River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

River Forest District 90

NEW STUDENT REGISTRATION
2017-2018 School Year

Dear Parent/Guardian:

After you have completed your New Student Registration Packet, please call to make an appointment to return your documents (708-771-8282).

Available times are:

Monday – Friday
8:45 a.m. – 11:00 a.m.
and
1:00 p.m. – 3:30 p.m.

Thank you!

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

January 17, 2017

Dear Parents of New Kindergartners:

Welcome to River Forest School District 90! We hope that you and your child will be pleased with all that our school district has to offer in the upcoming years. We are here to help you during those years and invite you to share your questions and comments with us at any time.

As you begin your journey with us, there are a few things that we would like to share about the Kindergarten registration:

1. Although we ask parents if they have a preference for their child being placed in a morning or an afternoon Kindergarten class, there is unfortunately no guarantee that we can accommodate your preference. Several factors are considered in placing students into one section or another, including:

    a. It is important to balance class sizes, boy/girl ratios, and other demographic factors such as special education needs, student age distribution, language support needs, and racial/ethnic class composition.

    b. Staffing needs and availability are a factor. For example, some Kindergarten teachers may also have other instructional responsibilities and some teachers who provide necessary support services (language, reading, special education) may have limited morning or afternoon availability.

    c. Enrollment numbers can change a great deal between February and August. In some cases, additional sections of Kindergarten classes may be created, thus making it necessary to adjust the balance in classes as described above.

2. All Kindergarten students are screened in the area of literacy as a routine practice in District 90. An appointment will be scheduled for your child in August.

Please be assured that all of us in District 90 look forward to working with you and helping to instill in your child a life-long love of learning. Welcome to River Forest District 90!

Best Regards,

Edward J. Condon, Ph.D.
Superintendent

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

River Forest School District 90

KINDERGARTEN REGISTRATION

for the 2017-2018 School Year begins
Friday, February 3, 2017
8:00 – 11:25 a.m. and 12:25 – 4:00 p.m.

Kindergarten eligibility: 5 years old on or before September 1, 2017

Residents NORTH of Chicago Avenue attend:
Willard School
1250 Ashland
River Forest, IL 60305
708-366-6740
Ms. Diane Wood, Principal

Residents SOUTH of Chicago Avenue attend:
Lincoln School
511 Park
River Forest, IL 60305
708-366-7340
Mr. Casey Godfrey, Principal

Registration packets for families with students currently attending District 90 schools will be available in the Lincoln and Willard School offices after January 20th.

Families/students NEW to River Forest and District 90 Schools should pick up a residency packet AND registration packet after January 20th at:

District 90 Administration Office
7776 Lake Street
River Forest, IL 60305

If you have any questions, please call 708-771-8282. For additional registration information, please go to www.district90.org

Kindergarten School Hours for Lincoln and Willard Schools:

Morning Session 8:20 a.m. – 11:05 a.m.
or
Afternoon Session 12:25 p.m. - 3:10 p.m.

Excellence in Education: A Continuing Tradition

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, Illinois 60305
708-771-8282

Winter/Spring 2017

Dear Families of Incoming Kindergarten Students,

Kindergarten registration for the 2017-18 school year begins February 3. Below are a few brief answers to some common questions that families who are new to District 90 ask about registering their student for Kindergarten.

Frequently Asked Questions

How old must my child be to register for Kindergarten?
Children who will be 5 years old on or before September 1, 2017 are eligible to register for Kindergarten.

When should I register my child for Kindergarten?
Families can pick up registration packets as early as January 23 from the District Office, Lincoln School, or Willard School. Registration starts on Friday, February 3. **We ask that you register your student as soon as possible** to help district administrators and school principals make crucial decisions that are based on enrollment, such as the number of teachers and staff, the number of morning and afternoon sections, and other factors.

How and where do I register my child for Kindergarten?
Families who are new to District 90 must register their incoming Kindergartener at the Administration Office, 7776 Lake Street. The first steps are picking up a Registration Packet and scheduling an appointment with Josephine Ribaudo in the District Office. Mrs. Ribaudo can be reached at 708-771-8282 or ribaudoj@district90.org. The Registration Packet contains all the information and forms you'll need to complete before your scheduled appointment. Registration fees are due at the registration appointment. The hours for registration at the Administrative Offices are 8:45 a.m. – 11:00 a.m. and 1:00 p.m. – 3:30 p.m.

Families with children currently enrolled in a District 90 school can enroll directly at Lincoln or Willard Schools.

If I'm new to District 90, what forms should I complete and bring to my scheduled appointment?

- Completed Pre-registration forms
- Student's Original Birth Certificate
- Proof of Residency Documents

(One of the following Original Documents)

- Recent Real Estate Tax Bill with proof of payment
- Closing Documents, i.e. settlement statement or original loan agreement
- Agreement of Sale
- Signed & dated Lease/Rental Agreement and proof of prior month's payment

- Three Documents with your River Forest Address, such as:
  - Driver's License or State I.D.
  - Voter Registration Card
  - Home/Auto/Apartment Insurance Declaration Document with proof of most recent payment
  - Gas, Water, or Electric Bill (current and previous month of the same utility bill)
  - Auto Registration or RF Vehicle Sticker
  - Letter from the Illinois Department of Human Services with Case Number

What forms can I bring in later?

The following completed forms are requested by May 1, 2017. However, completed forms must be submitted in advance of the first day of school on Thursday, August 24, 2017.

- Physical Exam Form
- Dental Exam Form
- Eye Exam Form

How do I get my child placed in an afternoon or morning Kindergarten class?

We try to honor parent requests for morning or afternoon classroom placement, however, we cannot guarantee that your child will be assigned a class based on your preference. Our classroom placement process is very deliberate, thorough, and takes into account many elements. We strive to create balanced classrooms by considering many factors including class size, ratio of boys and girls, and the varying social, emotional, and academic needs of the children.

We will make every attempt to notify you of your child's morning or afternoon placement by mid-August 2017. Last minute enrollments can make this process somewhat difficult, so we thank you for your understanding and patience as well as early registration.

Who can I contact if I need help with this packet or because of my family's particular situation?

For questions about the registration process, completing the forms, or your specific situation, contact Josephine Ribaudo at ribaudoj@district90.org or 708-771-8282. You can also visit the District's website www.district90.org for additional information.

Please join us at a special **Kindergarten Information & Registration Night on Thursday, February 2 at 7:00 p.m. at Lincoln and Willard Schools**. You can receive assistance with this packet from school building and district office representatives. This informational event will feature:

- A presentation by the Kindergarten teachers and the school nurse
- A tour of the classrooms
- Welcome from the principal and PTO leadership.

Because this is an information night, it is intended to be for parents only. Your student will have an opportunity to visit Lincoln or Willard at a future date. Please look for your invitation in the coming months.

Welcome to Kindergarten!

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

NEW STUDENT REGISTRATION CHECKLIST

- ☐ **Proof of Residency Form(s)**
- ☐ **Original Birth Certificate**
- ☐ **Student Pre-Registration Form**
- ☐ **Health Information and Forms** (due the first day of school)
  - Certificate of Child Health Examination
  - Proof of School Dental Examination Form
  - Eye Examination Report
  - School Medication Authorization Form (if applicable)

OVER…

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

PROOF OF RESIDENCY
(Continuing Students)

Parents and/or guardians are required to submit proof of residency upon enrollment of their children and attest that they are residing within the boundaries of River Forest School District 90 at the time of initial enrollment. It is expected that you have maintained that residency in the District when your children are registered for classes in subsequent years. Each year, thereafter, you will be required to submit a tax bill if you are a homeowner, or a current lease if you rent.

The District reserves the right, on a case-by-case basis, to require parents and/or guardians of District 90 students to reaffirm their actual residency in light of information brought to the attention of the District that may call that residency into question, such as expired leases or sale of property. Renewed leases should be provided to the District Office.

PROOF OF RESIDENCY and BIRTHDATE

River Forest School District 90

Date_____

Name of Student_____ **School**_____

Name of Student_____ **School**_____

Name of Student_____ **School**_____

Checklist to be completed and initialed by District 90 personnel:

_____**Original Birth Certificate** (Keep copy and return original to the parent.)

_____**Student Pre-Registration Form** (Completed)

The following evidence of proof of residency must be presented with a current River Forest address:

Category I: One (1) Original Document Required:

_____Most Recent Real Estate Tax Bill and Proof of Payment

_____Signed and Dated Lease/Rental Agreement and proof of last month's payment

_____Closing Documents, i.e. Settlement Statement or Original Loan Agreement

_____Executed Warranty Deed

If you cannot provide one of the above documents, please make an appointment with the Superintendent at 708-771-8282.

AND

Category II: Three (3) Original Documents Required:

_____Driver's License or State ID Card

_____Voter Registration

_____Home/Apartment/Auto Insurance Declaration Documents and proof of most recent payment

_____Gas, Water, or Electric Bill – Current and Previous Month

_____Auto registration or R. F. Vehicle Sticker

_____Letter from Illinois Dept. of Human Services showing Case Number

The District reserves the right to evaluate the evidence presented. Merely presenting the items does not guarantee admission.

****

This Proof of Residency form is to attest that the above child is not enrolling in District 90 solely for school purposes and is living on a permanent basis with the person having complete custody and control. Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered will be dropped from the attendance rolls immediately. Parents or guardians making a fraudulent registration will be subject to the payment of retroactive tuition charged for non-resident students, not to exceed 110% of the per capita cost. Providing false information to enable a child to attend a District 90 school tuition free is a Class C Misdemeanor punishable by time in jail and/or a fine.

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration.

Signature of Parent/Guardian_____ Date_____

Printed Name_____ Relationship_____

Address of Parent/Guardian_____

Phones: Home _____ Work_____ Cell_____

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

Proof of Residency for Families with Students Currently Enrolled and Birth Certificate Verification

River Forest School District 90

Date_____

Name of New Student_____**School**_____

Name of New Student_____**School**_____

Name of New Student_____**School**_____

_____**Original Birth Certificate for Child** (Copy and return original to parent.)
Staff initial_____Date_____

_____**Driver's License for Parent/Guardian** (Copy and return to parent.)
Staff initial_____Date_____

_____**Student Pre-Registration Form**

Students currently enrolled in District 90 Schools:

Name of Student_____**School**_____**Grade**____

Name of Student_____**School**_____**Grade**____

Name of Student_____**School**_____**Grade**____

****

Signature of Parent/Guardian_____Date_____

Printed Name_____Relationship_____

Address of Parent/Guardian_____

Phones: Home _____Work_____Cell_____

1/201

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

DATE _____

STUDENT PRE-REGISTRATION

(Please print legibly throughout this document.)

Student legal name: _____, _____ _____
Last First Middle

Address _____ Birthdate _____Gender __ M __ F

To enter Grade_____ at School: (circle one) Lincoln / Willard / Roosevelt (*Kindergarten? (circle one): AM / PM / Either)

*Kindergarten Session Preference: Your preference will be considered, but class size and balancing factors will take precedence.

PARENT/GUARDIAN(S)

Name (last, first) _____Relationship_____

Student lives with ___Y___N Divorced ____Separated____ (Please provide legal custody documents, if applicable.)

Name (last, first) _____Relationship_____

Student lives with ___Y___N Divorced ____Separated____ (Please provide legal custody documents, if applicable.)

Phone: Home_____Cell_____

Family Email Contact _____
(The above email address will be utilized for all District communication & for Infosnap registration confirmation in May.)

Please circle one: Own Home / Lease - lease expiration date _____ / Other

Previous School Attended by student:	City, State	Grade	Year(s)

Did your child have an IEP/504 or Special Education Services at his/her previous school? ___yes ___no

Did your child receive any special support services? (please circle all that apply) **Reading Math ELL Gifted**

Home Language Survey:

The following information is required by the State of Illinois. It is used to count the students whose families speak a language other than English at home and to identify the students to be assessed for English language proficiency.

Is a language other than English spoken in your home? ____no ___yes–what language?_____

Does your child speak a language other than English? ____no ___yes–what language?_____

- - - -If either of the above questions is answered yes, state law requires the district to assess your child's English language proficiency. - - - -

If born outside USA: date student entered USA: (month/year) _____

date first enrolled in a USA school (month/year) _____

>>>>OVER

New U.S. Department of Education Race and Ethnicity Data Standards

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 parents or guardians to answer a two-part question, indicating ethnicity first and then one or more of five races. 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 on the form below.

. . . . . .

DATA COLLECTION FORM

Student Name: _____

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

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.) **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.

Part B. 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.)

VERIFICATION OF INFORMATION:

I verify that the information on this Pre-Registration Form is correct.

_____ DATE _____

Signature of Parent or Legal Guardian

RIVER FOREST PUBLIC SCHOOLS – www.district90.org
Administration Building - 7776 Lake Street, River Forest, Illinois 60305 - 708·771·8282 / Fax 708·771·8291

HEALTH INFORMATION / REQUIREMENTS for 2017-18 school year

Health related forms must be completed and returned to the District office by **the first day of school.** School District 90 complies with all articles of the state statute, and children whose health forms are still outstanding by October 15th, **will not be admitted to school**.

Please be sure to **keep a copy of all completed examination forms** for your records.

Physical Examination (Illinois Certificate of Child Health Examination)
– needed for Kindergarten, 6th Grade, and new students at any grade level –
Illinois law prohibits any child from starting kindergarten, first grade (if the child has not attended kindergarten), 6th grade, or any grade level if the child is new to the District, until the appropriate health forms are submitted. The medical history section of the form must be completed and signed by a parent or legal guardian. **Diabetic Screening** is required as part of the health examination. A Diabetes test, however is not. Please review the back of this letter for state of Illinois immunization requirements. The physical examination must be completed within one year prior to the first day of school.

Dental Exam – needed for Kindergarten, 2nd and 6th Grade, and new students at any grade level –
An Illinois Proof of School Dental Examination Form, completed and signed by a licensed dentist is required.
The examination must have taken place after December 15th of the prior school year.

Illinois Eye Examination Report – needed for Kindergarten and new students at any grade level –
The examination must be completed within one year prior to the first day of school.

Physical Examination – Interscholastic Sports (Grades 5 – 8 only)
A sports physical or a full physical examination, dated within twelve months throughout the sport season, must be on file in the School Nurse's Office in order **to try out and participate in interscholastic sports or practices**. It is advised to get an exam every summer so that current information is on file, should your child decide to participate in a sport during the school year.

School Medication Authorization for the current school year (To administer any medication during the school day.)
Written authorization from a physician, with diagnosis and directions for dispensing prescription and/or over the counter medications (Tylenol, cough medicine, etc.) must be on file in order for medication to be taken during school hours. Prescription medication must be sent to school in a container appropriately labeled by the pharmacy. Over the counter medication must be in the original package, and your child's name and dose must be written on it. To allow your child **to carry an inhaler and/or Epi-Pen with them,** instead of keeping it in the nurse's office, the section titled *Agreement Authorizing Self-Administration of Asthma Medication and Epi-Pen* must also be completed. (It is recommended to keep an extra inhaler / Epi-Pen in the nurse's office in case the child's supply is lost or has run out.)
Unused medication must be picked up; any left at the end of the school year will be discarded.

Please arrange to have all examination forms and proofs of immunization completed and submitted to the District office by the first day of school. All forms can be downloaded at www.district90.org - search for medical forms to find the appropriate page.

Over for State of Illinois Immunization Requirements > > > >

STATE OF ILLINOIS - IMMUNIZATION REQUIREMENTS - RIVER FOREST PUBLIC SCHOOLS

Meningococcal Conjugate Vaccination (MCV). – All 6th, 7th, and 8th graders are required to show proof of one dose received on or after 11 years of age. This vaccination prevents a severe form of bacterial meningitis as well as other illnesses caused by this bacterium.

DTP/DTaP/Td – 4 or more doses with the last dose being a booster and having been received on or after the 4th birthday, intervals of no less than 4 weeks, last dose at least 6 months since previous dose.

- Any child entering 6th grade shall show proof (see IDHS Section 665.250(b)) of receiving one dose of Tdap (defined as tetanus, diphtheria, acellular pertussis) vaccine regardless of the interval since the last DTaP, DT or Td dose.
- Students entering grades 7th through 12th who have not already received Tdap are required to receive 1 Tdap dose vaccine regardless of the interval since the last DTaP, DT or Td dose.

Polio – 3 or more doses with the last dose being a booster and having been received on or after the 4th birthday, intervals of no less than 6 weeks, last dose at least 6 months since previous dose, but prior to school entrance.

Measles – 2 doses, 1 dose administered 12 months or older, 2nd dose no less than 1 month after 1st dose (equal to or greater than 28 days), diagnosis made on/after July 1, 2002 must be confirmed with laboratory evidence.

Rubella

1. Children entering school at any grade level shall show proof of having received two doses of live rubella virus vaccine, the first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose, or other acceptable proof of immunity.
2. For students attending school programs where grade levels are not assigned, including special education programs, proof of **two** doses of live rubella virus vaccine and shall be submitted prior to the school years in which the child reaches the ages of 5, 11 and 15.

Mumps

1. Children entering school at any grade level shall show proof of having received two doses of live mumps virus vaccine, the first dose on or after the first birthday and the second dose no less that four weeks (28 days) after the first dose, or other acceptable proof of immunity.
2. For students attending school programs where grade levels are not assigned, including special education programs, proof of having received two doses of live mumps virus vaccine and shall be submitted prior to the school years in which the child reaches the ages of 5, 11 and 15.

Hepatitis B (Children entering 6th grade)
Children entering the sixth grade shall show proof of having received three doses of hepatitis B vaccine, or other proof of immunity. The first two doses shall have been received no less than four weeks (28 days) apart. The interval between the second and third doses shall be at least two months. The interval between the first and third doses shall be at least four months. Proof of prior or current infection, if verified by laboratory evidence, may be substituted for proof of vaccination.

Hib (not required for K-8)
Not recommended for children 60 months of age or older.

Varicella (chickenpox)

1. Children entering kindergarten, sixth grade, or ninth grade for the first time shall show proof of having received two doses of varicella vaccine, the first dose on or after the first birthday and second dose no less than four weeks (28 days) after the first dose, or proof of prior varicella disease or laboratory evidence of varicella immunity.
2. For students attending school programs where grade levels are not assigned, proof of having received at least two doses of varicella vaccine or other proof of immunity shall be submitted prior to the school year in which the child reaches the ages of 5, 11 and 15.
3. Only those children who have been (1) immunized with varicella vaccine, (2) have had physician diagnosed varicella disease, (3) have a health care provider's interpretation that a parent's or legal guardian's description of varicella disease is indicative of past infection, (4) or have laboratory evidence of immunity, shall be considered to be immune.

State of Illinois
Certificate of Child Health Examination

Student's Name Last First Middle	Birth Date Month/Day/Year	Sex	Race/Ethnicity	School /Grade Level/ID#
Address Street City Zip Code	Parent/Guardian	Telephone # Home		Work

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for *every* dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR
DTP or DTaP						
Tdap; Td or Pediatric DT (Check specific type)	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophilus influenza type b						
Pneumococcal Conjugate						
Hepatitis B						
MMR Measles Mumps. Rubella						
Varicella (Chickenpox)						
Meningococcal conjugate (MCV4)						
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose						
Hepatitis A						
HPV						
Influenza						
Other: Specify Immunization Administered/Dates						

Comments:

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.
If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature **Title** **Date**

Signature **Title** **Date**

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
***MEASLES (Rubeola) MO DA YR** ****MUMPS MO DA YR** **HEPATITIS B MO DA YR** **VARICELLA MO DA YR**

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below verifies 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**

3. Laboratory Evidence of Immunity (check one) ☐Measles* ☐Mumps ☐Rubella ☐Varicella Attach copy of lab result.**

*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and *Maintained* by the School Authority.

Last	First	Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID

HEALTH HISTORY **TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

ALLERGIES (Food, drug, insect, other)	Yes No	List:		**MEDICATION** (Prescribed or taken on a regular basis.)	Yes No	**List:**	
Diagnosis of asthma?	Yes No			Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No		
Child wakes during night coughing?	Yes No						
Birth defects?	Yes No			Hospitalizations? When? What for?	Yes No		
Developmental delay?	Yes No						
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No			Surgery? (List all.) When? What for?	Yes No		
Diabetes?	Yes No			Serious injury or illness?	Yes No		
Head injury/Concussion/Passed out?	Yes No			TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.	
Seizures? What are they like?	Yes No			TB disease (past or present)?	Yes* No		
Heart problem/Shortness of breath?	Yes No			Tobacco use (type, frequency)?	Yes No		
Heart murmur/High blood pressure?	Yes No			Alcohol/Drug use?	Yes No		
Dizziness or chest pain with exercise?	Yes No			Family history of sudden death before age 50? (Cause?)	Yes No		
Eye/Vision problems? _____ Glasses ☐ Contacts ☐ Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Dental ☐ Braces ☐ Bridge ☐ Plate Other			
Ear/Hearing problems?	Yes No			Information may be shared with appropriate personnel for health and educational purposes. **Parent/Guardian Signature**		**Date**	
Bone/Joint problem/injury/scoliosis?	Yes No						

PHYSICAL EXAMINATION REQUIREMENTS **Entire section below to be completed by MD/DO/APN/PA**

HEAD CIRCUMFERENCE if <2-3 years old **HEIGHT** **WEIGHT** **BMI** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes☐ No☐ And any two of the following: **Family History** Yes ☐ No ☐ **Ethnic Minority** Yes☐ No ☐ **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes☐ No ☐ **At Risk** Yes ☐ No ☐

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes ☐ No ☐ **Blood Test Indicated?** Yes ☐ No ☐ **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

No test needed ☐ **Test performed ☐** **Skin Test: Date Read / /** **Result: Positive ☐ Negative ☐** **mm_____**

Blood Test: Date Reported / / **Result: Positive ☐ Negative ☐** **Value**

LAB TESTS (Recommended)	Date	Results		Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)		
Urinalysis			Developmental Screening Tool		

SYSTEM REVIEW	**Normal**	**Comments/Follow-up/Needs**		**Normal**	**Comments/Follow-up/Needs**
Skin			**Endocrine**		
Ears		Screening Result:	**Gastrointestinal**		
Eyes		Screening Result:	**Genito-Urinary**		LMP
Nose			**Neurological**		
Throat			**Musculoskeletal**		
Mouth/Dental			**Spinal Exam**		
Cardiovascular/HTN			**Nutritional status**		
Respiratory		☐ Diagnosis of Asthma	**Mental Health**		
Currently Prescribed Asthma Medication: ☐ Quick-relief medication (e.g. Short Acting Beta Agonist) ☐ Controller medication (e.g. inhaled corticosteroid)			**Other**		
NEEDS/MODIFICATIONS required in the school setting			**DIETARY** Needs/Restrictions		

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER 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: ☐ Nurse ☐ Teacher ☐ Counselor ☐ Principal

EMERGENCY ACTION 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 ☐ No ☐ 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.)
PHYSICAL EDUCATION Yes ☐ No ☐ Modified ☐ **INTERSCHOLASTIC SPORTS Yes ☐ No ☐ Modified ☐**

Print Name (MD,DO, APN, PA) **Signature** **Date**

Address **Phone**

State of Illinois
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: ☐ Male ☐ 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 1st 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 of Exam _____

Address _____ Telephone _____
Street City ZIP Code

Illinois Department of Public Health, Division of Oral Health
217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.idph.state.il.us

IOCI 0600-10 Printed by Authority of the State of Illinois

State of Illinois
Department of Public Health

DENTAL EXAMINATION WAIVER FORM

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: ☐ Male ☐ Female
Parent or Guardian:	Address (of parent/guardian):		

I am unable to obtain the required dental examination because:

☐ My child is enrolled in the free and reduced lunch program and is not covered by private or public dental insurance (Medicaid/All Kids).

☐ My child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/All Kids).

☐ My child is enrolled in Medicaid/All Kids, but we are unable to find a dentist or dental clinic in our community that is able to see my child and will accept Medicaid/All Kids.

☐ My child does not have any type of dental insurance, and there are no low-cost dental clinics in our community that will see my child.

Signature _____ Date _____

Illinois Department of Public Health, Division of Oral Health
217-785-4899 TTY (hearing impaired use only) 800-547-0466 www.idph.state.il.us

December 2006

State of Illinois
Illinois Department of Public Health

State of Illinois
Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician (such as an ophthalmologist) who provides 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 the first day of the school year the child enters the Illinois school system for the first time. The parent of any child who is unable to obtain an examination must submit a waiver form to the school.

Student Name _____
(Last) (First) (Middle Initial)

Birth Date _____ Gender _____ 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

	Distance			**Near**
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation? ❑ Yes ❑ No

	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	❑	❑	❑	_____
Internal exam (vitreous, lens, fundus, etc.)	❑	❑	❑	_____
Pupillary reflex (pupils)	❑	❑	❑	_____
Binocular function (stereopsis)	❑	❑	❑	_____
Accommodation and vergence	❑	❑	❑	_____
Color vision	❑	❑	❑	_____
Glaucoma evaluation	❑	❑	❑	_____
Oculomotor assessment	❑	❑	❑	_____
Other _____	❑	❑	❑	_____

NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test.

Diagnosis

❑ Normal ❑ Myopia ❑ Hyperopia ❑ Astigmatism ❑ Strabismus ❑ Amblyopia

Other _____

Continued on back

State of Illinois
Illinois Department of Public Health

State of Illinois
Eye Examination Report

Recommendations

1. Corrective lenses: ❑ No ❑ Yes, glasses or contacts 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 (such as an ophthalmologist) who provided the eye examination ❑ MD ❑ OD ❑ DO

License Number _____

Address _____
_____

Phone _____

Signature _____

Date _____

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)

_____
(Date)

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

Printed by Authority of the State of Illinois

IOCI 15-391

RIVER FOREST PUBLIC SCHOOLS – www.district90.org
Administration Building - 7776 Lake Street, River Forest, Illinois 60305 - 708•771•8282 / Fax 708•771•8291

SCHOOL MEDICATION AUTHORIZATION FORM for 2017-2018 school year

Student Name:_____ Birthdate_____ Age____ Sex_____

School_____ Grade Level_____

PHYSICIAN'S ORDER: (needed for prescription and/or over-the-counter medicine)

Medication #1_____ Dosage_____

Time to be given/Instructions_____ Route_____ Starting Date_____

Diagnosis/Reason for medication_____

Procedure if dosage is missed_____

Possible side-effects_____

Medication #2_____ Dosage_____

Time to be given/Instructions_____ Route_____ Starting Date_____

Diagnosis/Reason for medication_____

Procedure if dosage is missed_____

Possible side-effects_____

Other Medications student is receiving_____

Asthma or Allergy Medication Only: ☐ ASTHMA Inhaler ☐ Epi-Pen

☐Yes ☐No Student may carry medication on his/her person

☐Yes ☐No Student may self-administer medication. Directions for self-administration:

Physician's Name (Print)_____ Address or Office Stamp:

Physician's Signature _____

Date_____ Phone_____

PARENT/LEGAL GUARDIAN AUTHORIZATION:

I give permission for my child to receive the above medication(s) as directed by the physician. The medication will be sent to school in a container appropriately labeled by a pharmacy. If it is over-the-counter, it will be sent in the original package with my child's name on it. I will notify the school in writing if the medication is discontinued. Also, I will obtain a written doctor's order if the medication order is changed.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

Daytime contact numbers: Cell _____ Work _____ Home _____

OVER >>> for Parent/Guardian Agreement Authorizing Self-Administration of Asthma Medication or Epi-Pen

--- *Additional Parent/Guardian Signature required on back* --- **OVER >>>**

Agreement Authorizing Self-Administration of Asthma Medication or Epi-Pen

I/We, _____, the parent(s) or

legal guardian(s) of _____, a student at River Forest School District 90, hereby authorize my/our child to self-administer:

_____Asthma Medication
_____Epi-Pen

while at school and have provided a physician's statement in compliance with State statute. I/We have instructed my/our child not to share his/her medication with any other student. Additionally, I/We understand that according to State statute, the School District and its employees are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of the:

_____Asthma Medication
_____Epi-Pen

by my/our child. I/We further understand and agree that as the parent(s) or legal guardian(s) of my/our child, I/we must 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:

_____Asthma Medication
_____Epi-Pen

by my/our child. I/We further understand that this permission for self-administration of:

_____Asthma Medication
_____Epi-Pen

is effective for this school year only, and must be renewed each subsequent school year, if desired. I/We understand that a copy of this permission will be kept in my/our child's medical file.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____Date _____

Daytime contact numbers:
Cell _____Work _____Home _____

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

RELEASE OF RECORDS REQUEST

Parents/guardians: Please complete and submit to the former school.

Student Name_____ School_____

Information to be released: _____Academic Records
_____Medical Records
_____Dental Records
_____Other

I give my consent to

School/District_____

Address_____

City/State/Zip_____

to release student information to
River Forest School District 90, 7776 Lake Street, River Forest, IL 60305

My child will be attending: _____Lincoln _____Roosevelt _____Willard

I give my consent **to River Forest School District 90** to release student information to

School/District_____

Address_____

City/State/Zip_____

Parent/Guardian Signature_____

(Please print name)_____

Address_____

Phone_____ Date_____

ILLINOIS STATE BOARD OF EDUCATION
Public School and Recognition Division
100 West Randolph Street, Suite 14-300
Chicago, Illinois 60601

STUDENT IDENTIFICATION NUMBER (9-digits)								

STUDENT TRANSFER FORM

In accordance with Section 2-3.13a of the School Code, all public school districts are to provide this form to any student who is moving out of the school district to verify whether or not the student is "in good standing" and, whether or not their medical records are up-to-date and complete as defined in Section 2-3.13a. "In good standing" means that the student is not being disciplined by an out-of-school suspension or expulsion, and is entitled to attend classes, as of the date of this form. No public school district is required to admit a new student unless they can produce this form from the student's previous Illinois public school district. **This form is not to be returned to the Illinois State Board of Education. It is to be sent directly to the student's new school they will be attending.**

NAME OF STUDENT (Last, First, Middle)	BIRTHDATE (Month, Day, Year)	GENDER ☐ Male ☐ Female	GRADE LEVEL

ADDRESS OF STUDENT (Street, City, State, Zip Code)

NAME OF PARENT OR GUARDIAN	PARENT/GUARDIAN TELEPHONE (Include Area Code) Home Work

ADDRESS OF PARENT OR GUARDIAN (Street, City, State, Zip Code)

DISTRICT NAME AND NUMBER TRANSFERRING TO	NEW DISTRICT ADDRESS (Street, City, State, Zip Code)
NAME OF SCHOOL STUDENT WILL BE TRANSFERRING TO	NAME OF PRINCIPAL AT NEW SCHOOL

Please check (✓) the appropriate box.

☐ I hereby attest that the above student is "in good standing" and that all medical records for the above student are up-to-date and complete as of the date of this form.

☐ The above student's medical records are **not** up-to-date and complete as documented in the student's permanent records.

☐ I hereby attest that the above student is **not** "in good standing" due to a current suspension and/or expulsion from _____ until _____; but is entitled to transfer in accordance with Section 2-3.13a (105 ILCS 5/2-3.13a), unless the receiving district has, pursuant to Section 2-3.13a, adopted a policy providing that if a student is suspended or expelled for any reason from any public or private school in this or any other state, the student must complete the entire term of the suspension or expulsion before being admitted into the school district. This policy may allow placement of the student in an alternative school program established under Article 13A of this Code, if available, for the remainder of the suspension or expulsion.

☐ I hereby attest that the above student is **not** "in good standing" due to a current suspension and/or expulsion from _____ until _____ and is **not** eligible for transfer for knowingly possessing in a school building or on school grounds a weapon as defined in the Gun Free Schools Act (20 U.S.C. 8921 et seq.); for knowingly possessing, selling, or delivering in a school building or on school grounds a controlled substance or cannabis; or for battering a staff member of the school.

NAME OF PRINCIPAL	SCHOOL PHONE (Include Area Code)	COUNTY

DISTRICT NAME AND NUMBER	DISTRICT ADDRESS (Street, City, State, Zip Code)

_____ Date

_____ Signature of Principal

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, Illinois 60305
708-771-8282
Fax 708-771-8291

STUDENT FEES
River Forest District 90
2017 - 2018

Standard Registration Rate – New to District

Board Approved Fee Schedule:

Grade Level	Instructional Materials	Activity	Lunch Supervision	Consumables	Total Fees
Early Childhood	$33.70	-0-	-0-	-0-	**$ 33.70**
Kindergarten	$33.70	$ 5.00	-0-	$27.00	**$ 65.70**
Grades 1-4	$79.95	$ 5.00	$192.50	-0-	**$277.45**
Grades 5-8	$85.25	$11.00	$232.50	-0-	**$328.75**

Optional:
Milk Grades 1-8 $ 11.00

Please √ for each participating student:

	Lunch	Milk
Student (last, first)_____ Grade_____	☐	☐
Student (last, first)_____ Grade_____	☐	☐
Student (last, first)_____ Grade_____	☐	☐
Student (last, first)_____ Grade_____	☐	☐

Early Childhood – Grade 4 Registration:

Early Childhood $33.70 x _____=_____

Kindergarten $65.70 x _____=_____

Grades 1-4 $277.45 x _____=_____

Milk (optional) $11.00 x _____=_____
____Lincoln ____Willard

Total_____

Grades 5-8 Registration:

Grades 5-8 $328.75 x _____=_____

Milk (optional) $11.00 x _____=_____

Total_____

GRAND TOTAL_____

Please make your check payable to: **River Forest District 90**

☐ I will be applying for a fee waiver in August 2017. (Do not make fee payment now).