Summit Hill School District 161

815.469.9103 Frankfort, Illinois 60423

2014-2015 Pre-School Registration Form

Name of Student: (As it appears on the Birth Certificate) First Name Middle Name Last Name	***Circle One:*** Male Female
Circle 2014-2015 Pre-K Program: Pre-School Early Childhood Speech Only Other_____ **School Child Will Attend:** _____ **Circle One:** New Student Returning Student	
Student Address:	**Birth Date:**
City:	**Birthplace:** (City, State, Country of Origin)
Student Phone#:	Is this the students first year in United States? **Circle One: Yes or No**
Circle One: *Published Non-Published*	
Child Lives With (circle all that apply): Father Mother Foster Parents Stepfather Stepmother Other:	*Status of Natural Parents (circle all that apply):* Married Living Together Mother Deceased Divorced Living Apart Father Deceased
List siblings with ages:	
Please supply information for parents with whom the child is living:	
Father's Full Name:	Mother's Full Name:
Father's or Mother's Street/City Address (if different than above)	
Name of Father's Employer/City Phone#:	Name of Mother's Employer/City Phone#:
Cell Phone Father: **Cell Phone Company:**	**Cell Phone Mother:** **Cell Phone Company:**
Does family have access to email? **Circle One: YES or NO**	
E-Mail Father:	**E-Mail Mother:**
Are there any custody arrangements, which would prohibit either parent from access to the student or the student's records? (Legal documents must be filed with the school for enforcement.) ***Circle One:*** **YES NO** If yes, please describe:	

In case of emergency: *Please list the names of two friends or relatives* who live in the area and who could be contacted in case of an emergency:	
Name #1	Name #2
Phone #1	Phone #2
Address #1	Address #2

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 f).

In case of an emergency, and if we are unable to contact parents, do we have your permission to send this child by ambulance or other means to a local medical facility, and for the doctors there to treat this child? ***Circle one:***

YES I give my permission to medical authorities to treat my child in case of an emergency.
NO I do not give my permission to medical authorities to treat my child in case of an emergency.

_____ _____

Parent/Guardian Signature (Required to process registration) **Date of Registration**

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.)

Circle 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? Circle 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.)

Does your child have speech, vision, or hearing problems? If yes, explain:

Does this child presently require placement in a special education program (speech or other special need)?
Circle One: **YES** **NO** If yes, please describe special education program needed:

Has this child attended preschool? ***Circle One:*** **YES** **NO**
If yes, please indicate name and address of preschool:

Do you give permission for the School District to use your child's photo or video image in the public newspapers, school publications, and in other public media. ***Circle One:*** **YES** **NO**

Do you give permission for the School District to release general directory information about your child to the public? (Directory information includes identifying information such as name, town, gender, grade level, age, parents' names, town, academic awards, degrees and honors, information regarding participation in school-sponsored activities, organizations and athletics, and period of attendance in school.) District 161 does not provide information to businesses or other commercial entities. Information is typically used to celebrate and publicize achievement. ***Circle One:*** **YES** **NO**

Indicate any other information of which we should be aware:

If this child is transferring from another school outside District 161, please indicate:

School District Name and Number:

School Name:

School Address: (Street, City, State, Zip)

School Phone Number: (Area Code & Phone Number)

HEALTH INFORMATION 2014-2015 SUMMIT HILL SCHOOL DISTRICT 161

STUDENT NAME_____ SCHOOL_____GRADE_____

In order to better serve your child's health needs during school, please provide the following information.

Does your child have a history of the following:

Health Problem	Yes	No	Comments
Allergies			Type: Environmental Food Medication Insects Medication taken
Asthma			Severity Triggers Medication taken
Attention Problems			ADD or ADHD? Medications taken
Birth Defects			
Blood Disorder			
Bone /Joint Problems/Injury/Scoliosis			
Chicken Pox			At what age?
Depression/Emotional Problems			Diagnosis Medication taken
Developmental Delay			
Diabetes			Age of diagnosis *(School Nurse will call you for more information)*
Ear Infections/Hearing Problems			Frequent ear infections? Tubes inserted?
Eye Problems			Correction? (Glasses, contacts, patching, or other) Date of last exam
Head Injury			Date Any remaining effects?
Headaches			Are they frequent? Migraines? Medication taken
Heart Problems			Type Activity restrictions
Hospitalizations			Date(s) and reason(s)
Physical Disability			
Physical Restrictions			
Seizure Disorder			Type of seizure Date of last seizure Medication taken
Serious Injury			
Skin Disorder			
Speech Problem			Is district speech therapist aware?
Surgery			Date and type
Stomach/Intestinal Problems			
Urinary Problems			
Other Concerns			
Will your child need to take medication at school?			If yes, form Stu. 17, (medication authorization form) must be completed and signed by physician and parent prior to any medication being taken at school.

Is there further health information you would like to provide?_____(If yes, nurse will call you)

Parent Signature_____Date_____

SUMMIT HILL SCHOOL DISTRICT 161

Home Language Survey

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 need for bilingual and English as a Second Language education services in the schools.

Please answer the questions below and return this survey to your child's school.

Student's Name: _____

Male ☐ Female ☐

1. Is a language other than English spoken in your home?
   _____Yes _____No

   If yes, identify what language is spoken: _____

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

   If yes, please indicate what language the child speaks: _____

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.

Signed: _____
Parent or Guardian

Date: _____

Residency in District 161 must be established for new students at the time of registration.
Student must be 3 years old on or before September 1, 2014.

Present Original, County Certified Birth Certificate (with certification seal).

Provide One Document from Category 1 **and** Provide Two Documents from Category 2

Residency Document Category 1
(Provide One Document from This Group)

a. Real Estate Bill
b. Signed and Notarized Lease
c. Mortgage Papers
d. Closing Papers (Closing must have occurred before registration)
e. Mortgage Coupon Book

Residency Document Category 2
(Provide Two Documents from This Group)

a. Gas, Electric or Water Bill
b. Driver's License
c. Vehicle Registration
d. Home or Apartment Insurance Papers
e. Voter's Registration
f. Public Aid Card