an estimated \$600,000 or more by consolidating the busing schedule, which in turn will allow the district to eliminate about 30 buses.

School times will also change as part of the triple tier system. Here are the new school times for next year:

## **ELEMENTARY**

9:10 a.m. to 3:45 p.m.

## **MIDDLE**

8 a.m. to 3:01 p.m.

## **HIGH SCHOOL**

7:05 a.m. to 2:16 p.m.

# PLAINFIELD COMMUNITY CONSOLIDATED SCHOOL DISTRICT 202 2011-2012 SCHOOL CALENDAR

August				
M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

February				
M	T	W	Th	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29		

September				
M	T	W	Th	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

March				
M	T	W	Th	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

October				
M	T	W	Th	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

April				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

November				
M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

May				
M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

December				
M	T	W	Th	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

June				
M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

January				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

July				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

- No Student Attendance
- Half-Day of Student Attendance
- 5 Hour School Day (P/T Conferences)

## August

- 15-17 Teacher Institutes - No Student Attendance
- 18 First day of Student Attendance - Grades PreK-12 (Full day)

## September

- 5 Labor Day - NO SCHOOL

## October

- 10 Columbus Day - NO SCHOOL
- 14 End of First Quarter
- 20 Parent/Teacher Conference Day - 5 Hour Student Attendance
- 21 Parent/Teacher Conference Day - 5 Hour Student Attendance

## November

- 8 Teacher Institutes - No Student Attendance
- 23-25 Thanksgiving Recess - NO SCHOOL

## December

- 22 Last Day Before Winter Break
- 22 End Semester One

## January

- 9 Classes Resume Following Winter Break
- 16 Martin Luther King Jr's Birthday - NO SCHOOL
- 17 Teacher Institute - NO STUDENT ATTENDANCE

## February

- 20 President's Day - NO SCHOOL
- 21 Teacher Institute - NO STUDENT ATTENDANCE

## March

- 9 End of Third Quarter
- 15 Parent/Teacher Conference Day - 5 Hour Student Attendance
- 16 Parent/Teacher Conference Day - 5 Hour Student Attendance

## April

- 2 Spring Break Begins
- 9 Classes Resume

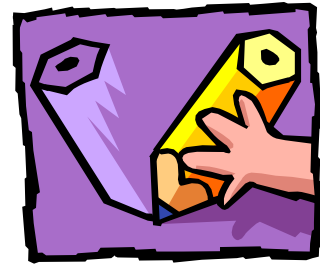
## May

- 25 Tentative Last Day of School (Half day)

Emergency Days : May 29, 30, 31, June 1, 4

\* If emergency days are needed, school will not be held on Memorial Day - May 28, 2012

# **Kindergarten Supply List**



- 2 wide dry erase markers - Black**
  
- 4 any size glue sticks**
  
- 1 bottle of white glue (4 oz.)**
  
- 1 dozen #2 pencils (Sharpened)**
  
- 2 boxes 24 regular crayons**
  
- 1 pocket folder - Blue no fasteners**
  
- 1 box facial tissue**
  
- gym shoes on PE days**
  
- supply box**

**Supplies “run out” during the school year.**

**Please check with your child periodically to see if any need replacing.**

# GETTING READY FOR KINDERGARTEN !

I CAN !	As your child shows you he or she can do these things, check them off the list!	
<input type="checkbox"/>	<b>Listening</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sit and listen to a story</li> <li><input type="checkbox"/> Follow 3 steps directions like               <ol style="list-style-type: none"> <li>1. Brush your teeth</li> <li>2. Then get dressed</li> <li>3. Come down to eat breakfast</li> </ol> </li> </ul>
<input type="checkbox"/>	<b>By Myself</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Take care of bathroom needs independently</li> <li><input type="checkbox"/> Use good health skills like use a Kleenex, cover my mouth when I cough or sneeze independently</li> <li><input type="checkbox"/> Share/take turns and keep my hands to myself</li> </ul>
<input type="checkbox"/>	<b>My Name</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Say my name (first and last)</li> <li><input type="checkbox"/> Write my name</li> <li><input type="checkbox"/> Find my name in print</li> <li><input type="checkbox"/> Practice saying my address and phone number</li> </ul>
<input type="checkbox"/>	<b>Language</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Tell about books, movies, t.v. shows</li> <li><input type="checkbox"/> Listen to you tell me how to _____ make cookies, build a toy, play ball, ride a bike, and talk to you about it</li> <li><input type="checkbox"/> Tell you a story</li> <li><input type="checkbox"/> Tell you what words mean (example: a flashlight helps you see in the dark)</li> </ul>
<input type="checkbox"/>	<b>Alphabet Letters</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Say the letters in my name</li> <li><input type="checkbox"/> Explore letters (on paper, with playdough, in the sand)</li> <li><input type="checkbox"/> Find 20 letters out of 54 (upper and lower case)</li> </ul>
<input type="checkbox"/>	<b>Alphabet Sounds</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Knows words that begin with the same letter</li> <li><input type="checkbox"/> Tell you 5 sounds that letters make (m - mommy)</li> <li><input type="checkbox"/> Tell you the first sound of a picture (🍌 starts with b)</li> </ul>
<input type="checkbox"/>	<b>Writing Skills</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pretend to write a story on paper</li> <li><input type="checkbox"/> Tell you what I wrote</li> <li><input type="checkbox"/> Write using a pencil, crayon, marker</li> <li><input type="checkbox"/> Write shapes</li> </ul>
<input type="checkbox"/>	<b>Motor Skills</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hold and use scissors correctly</li> <li><input type="checkbox"/> Hold a pencil with a 3 finger grip</li> <li><input type="checkbox"/> Beginning to zip, button and tie (shoes, too!)</li> </ul>
<input type="checkbox"/>	<b>Books</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hold a book right side up</li> <li><input type="checkbox"/> Turn pages in a book</li> <li><input type="checkbox"/> Know where the words and pictures are in the book</li> </ul>
<input type="checkbox"/>	<b>Math</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Count to 20 or higher</li> <li><input type="checkbox"/> Say my address and phone number</li> <li><input type="checkbox"/> Count things around me (example: How many forks are on the table?)</li> </ul>