

HARTSBURG-EMDEN 2017-2018 REGISTRATION FEES

STUDENT NAME:

REGISTRATION FEES

(Grades ECE = \$60, Grades K-5 = \$65.00, Grades 6-12 = \$70.00)	\$
7-12 Class/Schedule Fees/Lab Fees/Workbook Fees	\$
Weekly Reader (2 nd -5 th grade)	\$
IVS (per semester)	\$
Heartland Dual Credit (per semester)	\$
Drivers Ed	\$
PE Shirt (8 th grade – 12 th 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	\$ _____

Lunch Aug/Sept. = \$ 74.20	Breakfast Aug/Sept = \$ 58.00
Reduced Lunch = \$16.80	Reduced Breakfast = \$11.60
One Semester Lunch = \$ 209.35	
One Semester Breakfast = \$ 162.00	
One Semester Reduced Lunch = \$47.40	
One Semester Reduced Breakfast = \$32.40	
Yearly Breakfast = \$ 350.00	Yearly Lunch = \$ 450.50
Yearly Reduced Breakfast = \$70.00	Yearly Reduced Lunch = \$102.00

\$ _____

TOTAL check cash \$ _____

HARTSBURG-EMDEN COMM. DIST. #21
Student and Emergency Information

Student Name _____ Birth Date _____ Phone # _____

Physical Address _____
Street Address _____ City/Town _____ State/Zip _____

Mailing Address _____
PO Box _____ City/Town _____ State/Zip _____

Social Security Number _____ Birth Place _____ (City/State)

Grade _____ Sex _____ Report Cards Sent: Mother ___ Father ___ Both ___

Father's Name: _____ Home Phone _____

Work Phone _____ Cell Phone _____

Address _____ E-mail _____

Mother's Name: _____ Home Phone _____

Work Phone _____ Cell Phone _____ Mother's Maiden Name _____

Address _____ E-mail _____

Guardianship: _____ I certified that I am the legal guardian of above mentioned student

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 # 2nd Phone #

Name (Relationship) Phone # 2nd Phone #

Name (Relationship) Phone # 2nd Phone #

List any medications the student takes _____

Primary Care Physician _____

Student may be given non-aspirin pain relievers such as Tylenol or Ibuprofen Yes No

Student may be given Tums or cough drops as needed Yes No

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

If yes, please provide additional comments/information _____

Signature of Parent/Guardian

Date

HARTSBURG-EMDEN COMMUNITY UNIT SCHOOL DISTRICT #21

Permission Slip for Field Trips - School Year 2017-2018

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 2017-2018.

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 _____

Students

Exhibit - Agreement to Participate

To be completed by the student participant and submitted to the Superintendent

Student _____

Sport or Activity _____

In consideration of the Hartsburg-Emden CUSD #21 permitting me to participate in the above sport or activity I agree as follows:

- 1 I will abide by all conduct rules and will behave in a sportsmanlike manner.
- 2 I will follow the coach/sponsor's instructions, playing techniques, training schedule and safety rules for the above sport or activity.
- 3 I acknowledge that I am aware that participation in the above sport or activity may involve many risks of injury. A serious injury may result in physical impairment or even death. I hereby assume all the risks associated with participation and agree to hold the Hartsburg-Emden CUSD #21 District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the above activity or sport. 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 Completed By The Parent/Guardian:

I, _____ am the parent(s)/guardian(s) of the above named student. I have read the above Agreement to Participate and understand its terms. I understand that all sports can involve many RISKS OF INJURY. In consideration of the School District permitting my child/ward to participate in the above sport or activity, I agree to hold the Hartsburg-Emden CUSD #21 District, its employees, agents, coaches, School Board members and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with the participation of my child/ward in the above sport or activity. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above mentioned sport/activity.

Signature of Parent(s)/Guardian(s) _____

Date: _____

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

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

Terry Wisniewski, Superintendent
Jon Leslie, Principal
400 West Front St.
Hartsburg, IL 62643

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

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 September 1, 2017.

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

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Jon Leslie, Principal
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Hartsburg, IL 62643

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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

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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/Staff Member's Name _____

Signature _____

Date _____

Student's Name _____

Grade _____

Address _____

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.

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

Terry Wisniewski, Superintendent
Jon Leslie, Principal
400 West Front St
Hartsburg, IL 62643

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

July 1, 2017

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/>

SCHOOL USE ONLY
 Check if Error Prone Application

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

NAMES OF ALL HOUSEHOLD MEMBERS <small>First, Middle Initial, Last</small>	<small>(for Student only)</small> School Name	<small>(for Student only)</small> Grade	SNAP OR TANF CASE NUMBER <small>Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.</small>	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 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: Hispanic/Latino Not Hispanic/Latino
- Mark one or more racial identities: Asian White Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

7. Sharing Application Information With All Kids—All Kids program is a complete healthcare program for every child in Illinois.

No! I DO NOT want information from my Household Eligibility Application shared with All Kids. Sign here: _____

— 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:

- | | | | |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> homeless | <input type="checkbox"/> SNAP or TANF | <input type="checkbox"/> Reduced based on: | <input type="checkbox"/> Denied—Reason: |
| <input type="checkbox"/> migrant | <input type="checkbox"/> foster child | <input type="checkbox"/> household's income | <input type="checkbox"/> income too high |
| <input type="checkbox"/> runaway | <input type="checkbox"/> household's income | | <input type="checkbox"/> incomplete application |
| <input type="checkbox"/> Head Start | | | <input type="checkbox"/> Non-qualifying SNAP/TANF |

Date Withdrawn: _____

Signature of Determining Official _____ Date: _____