

# Illini West High School District #307

## Student Verification

Student Name: \_\_\_\_\_

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

Did the Student attend Illini West during the 2010-2011 school year?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered Yes and have no changes you have completed this application.

In No, complete all items.

If only some information has changed complete the items with changes.

**New Students MUST answer all question.**

### Physical Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

### Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

### Mother:

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### Father:

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Guardian:**

Relationship to Student: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Day Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

**Emergency Contact 1:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Emergency Contact 2:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Medical Professionals:**

Doctor: \_\_\_\_\_  
Phone: \_\_\_\_\_

Medical Alerts: \_\_\_\_\_

Medical Considerations: \_\_\_\_\_

Dentist: \_\_\_\_\_  
Phone: \_\_\_\_\_

**ILLINI WEST HIGH SCHOOL  
2011-2012 FEE SCHEDULE**

**Curriculum Fee**                      Grades 9 – 12 ..... \$85.00

**Student Extra-Curricular Participation Fee**      Grades 9-12 ..... \$25.00

(One fee payment per student covers all activities for the school year)

**Activities covered by this fee include:**

Art Club	FBLA	S.A.D.D.
Band	FFA	Scholastic Bowl
Baseball	Football	Scholastic Clay Target Program
Basketball	Golf	School Play
Bass Fishing	History Club	Softball
Cheerleading	Home Economics Club	Speech
Chorus	Industrial Arts Club	Student Council
Class Officers	International Club	Track
Cross Country	Jazz Band	Volleyball
Dance Team	Key Club	Wrestling
Drama Club	Math Team	WYSE
English Club	National Honor Society	Yearbook

**Handbook Replacement Fee** Grades 9 – 12 ..... \$10.00

**Driver Education**                      Driving and Class Participation ..... \$50.00

**Meal Prices**

Student Lunch .....	\$2.00
Reduced Lunch.....	\$0.40
Adult Lunch .....	\$3.00
Extra Milk .....	\$0.30
Breakfast .....	\$1.00
Reduced Breakfast .....	\$0.30

**Athletic Season Tickets**                      Includes All Home Regular Season Athletic Events – Admission subject to seating availability and capacity

Adults . .....	\$75.00
Students.....	\$35.00
Family Plan .....	\$160.00
Senior Citizens (62 or Older) .....	\$35.00

**High School Admission**                      Adults . .....

Adults . .....	\$4.00
Students & Senior Citizens (62 or Older) .....	\$2.00

**IWHS Students receive FREE admission to all regular season home games by presenting student ID**

**JV Single Game**

Adults . .....	\$2.00
Students & Senior Citizens (62 or Older) .....	\$1.00

**Spectator Bus**                      A minimum of 40 students is required at \$5.00 per student.

**Student Insurance**

School Time: .....	\$22-\$75*
Around the Clock: .....	\$95-\$245*
Voluntary Football Insurance.....	\$159-\$355*

\*Actual price depends on which type of coverage purchased.

Student Insurance is represented by Markel Insurance Company

**HANDBOOK ACKNOWLEDGEMENT FORM  
PARENT OR GUARDIAN**

I acknowledge that my student received a copy of the 2011-12 Illini West High School Parent/Student Handbook. I understand that each student is responsible for becoming familiar with and abiding by its contents. I understand that most district policies and procedures that pertain to students and extracurricular activities are stated in this handbook. Hopefully this will eliminate unnecessary confusion during the school year. However, I understand that situations will arise not covered by this handbook. Such situations will be dealt with as they occur. Any questions about the policies and/or their consequences should be directed to the administrator of the building.

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

Student's Name \_\_\_\_\_ Grade in School \_\_\_\_\_

I give permission for District #307 to seek medical help for my child in an emergency.  
 Yes                       No

I give permission for my child to drive their vehicle during lunch.  
 Yes                       No

**HANDBOOK ACKNOWLEDGEMENT FORM  
STUDENT**

I acknowledge receiving a copy of the 2011-12 Illini West High School Parent/Student Handbook. I understand that as a student I am responsible for becoming familiar with and abiding by its contents. I understand that most district policies and procedures that pertain to students and extracurricular activities are stated in this handbook. Hopefully this will eliminate unnecessary confusion during the school year. However, I understand that situations will arise not covered by this handbook. Such situations will be dealt with as they occur. Any questions about any of the policies and/or their consequences should be directed to the administrator of the building.

Date: \_\_\_\_\_  
Student Signature \_\_\_\_\_

# Illini West High School

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600 Miller Street  
Carthage, IL 62321  
Phone: (217) 357-2136  
Fax: (217) 357-3569  
www.Illiniwest.org

## 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 students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to the high school office.

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

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

Yes \_\_\_\_\_ No \_\_\_\_\_

What language? \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

What language? \_\_\_\_\_

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

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

\_\_\_\_\_  
Date

**Authorization for Electronic Network Access Form**

Staff members need only sign this *Authorization for Electronic Network Access* once while employed by the School District.

- Please check the appropriate box:  Staff member  
 Parent/Guardian of student  
 Student \*

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

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\* Students are required to have a parent/guardian read and agree to the following:**

I have read this *Authorization for Electronic Network 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.

\_\_\_\_\_  
Parent/Guardian Name (please print)

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

\_\_\_\_\_  
Date

BASED ON BOARD POLICY

DATED: October 10, 2007

## Electronic Network Access And Use

*Each staff member must sign the Authorization Form as a condition for using the District's Electronic Network connection. Each student and his or her parent(s)/guardian(s) must sign the Authorization before being granted unsupervised access. Please read this document carefully before signing.*

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. This *Authorization* does not attempt to state all required or proscribed behavior by users. However, some specific examples are provided. **The failure of any user to follow the terms of the *Authorization for Electronic Network Access* will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

### Terms and Conditions

**Acceptable Use** - Access to the District's electronic network must be: (a) for the purpose of education or research, and be consistent with the District's educational objectives, or (b) for a legitimate business use.

**Privileges** - The use of the District's electronic networks is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrator will make all decisions regarding whether or not a user has violated the terms of access privileges and may deny, revoke, or suspend access at any time. His or her decision is final.

**Unacceptable Use** - The user is responsible for his or her actions and activities involving the network. Some examples of unacceptable uses are:

- a. Using the network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any State or federal law;
- b. Unauthorized downloading of software, regardless of whether it is copyrighted or de-virused;
- c. Downloading copyrighted material for other than personal use;
- d. Using the network for private financial or commercial gain;
- e. Wastefully using resources, such as file space;
- f. Hacking or gaining unauthorized access to files, resources or entities;
- g. Invading the privacy of individuals, that includes the unauthorized disclosure, dissemination, and use of information about anyone that is of a personal nature including a photograph;
- h. Using another user's account or password;
- i. Posting material authored or created by another without his/her consent;
- j. Posting anonymous messages;
- k. Using the network for commercial or private advertising;
- l. Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material; and
- m. Using the network while access privileges are suspended or revoked.

**Network Etiquette** - You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

- a. Be polite. Do not become abusive in your messages to others.
- b. Use appropriate language. Do not swear, or use vulgarities or any other inappropriate language.
- c. Do not reveal the personal information, including the addresses or telephone numbers, of students or colleagues.
- d. Recognize that electronic mail (e-mail) is not private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
- e. Do not use the network in any way that would disrupt its use by other users.
- f. Consider all communications and information accessible via the network to be private property.

**No Warranties** - The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages the user suffers. This includes loss of data resulting from delays, non-deliveries, missed-deliveries, or service interruptions caused by its negligence or the user's errors or omissions. Use of any information obtained via the Internet is at the users own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.

**Indemnification** - The user agrees to indemnify the School District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of, any violation of this *Authorization*.

**Security** - Network security is a high priority. If you can identify a security problem on the Internet, you must notify the system administrator or Building Principal. Do not demonstrate the problem to other users. Keep your account and password confidential. Do not use another individual's account without written permission from that individual. Attempts to log-on to the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk may be denied access to the network.

**Vandalism** - Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.

**Telephone Charges** - The District assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment or line costs.

**Copyright Web Publishing Rules** - Copyright law and District policy prohibit the re-publishing of text or graphics found on the Web or on District Web sites or file servers, without explicit written permission.

- a. For each re-publication (on a Web site or file server) of a graphic or a text file that was produced externally, there must be a notice at the bottom of the page crediting the original producer and noting how and when permission was granted. If possible, the notice should also include the Web address of the original source.
- b. Students and staff engaged in producing Web pages must provide library media specialists with e-mail or hard copy permissions before the Web pages are published. Printed evidence of the status of "public domain" documents must be provided.
- c. The absence of a copyright notice may not be interpreted as permission to copy the materials. Only the copyright owner may provide the permission. The manager of the Web site displaying the material may not be considered a source of permission.
- d. The "fair use" rules governing student reports in classrooms are less stringent and permit limited use of graphics and text.
- e. Student work may only be published if there is written permission from both the parent/guardian and student.

**Use of Electronic Mail** - The District's electronic mail system, and its constituent software, hardware, and data files, are owned and controlled by the School District. The School District provides e-mail to aid students and staff members in fulfilling their duties and responsibilities, and as an education tool.

- a. The District reserves the right to access and disclose the contents of any account on its system, without prior notice or permission from the account's user. Unauthorized access by any student or staff member to an electronic mail account is strictly prohibited.
- b. Each person should use the same degree of care in drafting an electronic mail message as would be put into a written memorandum or document. Nothing should be transmitted in an e-mail message that would be inappropriate in a letter or memorandum.
- c. Electronic messages transmitted via the School District's Internet gateway carry with them an identification of the user's Internet "domain." This domain name is a registered domain name and identifies the author as being with the School District. Great care should be taken, therefore, in the composition of such messages and how such messages might reflect on the name and reputation of the School District. Users will be held personally responsible for the content of any and all electronic mail messages transmitted to external recipients.

- d. Any message received from an unknown sender via the Internet should either be immediately deleted or forwarded to the system administrator. Downloading any file attached to any Internet-based message is prohibited unless the user is certain of that message's authenticity and the nature of the file so transmitted.
- e. Use of the School District's electronic mail system constitutes consent to these regulations.

Internet Safety

Internet access is limited to only those "acceptable uses" as detailed in these procedures. Internet safety is almost assured if users will not engage in "unacceptable uses," as detailed in this *Authorization*, and otherwise follow this *Authorization*.

Staff members shall supervise students while students are using District Internet access to ensure that the students abide by the Terms and Conditions for Internet access contained in this *Authorization*.

Each District computer with Internet access has a filtering device that blocks entry to visual depictions that are: (1) obscene, (2) pornographic, or (3) harmful or inappropriate for students, as defined by the Children's Internet Protection Act and as determined by the Superintendent or designee.

The system administrator and Building Principals shall monitor student Internet access.

LEGAL REF.: No Child Left Behind Act, 20 U.S.C. §6777.  
Children's Internet Protection Act, 47 U.S.C. §254(h) and (l).  
Enhances Education Through Technology, 20 U.S.C §6751 et seq.  
720 ILCS 135/0.01.

DATED: October 20, 2007

**School Medical Condition/Medication Authorization Form**

*To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.*

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
School: Illini West High School Grade: \_\_\_\_\_

**MEDICAL CONDITONS:**

- My student does NOT have any medical condition that will or may impact the education of my student.*
- My student has a medical condition that will or may impact the education of my student and of which the school staff needs to be aware.*

**DESCRIPTION OF CONDITION:** \_\_\_\_\_

**PHYSICIAN'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MEDICATION:**

- My student does NOT have medication that he/she must take at school.*
- My student has medication that he/she must take at school. Complete details listed below.*

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

**PARENT/GUARDIAN SIGNATURE**

*To be completed by the student's physician, physician assistant, or advanced practice RN*

**FOR MEDICATION:**

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 medication 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:*** \_\_\_\_\_

\_\_\_\_\_  
Parent(s)/guardian(s)

***For all parents/guardians of students requiring medication:***

By signing below, I agree 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, 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**

I agree 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 administration or the child's self-administration of medication.

\_\_\_\_\_  
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.*

BASED ON BOARD POLICY

DATED: October 10, 2007

## Students

### Using a Photograph or Videotape of a Student

*Distribute to parent(s)/guardian(s) at the time they register a child for school and/or annually at the beginning of the school year.*

Pictures of Unnamed Students. Students may occasionally appear in photographs and videotapes taken by school staff members, other students, or other individuals authorized by the Building Principal. The school may use these pictures, without identifying the student, in various publications, including the school yearbook, school newspaper, and school website. No consent or notice is needed or will be given before the school uses pictures of unnamed students taken while they are at school or a school-related activity.

Pictures of Named Students. Many times, however, the school will want to identify a student in a school picture. School officials want to acknowledge those students who participate in a school activity or deserve special recognition.

In order for the school to publish a picture with a student identified by name, one of the student's parents or guardians must sign a consent form. Please complete and sign this form to allow the school to publish and otherwise use photographs and videotapes, with your child or ward identified, while he or she is enrolled in this school.

**I grant consent to Illini West High School District #307 to identify a picture of my child or ward, by full name and/or the school he or she attends, in any school sponsored material, publication, videotape, or website.**

**This consent is valid for the entire time my child or ward is enrolled in Illini West High School. I may revoke this consent at any time by notifying the Building Principal.**

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Printed Parent/Guardian's Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Child or Ward's Name*

Pictures of Students Taken by Non-School Agencies. While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student. School staff members will not, however, identify a student for an outside photographer.



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

Please Print

<b>Student's Name</b>			<b>Birth Date</b>	<b>Sex</b>	<b>School</b>	<b>Grade Level /ID#</b>
Last	First	Middle	Month/Day/ Year			

Address		Street	City	ZIP code	Parent/ Guardian	Telephone # Home	Work
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**IMMUNIZATIONS:** To be completed by health care provider. Note the mo/da/yr for *every* dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

VACCINE/DOSE	1			2			3			4			5			6			
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																			
Diphtheria and Tetanus (Pediatric DT or Td)																			
Inactivated Polio (IPV)																			
Oral Polio (OPV)																			
Haemophilus influenzae type b (Hib)																			
Hepatitis B (HB)																			
Varicella (Chickenpox)																			Comments
Combined Measles, Mumps and Rubella (MMR)																			
Measles (Rubeola)																			
Rubella (3-day measles)																			
Mumps																			
Pneumococcal (not required for school entry)																			
	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	<input type="checkbox"/> PCV7	<input type="checkbox"/> PPV23	
Check specific type (PCV7, PPV23)																			
Other (Specify hepatitis A, meningococcal, etc.)																			

**Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.**

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b> (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	<b>Title</b>	<b>Date</b>
<b>Signature</b> (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	<b>Title</b>	<b>Date</b>

**ALTERNATIVE PROOF OF IMMUNITY**

1. Clinical diagnosis is acceptable if verified by physician. \*(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

\*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.  
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
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3. Laboratory confirmation (check one)  Measles  Mumps  Rubella  Hepatitis B  Varicella  
Lab Results Date MO DA YR (Attach copy of lab report, if available.)

VISION AND HEARING SCREENING DATA																				
Pre-school – annually beginning at age 3; School age – during school year at required grade levels																				
Date	R		L		R		L		R		L		R		L		R		L	
Age/Grade																				
Vision																				
Hearing																				

Code:  
P = Pass  
F = Fail  
U = Unable to test  
R = Referred  
G/C = Glasses/Contacts

Printed by Authority of the State of Illinois  
(Complete Both Sides)

<b>Student's Name</b>			<b>Birth Date</b>	<b>Sex</b>	<b>School</b>	<b>Grade Level/ ID #</b>
Last	First	Middle	Month/Day/ Year			

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

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

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

<b>PHYSICAL EXAMINATION REQUIREMENTS</b>		<b>HEIGHT</b>	<b>WEIGHT</b>	<b>BMI</b>	<b>B/P</b>
<b>DIABETES SCREENING</b> BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: <b>Family History</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Ethnic Minority</b> Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Signs of Insulin Resistance</b> (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>At Risk</b> Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>LEAD RISK QUESTIONNAIRE*</b> Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.					
<b>Blood Test Indicated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Blood Test Date</b>	<b>Blood Test Result</b> (Blood test required in Chicago and other high risk zip codes.)		
<b>TB SKIN TEST</b> Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. <b>Date Read</b> / / <b>Result</b> mm					
<b>LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES</b>		<b>Date</b>	<b>Results</b>	<b>Date</b>	<b>Results</b>
Hemoglobin * or Hematocrit *			Sickle Cell * (as indicated)		
Urinalysis			Other		
<b>SYSTEM REVIEW</b>	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs
Skin				Endocrine	
Ears				Gastrointestinal	
Eyes Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>		Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/>	Result	Genito-Urinary	LMP
		Referred to Ophthalmologist/Optomtrist Yes <input type="checkbox"/> No <input type="checkbox"/>		Neurological	
Nose				Musculoskeletal	
Throat				Spinal examination	
Mouth/Dental				Nutritional status	
Cardiovascular/HTN				Mental Health	
Respiratory					
<b>NEEDS/MODIFICATIONS</b> required in the school setting			<b>DIETARY</b> Needs/Restrictions		
<b>SPECIAL INSTRUCTIONS/DEVICES</b> e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup					
<b>MENTAL HEALTH/OTHER</b> Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal					
<b>EMERGENCY ACTION</b> needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.					
<b>On the basis of the examination on this day, I approve this child's participation in</b>			<b>(If No or Modified, please attach explanation.)</b>		
<b>PHYSICAL EDUCATION</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Modified</b> <input type="checkbox"/>		<b>INTERSCHOLASTIC SPORTS</b> (for one year) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Limited</b> <input type="checkbox"/>			
Physician/Advanced Practice Nurse/Physician Assistant performing examination					
Print Name		Signature		Date	
Address			Phone		

(Complete both sides)

# Illini West High School

Illinois State Board of Education  
New U.S. Department of Education Race and Ethnicity Data Standards  
DATA COLLECTION FORM

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**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 original, 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.**

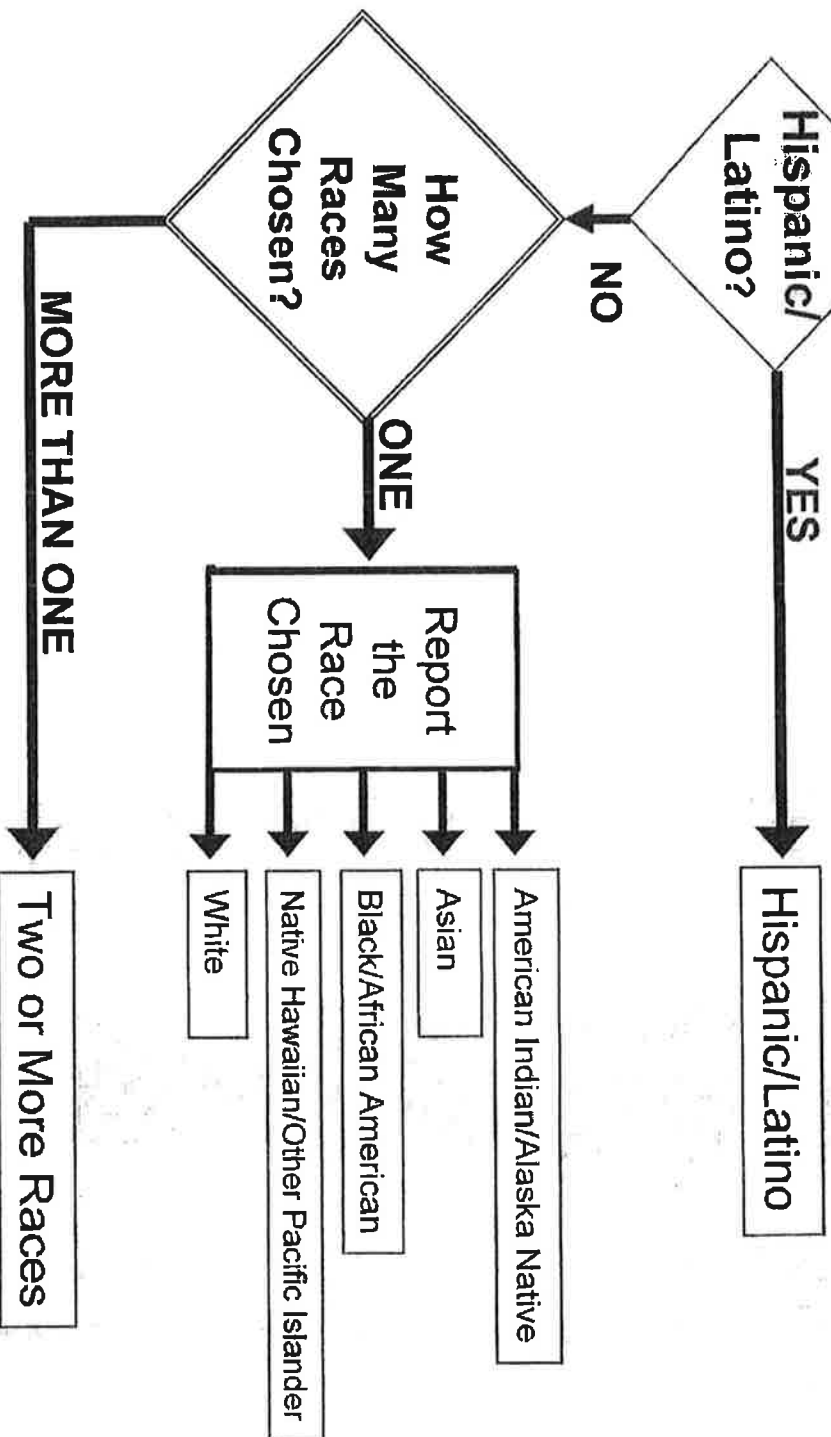
- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast 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.)
  
- Information provided by Parent/Guardian \_\_\_\_\_  
Signature Date
- Information provided by School District \_\_\_\_\_  
Date

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

# Data Collection to Reporting Flowchart

Re-identification  
Data Collection

## Reporting Category



# Illini West High School District #307

## SCHOOLREACH CONTACT FORM

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

The SchoolReach System will be used to notify students and families of school closings, emergency situations, and occasional general information, as well as contacting parents when a student is absent from school. Each student may have up to 7 phone numbers in the system for notification. Please list your choices in the spaces below.

**All Calls** – All calls containing general school/district information.

**Closing/Emerg.** – ONLY calls regarding school closings or other emergency situations.

**Athletic Calls** – ALSO receive calls regarding information/changes in all athletic events.

**Primary Phone:** \_\_\_\_\_  
Area Code Phone Number

All Calls (except Athletic)  
 Closings/Emerg.  
 Also Athletic Calls

This will be listed in our system as the first go-to phone number regarding your student.

### Additional Phone Numbers:

1. \_\_\_\_\_  
Area Code Phone Number

All Calls (except Athletic)  
 Closings/Emerg.  
 Also Athletic Calls

2. \_\_\_\_\_  
Area Code Phone Number

All Calls (except Athletic)  
 Closings/Emerg.  
 Also Athletic Calls

3. \_\_\_\_\_  
Area Code Phone Number

All Calls (except Athletic)  
 Closings/Emerg.  
 Also Athletic Calls

4. \_\_\_\_\_  
Area Code Phone Number

All Calls (except Athletic)  
 Closings/Emerg.  
 All Athletic Calls

5. \_\_\_\_\_  
Area Code Phone Number

All Calls (except Athletic)  
 Closings/Emerg.  
 Also Athletic Calls

6. \_\_\_\_\_  
Area Code Phone Number

All Calls (except Athletic)  
 Closings/Emerg.  
 Also Athletic Calls

### Absence Phone:

\_\_\_\_\_ (Only used for absence calls.)  
Area Code Phone Number

Whenever your student is absent and we have not heard from a parent regarding the absence, we will use this phone number to send a message notifying of the absence. (This can be the same as the primary phone or one of the additional phone number listed above.)

**E-mail Address:** \_\_\_\_\_ (Please print carefully/legibly.)  
(E-mail address where teachers could contact parent(s) regarding your student.)