



New Student Enrollment
**ILLINI WEST HIGH
SCHOOL
DISTRICT 307**

ONLINE REGISTRATION

Date Completing

If you have any questions as you are completing the form please click this link to send an email to our technology specialists. We will get back with you as soon as possible. Thanks!

Email RegistrationHelp@illiniwest.org

Illini West has the opportunity once again to win \$5,000 through the Max Dollars for Education program from County Market. Please enter your Max Card number below to register your card. Each time you shop at County Market and swipe your Max Card it increases our school's chance of winning. That money is spent directly on the kids for things such as movie day's, Fun City, Burlington Bee's game and having motivational speakers come to our school, etc.

Please take the time to go out & register your County Market card. Our school could potentially earn \$5,000. Please click the following link to register your Max card today. Once there you can select Illini West from the drop down menu. The School Origin Number is 15184.

Click Here to Register Now.

Student Information

Who does the child reside with? _____ *Please indicate who the child lives with.*

Families in Transition

Please select YES if any of the following apply to your living situation: • Are you an unaccompanied youth which means you are not in the physical custody of a parent or guardian? • Are you sharing housing of other persons due to loss of housing, economic hardship, or a similar reason? • Are you living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations? • Are you living in emergency or transitional shelters? • Are you living in an abandoned hospital or building? • Are you awaiting foster care placement?

Student Information

Home Phone xxx-xxx-xxxx

Student's Email Address _____ email@domain.com

Student's Cell Phone _____ xxx-xxx-xxxx

Street Address _____ City _____ State ____ Zip Code _____ xxxxx

Mailing Address _____ Mailing City _____ Mailing State ____ Mailing Zip _____ xxxxx

County of Residence _____

LaHarpe & Dallas City Students Yes No

Will your child be riding a school bus?

Ethnicity and Race Report

The U.S. Department of Education has 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 respondents to answer a two-part question, indicating ethnicity first and then one or more of five races. (In the past, individuals were allowed to choose only one race or ethnicity category.)

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.

Part A - Ethnicity

Is the student Hispanic / Latino? Yes, Hispanic or Latino No, not Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Part B - Race

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the next question by selecting from one or more of the dropdowns below to indicate what you consider this student's race to be.

- **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America including Central America, and who maintains a tribal affiliation or a 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 in 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.

Race(s): Choose one or more

American Indian or Alaska Native

White

Asian Black or African American

Multi Racial

Hispanic

Home Language Survey

Please indicate the student's primary and secondary spoken languages below.

Primary Language

Secondary Language

Parent / Guardian Information

Mother's Full Name _____ *First Name Last Name*

Mother's Home Phone _____ *XXX-XXX-XXXX*

Mother's Cell Phone _____ *XXX-XXX-XXXX*

Mother's Daytime Phone _____ *XXX-XXX-XXXX*

Mother's Employer Name _____

Mothers Education *Educational Level of Parents*

Mother's Email _____ *email@domain.com*

Father's Full Name _____ *First Name Last Name*

Father's Home Phone _____ *XXX-XXX-XXXX*

Father's Cell Phone _____ *XXX-XXX-XXXX*

Father's Daytime Phone _____ *XXX-XXX-XXXX*

Father's Employer _____

Fathers Education *Educational Level of Parents*

Father's Email _____ *email@domain.com*

Additional Parent/Guardian's Full Name _____ *Last Name, First name*

Additional Parent/Guardian's Daytime Phone _____ *XXX-XXX-XXXX*

Emergency Contact Information

Please list two additional people we can contact in the event of an emergency (other than parents listed above). Every effort will be made to contact parents/guardians whom in which the child resides with in case of illness, accident, emergency condition or school closure. Emergency contacts will be contacted only if parents/guardian cannot be reached.

First Emergency Contact _____ *First Name Last Name*

Phone Number _____ *XXX-XXX-XXXX*

Secondary Emergency Contact _____ *First Name Last Name*

Phone Number _____ *XXX-XXX-XXXX*

Medical Information

Medical Condition _____

If your child has a medical condition that requires we administer medication please print the School Medical Condition/Medication Authorization form and send it with your child to school. This form is available below or on our website.

Medical Conditions Form (PDF format)

Doctor's Name _____

Doctor's Phone _____ *XXX-XXX-XXXX*

Annual Required Forms

Student Handbook

I acknowledge that my student will receive a copy of the 2018-2019 Illini West High School Student Handbook on the first day of school. I understand it is posted on the Illini West High School website, 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. I have received the Illini West High School Handbook.

Link to Student Handbook: [IWHS Handbook](#)

Internet Agreement

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. 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.

Release of information

I hereby give my permission for my child's name, address and phone number to be shared with school affiliated, community or business organizations such as Sports Boosters, Hancock County Extension Center, etc.

School's Webpage

I hereby give my permission for my child's picture and/or name to be used on the school's Web page.

Photo Permission

I grant consent to Illini West High School to identify a picture of my child/ward, by full name and/or the school he/she attends, in any school sponsored material, publication, and videotape. This consent is valid of the entire time my child/ward is enrolled at Illini West High School. I may revoke this consent at any time by notifying the Principal in writing.

Tylenol

I confirm 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 my child requests Tylenol (or comparable acetaminophen product) to relieve pain, I hereby authorize the Illini West High School District #307 and its employees and agents, in my behalf and stead, to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of the School District) Tylenol in the manner described above. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF TYLENOL TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL NURSE, AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I further acknowledge and agree that when the Tylenol is administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said Tylenol. Dosage: Two 325 mg or One 500 mg Frequency: One time per day

Institutions of higher education

I grant consent to Illini West High School to release information about my child/ward to: Institutions of higher education

Military Recruiters

I grant consent to Illini West High School to release information about my child/ward to: Military Recruiters

Pesticide Notification

Illini West HSD #307 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. Applications of pesticides are made only when deemed necessary to control a pest problem and after trying other means to control the problem. 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 pesticide applications. To be included in this registry select yes you will be notified two days before the use of pesticides at the school. I understand that if there is an immediate threat to the health or property that requires treatment before notification can be sent out I will receive notification as soon as practicable.

Deployed or Active Duty Military Parent

Does your child have a parent or guardian who is an member of the branch of armed forces of the United States and who is either deployed or active duty or expects to be deployed to active duty during the school year?

Students can maintain current residency while parents are actively deployed.

2018-2019 PBIS Activities-Permission To Participate

I give my child permission to participate in all 2017-2018 PBIS Activities. My child has permission to participate in activities that take place both on campus and off-campus. I understand the activities may include trips off campus, release from study hall, watching PG -13 movies, roller skating, partaking of food items, etc.

Affidavit of Enrollment and Residency

Name of Student _____ Permanent Address _____

Is the person filling out this form at least 18?

Can Provide Proof of Residency

I am a responsible party for the student?

I Provide a Night Time Abode for the student?

Student is NOT in district just to gain access to educational opportunities?

I understand that the student is not enrolling to avoid paying any fees?

I understand that enrolling a student when they are non-resident can be a misdemeanor offense.

Vehicle Information-If your child is going to park on school grounds the following information must be completed.

Vehicle # 1 Make & Model _____

If your child will be parking on school grounds please register up to 3 vehicles individually

Vehicle # 1 Color _____ *Please list the color of the above vehicle*

Vehicle #1 License Plate _____

Vehicle #2 Make/Model _____

If your child will be parking on school grounds please register up to 3 vehicles individually

Vehicle #2 Color _____ *Please list the color of the above vehicle*

Vehicle #2 License Plate _____

Vehicle #3 Make & Model _____

If your child will be parking on school grounds please register up to 3 vehicles individually

Vehicle #3 Color _____ *Please list the color of the above vehicle*

Vehicle #3 License Plate _____

School Broadcast Information

School Messenger Automated Call/Text Messaging System. This system notifies students, parents and families of school closings, emergency situations, lunch balance reminders and general information. We also use this system to notify parents when a child is absent from school and has not been reported by the parent or legal guardian. You must opt in to receiving text messages. It is required you have 2 contact numbers we notify in the event your child is absent from school. It is required you have 2 contact numbers we notify when your child's lunch balance exceeds our \$5.00 charge limit. You can then add those 2 contact numbers to the 6 additional general notification calls as explained above. You may have up to 6 numbers for general information, school closings and emergency notifications.

Absence Contact #1 _____ *Phone Number (xxx-xxx-xxxx)*

Absence Contact #2 _____ *Phone Number (xxx-xxx-xxxx)*

Lunch Balance Reminder Contact #1 _____ *Phone Number (xxx-xxx-xxxx)*

Lunch Balance Reminder Contact #2 _____ *Phone Number (xxx-xxx-xxxx)*

General Information Contact #1 _____ *Phone Number (xxx-xxx-xxxx)*

General Information Contact #2 _____ *Phone Number (xxx-xxx-xxxx)*

General Information Contact #3 _____ *Phone Number (xxx-xxx-xxxx)*

General Information Contact #4 _____ *Phone Number (xxx-xxx-xxxx)*

General Information Contact #5 _____ *Phone Number (xxx-xxx-xxxx)*

General Information Contact #6 _____ *Phone Number (xxx-xxx-xxxx)*

Free/Reduced Information & Fee Waiver

Free/Reduced Application & Fee Waiver. Illini West High School would like to encourage each & every parent to take the time to fill out the free/reduced breakfast & lunch application along with the fee waiver. If your income qualifies your 2018-2019 Registration Fee of \$125.00 and Driver's Education Fee (if applicable) of \$100.00 will be waived. Even if your child does not eat or will never eat school provided breakfast and lunch it is still beneficial for you to fill out both forms. You **MUST** fill out the fee waiver. You will need to fill out the forms, save them to either a folder on your computer or your desktop and email them to: thompson.kristi@illiniwest.org. Once I review you income information I will notify you if you qualify. We also have manual forms available outside the office you can pick up if you prefer to fill them out by hand.

Application for free/reduced lunch: **Free Reduced Application**

Fee Waiver: **Fee Waiver Info**

*Please note that if you qualify for Free & Reduced Lunches it allows 1 milk per student. Extra milks are still \$0.30.

Student Athlete's

Student Athlete's are required to fill out a packet of forms. Those forms are available on our website at www.illiniwest.org > **Click Here** . Click on the tab labeled "Parents & Students", Registration Information, Physical & Sports Forms. All forms need to be filled out completely & turned into your coach, the front office or Mr. Huston. No student will be allowed to practice without a current physical and all the forms completed. Sports physicals are required every 395 days and that form can also be printed. Please note when filling out the Emergency Medical Treatment form you **MUST** fill out the information regarding your child health insurance carrier. If your child does not have active health insurance the school insurance through Markel must be taken out. You can contact them directly @ 800-431-1270 or www.markelinsurance.com Students who are incoming freshmen are required to have a Freshmen physical which is form titled "Physical Form". That will serve as the Sports Physical **ONLY** for FRESHMEN.

Link to Student Insurance Information: **Insurance Info**

Illinois Epay

School fee's can also be paid online including the Registration Fee, Drivers Education, School Lunch/Breakfast, Hallway Locks, Balance from previous school year (SOY) & Athletic Passes. In order to pay school fee's please click on the following link. You will be redirected to Illinois Epay.

Epay Link Here