

HARTSBURG-EMDEN

2022-2023 REGISTRATION FEES

STUDENT NAME: _____ GRADE _____

REGISTRATION FEES

(ECE = \$65, Grades K-5 = \$65.00, Grades 6-12 = \$70.00) \$

8th-12th Class Fees/Lab Fees/Workbook Fees \$

Scholastic News (K-5th) \$

Heartland Dual Credit (**per semester**) \$

Drivers Ed \$

PE Shirt (8th grade – 12th grade) -- \$6.00/shirt \$
 Size S, M, L, XL, XXL, XXXL

Band Rental Fee (\$25) \$

Activity Fee Volleyball, Baseball, Basketball, Golf, Scholastic Bowl,
 Cheerleading, Jr. High Softball, Jr. High Scholastic Bowl, Jr. High Track
 \$25 each-not to exceed \$50
 \$ _____

Breakfast Aug/Sept. = \$64.00	Lunch Aug/Sept = \$88.35
Reduced Breakfast = \$9.60	Reduced Lunch = \$12.40
One Semester Breakfast = \$164.00	
One Semester Lunch = \$228.00	
One Semester Reduced Breakfast = \$24.60	
One Semester Reduced Lunch = \$32.00	
Yearly Breakfast = \$352.00	Yearly Lunch = \$487.35
Yearly Reduced Breakfast = \$52.80	Yearly Reduced Lunch = \$68.40

Previous balance owed \$ _____

TOTAL check cash \$ _____

Hartsburg-Emden C.U.S.D. #21 Student and Emergency Information

Student Name _____ Grade _____ Home Phone # _____

Sex _____ Birthdate _____ Birth place _____ (City/Town/Country if outside US)

Street Address _____ PO Box _____

City/Town _____ State/Zip Code _____

Report Cards Sent: Both _____ Mother _____ Father _____

Father's Name _____ Cell Phone # _____

Work Place _____ Work Phone # _____

Address For Report Cards _____ Email _____

Mother's Name _____ Cell Phone # _____

Work Place _____ Work Phone # _____

Address For Report Cards _____ Email _____

Guardianship: I certify that I am the legal guardian of above mentioned student _____ (Initials)

When necessary, the school will make every effort to reach parents. If parents cannot be reached quickly, the school is authorized to contact:

Name	Relationship	Phone #1	Phone #2

Name	Relationship	Phone #1	Phone #2

Name	Relationship	Phone #1	Phone #2

My child will carry an inhaler or epi-pen at school Yes No

My child may be given Tylenol or Ibuprofen Yes No

My child may be given Tums or cough drops (JH/HS) Yes No

My child has life-threatening allergies to food or pets Yes No

If yes, please provide additional information _____

Allergies my child has _____

Child's primary care physician _____

Is there a parent that is deployed to active duty or expects to be deployed to active duty during the school year

Yes No

Signature of Parent/Guardian _____ Date _____

HARTSBURG-EMDEN C.U.S.D. #21

Terry Wisniewski, Superintendent
Cory Brown, Principal
400 West Front St.
Hartsburg, IL 62643

Telephone 217-642-5244
Fax 217-642-5333

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

Student's Name: _____

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

_____ Yes What Language? _____

_____ No

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

_____ Yes What Language? _____

_____ 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 grade 2 through 12, reading and writing skills.

Parent/Guardian Signature

Date

HARTSBURG-EMDEN COMMUNITY UNIT SCHOOL DISTRICT #21

Permission Slip for Field Trips - School Year 2022-2023

To Whom It May Concern:

This will verify that my child, _____, in the _____ grade at Hartsburg-Emden Community Unit School District #21, has my permission to participate in upcoming field trips for the school year 2022-2023.

Signature of Parent/Guardian

Date

Medical Treatment and Insurance Information

Parent/Guardian: Please complete and sign the medical treatment authorization form below.

To Whom It May Concern:

This will grant permission for the proper medical treatment to be obtained for my child, _____ should there be a reason for such treatment.

I understand contact will be attempted if there is an emergency, but this form provides permission for treatment should you not be able to be reached.

_____ I do not have insurance coverage

_____ I have insurance coverage with _____
Name of Company

The following is pertinent information to the insurance coverage (particular doctor, hospital, etc):

List any medications the student takes _____

My child is allergic to _____

Additional comments/information _____

I understand and will abide by the above *Authorization for Internet Access*. 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 Internet 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, or inability to use the Internet.

DATE: _____

USER SIGNATURE

(Required if the user is a student:)

I have read this *Authorization for Internet Access*. 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 *Authorization* with my child. I hereby request that my child be allowed access to the District's Internet.

DATE: _____

PARENT/GUARDIAN NAME (PLEASE PRINT)

SIGNATURE: _____

* Adopted January 13, 1997

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Student Handbook Sign-Off

This is to verify that we have received the student handbook, which includes the school bus rider rules and the extra-curricular participation rules. We reviewed the content of the student handbook and will adhere to the policies and procedures included in them. We have proof of health insurance for our child/children that are participating in sports.

Parent/Guardian Signature

Date

Student Signature

Date

Permission for Riding School Bus for Athletic Practices/Contests

I give permission for my child to ride the Hartsburg-Emden Community Unit School District #21 school bus for 2022-2023 athletic practices/contests as needed. It will be my responsibility as to when, how and with whom they will get home.

Parent/Guardian Signature

Date

This form must be returned to the high school office by August 31, 2022.

Hartsburg-Emden CUSD #21

400 West Front Street
Hartsburg, IL 62643

TERRY WISNIEWSKI, SUPERINTENDENT

217 642-5244

CORY BROWN, District PRINCIPAL

217 642-5333 (Fax)

Exhibit - Agreement to Participate

Student Name (*printed*) _____

1. I wish to participate in the interscholastic athletics or intramural athletics.

Sport or Activity: _____

2. I acknowledge reading the eligibility rules of any group or association sponsoring any athletic activity in which I want to participate and I agree to abide by them.
3. Before I am allowed to participate, I must: (a) provide the School District with a certificate of physical fitness (the ***Pre-Participation Physical Examination Form*** from the IHSA or IESA serves this purpose), (b) show proof of accident insurance coverage, and (c) complete all forms required by any association sponsoring the interscholastic athletic activity, including when applicable and without limitation, ***IHSA Sports Medicine Acknowledgment & Consent Form, Acknowledgement and Consent***. IHSA refers to the Illinois High School Association and IESA refers to the Illinois Elementary School Association.
4. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
5. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches, physician assistant, treating advanced practice registered nurse, or a certified athletic trainer working under the supervision of a physician.
6. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school-sponsored interscholastic sport(s) or intramural athletics. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Student Signature

Date

To be read and signed by the parent/guardian of the student:

1. I am the parent/guardian of the above named student and give my permission for my child to participate in the interscholastic sport(s) or intramural athletics indicated. I have read the above *Agreement to Participate* and understand its terms.
2. I understand that all sports can involve many **risks of injury**, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.

Parent/Guardian Signature

Date

Emergency Contact Information

Name: _____ Relationship to student: _____
Day phone number: _____ Evening phone number: _____
Cell phone number: _____ Other: _____

Name: _____ Relationship to student: _____
Day phone number: _____ Evening phone number: _____
Cell phone number: _____ Other: _____

Exhibit - Authorization for Medical Treatment

_____ Student	_____ Sport/Activity
_____ Parent/Guardian	_____ Home phone
_____ Home address	_____ Cell phone
_____ Physician	_____ Physician phone

Medical Information: *(list allergies, medications, conditions and any known restrictions)*

In the event of a medical emergency and if reasonable attempts to contact me using the telephone numbers listed above are unsuccessful:

I, as parent or legal guardian of the above student, do hereby authorize:

1. Treatment by a licensed medical physician of my child in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and
2. Transfer of my child to any hospital reasonably accessible at my expense.

Parent/Guardian Signature

Date

HARTSBURG-EMDEN C.U.S.D. #21

Terry Wisniewski, Superintendent
Cory Brown, Principal
400 West Front St.
Hartsburg, IL 62643

Telephone 217-642-5244
Fax 217-642-5333

Consent for Release of Education Records

From time to time, military recruiters and postsecondary educational institutions request the names, telephone numbers, and addresses of our secondary students. The school must provide this information unless the parent(s)/guardian(s) request that it not be disclosed without their prior written consent.

Important: If you do not want military recruiters or institutions of high learning to be given your secondary school student's name, address, and telephone number, please complete the form on the back page and return it to the Building Principal.

Sincerely,

Terry Wisniewski
Superintendent

I understand that a student's education records are confidential and may only be disclosed with the written permission of the student's parent or legal guardian or of the student (if over 18 or attending a postsecondary school).

I grant permission for Hartsburg-Emden C.U.S.D. #21 to release education records (including transcripts, report cards and test scores) to postsecondary schools and military recruiters.

Student's Full Name: _____

Student's Date of Birth: _____

Grade _____

Parent/Guardian Signature

Date

Student Signature (if over 18)

Date

Student's Full Name PRINTED _____ Grade _____

Denial of Consent to Release Student Information

For the parents of students under the age of 18

I request that Hartsburg-Emden C.U.S.D. #21

- Not release the name, address or telephone number of my son/daughter to any military recruiter or military recruiting organization without my prior written consent.
- Not release the name, address or telephone number of my son/daughter to any institution of higher learning without my written prior consent.
- Not release the information of any kind, including "directory information" concerning my son/daughter without my prior written consent.

Parent/Guardian signature: _____

Date: _____

For students 18 years of age or older

I request that Hartsburg-Emden C.U.S.D. #21

- Not release the name, address or telephone number to any military recruiter or military recruiting organization without my prior written consent.
- Not release the name, address or telephone number to any institution of higher learning without my written prior consent.
- Not release the information of any kind, including "directory information" concerning me without my prior written consent.

Student signature: _____

Date: _____

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VEHICLE REGISTRATION FORM

Student Name _____

Make/Model of Vehicle _____

Color _____

Year of Vehicle _____

License Plate Number _____

If you change vehicles during the school year, please fill out a new form in the office.

This form must be turned in to the high school office by August 31, 2022.

HARTSBURG-EMDEN C.U.S.D. #21

Terry Wisniewski, Superintendent
Cory Brown, Principal
400 West Front St.
Hartsburg, IL 62643

Telephone 217-642-5244
Fax 217-642-5333

July 1, 2022

To: Parents/Guardians

RE: Offender Community Notification Laws

State law requires our administration to notify parents/guardians during school registration that information about sex offenders and violent offenders against youth is available to the public.

You may find the Illinois Sex Offender Registry on the Illinois State Police's website at:
<http://www.isp.state.il.us/sor/>

You may find the Illinois Statewide Child Murderer and Violent Offender Against Youth Registry on the Illinois State Police's website at: <http://www.isp.state.il.us/cmvo/>

Hartsburg-Emden CUSD #21

400 West Front Street
Hartsburg, IL 62643

Terry Wisniewski, Superintendent
Cory Brown, District Principal

217-642-5244
217-642-5333 (Fax)

Dear Hartsburg-Emden Families,

Student Online Personal Protection Act (SOPPA)

This is a notice that educational technologies used in the District shall further the objectives of the District's educational program, as set forth in Board policy 6:10, Educational Philosophy and Objectives, align with the curriculum criteria in policy 6:40, Curriculum Development, and/or support efficient District operations.

The District and/or vendors under its control may need to collect and maintain data that personally identifies students in order to use certain educational technologies for the benefit of student learning or District operations.

Federal and State law govern the protection of student data, including school student records and/or covered information. The sale, rental, lease, or trading of any school student records or covered information by the District is prohibited. Protecting such information is important for legal compliance, District operations, and maintaining the trust of District stakeholders, including parents, students and staff.

Special Education Services

This is a notice that students with disabilities who do not qualify for an individualized education program, as required by the federal Individuals with Disabilities Education Act and implementing provisions of the School Code, may qualify for services under Section 504 of the federal Rehabilitation Act of 1973 if the child (i) has a physical or mental impairment that substantially limits one or more major life activities, (ii) has a record of a physical or mental impairment, or (iii) is regarded as having a physical or mental impairment.

Sincerely,



Terry L. Wisniewski, *Superintendent*

Hartsburg - Emden C.U.S.D. #21

400 West Front St.

Hartsburg, IL 62643

Phone (217) 642-5244 (HS)

Phone (217) 376-3151 (GS)

twisniewski@hartem.org

**Only fill out if
your student will
be taking
prescribed
medication at
school (including
inhaler and
EpiPen)**

School Medication Authorization Form

To be completed by the child's parent(s)/guardian(s).

Student's Name: _____ Birth Date: _____
Address: _____
Home Phone: _____ Emergency Phone: _____
School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician:

Physician's Printed Name: _____
Office Address: _____
Office Phone: _____ Emergency Phone: _____
Medication Name: _____
Purpose: _____
Dosage: _____ Frequency: _____
Time medication is to be administered or under what circumstances: _____

Prescription Date: _____ Order Date: _____ Discontinuation Date: _____
Diagnosis requiring medication: _____
Is it necessary for this medication to be administered during the school day? Yes No
Expected side effects, if any: _____ Time interval for re-evaluation: _____
Other medications student is receiving: _____

Physician's Signature Date

For only parents/guardians of students who need to carry asthma or an EpiPen®:

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30). **If you agree please initial:** _____

For parent(s)/guardian(s) of students who have asthma:

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication (105 ILCS 5/22-30).

If you agree please initial: _____
Parent(s)/Guardian(s) Initial

By signing below, I agree:

- I. That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices and
- II. To indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil.

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature* Date

Parent/Guardian Signature Date

* Both parents and/or guardians, if available, should sign.

If your child has any health problems, please list so that the teachers and staff may be informed in case of emergencies.

For parent(s)/guardian(s) of students who need to carry an epi-pen:

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her epi-pen (for bee stings) (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication (105 ILCS 5/22-30).

If you agree please initial: _____
Parent(s)/Guardian(s) Initial

By signing below, I agree:

- I. That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices and
- II. To indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil.

Parent/Guardian Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature* Date

Parent/Guardian Signature Date

* Both parents and/or guardians, if available, should sign.

If your child has any health problems, please list so that the teachers and staff may be informed in case of emergencies.

**Only fill
out if you
wish to be
notified**

HARTSBURG-EMDEN C.U.S.D. #21

Terry Wisniewski, Superintendent
Cory Brown, Principal
400 West Front St.
Hartsburg, IL 62643

Telephone 217-642-5244
Fax 217-642-5333

Dear Parents, Guardians and Staff:

Hartsburg-Emden Community Unit District #21 practices Integrated Pest Management, a program that combines preventive techniques, non-chemical pest control methods, and the appropriate use of pesticides with a preference for products that are the least harmful to human health and the environment. The term "pesticide" includes insecticides, herbicides, rodenticides and fungicides.

The school district is establishing a registry of people who wish to be notified prior to any pesticide applications. To be included in this registry, please complete the bottom portion of this letter and submit it to Terry Wisniewski, Superintendent.

PESTICIDE APPLICATION REGISTRY

I would like to be notified two days before the use of pesticides at the school. I understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out, I will receive notification as soon as practicable.

Parent/Guardian's Name _____

Signature _____ Date _____

Student's Name _____ Grade _____

Address _____

Only fill out if you
wish to see if you
qualify for

Free/Reduced meals
and registration fees

1. All Household Members (Attach another sheet of paper if necessary.)

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.	Check if Foster Child*
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

* A foster child is the legal responsibility of a welfare agency or court.

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

Homeless
 Migrant
 Runaway
 Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date _____

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the *I do not have a social security number* box.

 I do not have a social security number.

X X X - X X - _____
 Social Security Number

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

_____ Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) _____ Home Telephone Number (Include Area Code) _____ Home Address (Number, Street, City, State, Zip Code) _____

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: Mark one or more racial identities:

Hispanic/Latino Asian Black or African American Native Hawaiian or Other Pacific Islander
 Not Hispanic/Latino White American Indian or Alaska Native

— THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY —

INITIAL DETERMINATION

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date: _____

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
 Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Free based on: Reduced based on: Denied—Reason:

homeless SNAP or TANF household's income income too high
 migrant foster child incomplete application
 runaway household's income Non-qualifying SNAP/TANF
 Head Start

Date Withdrawn: _____
 Date: _____

Signature of Determining Official: _____