NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187
Office of District Registrar
1717 Seventeenth Street ▪ North Chicago, Illinois 60064
Phone: 847.578.7400 ▪ Fax: 847.689.7478

Attention Parent(s)/Guardian(s): Welcome to North Chicago Public Schools! In order to register in District #187 you will need to fill out the District Registration Packet and provide ALL of the required documents. ALL registration must be completed in person by the parent/legal guardian ONLY. STUDENTS ARE NOT CONSIDERED ENROLLED AND WILL NOT BE ALLOWED TO BEGIN SCHOOL UNTIL ALL REQUIREMENTS ARE SATISFIED.

Student Name: _____ DOB: ____/____/_____ Grade: _____

➢ HAS THIS STUDENT EVER ATTENDED SCHOOL IN DISTRICT #187?

☐ **YES** (If yes, you must answer the next questions.) ☐ **NO**

Date: _____ **Grade:** _____ **School:** _____

→ ILLINOIS STATE TRANSFER FORM MUST BE HAND CARRIED ←

Has this student ever received Special Education Services in any school, at any grade level?
☐ YES
School: _____
IEP HAND CARRIED? ☐ YES ☐ NO
Grade Level: _____
☐ NO SERVICES RECEIVED

Has this student ever received ELL (Bilingual) Services in any school, at any grade level?
☐ YES
School: _____
WIDA SCORES HAND CARRIED? ☐ YES ☐ NO
Grade Level: _____
☐ NO SERVICES RECEIVED

√	*ENROLLMENT ITEMS REQUIRED*
	Photo ID/DL (All)
	3 Proofs of Residency (All)
	Original Birth Certificate (30 days)
	Registration Fee (All)
	Updated Illinois Physical (All)
	Out of State Physical (If Applicable)
	Immunization Record (All)
	Vision Exam (Kindergarten)
	Dental Exam (Kindergarten, 2nd, 6th)
	Guardianship Information (If Applicable)
	Illinois State Transfer Form (If Applicable)

√	*6th – 8th GRADE ENROLLMENT ITEMS REQUIRED*
	Final Report Card (If Available)
	Grade/Course History (All)
	Withdrawal Grades (All)

√	*9th – 12th GRADE ENROLLMENT ITEMS REQUIRED*
	High School Transcript (All)
	Grade/Course History (All)
	Withdrawal Grades (All)

WITHDRAWAL PACKET HAND CARRIED? ☐ YES ☐ NO

Attention Parent(s)/Guardian(s): If you did not follow your previous school's withdrawal process, this may cause a delay in your student attending school in District #187.

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Office of District Registrar
1717 Seventeenth Street ▪ North Chicago, Illinois 60064
Phone: 847.578.7400 ▪ Fax: 847.689.7478

Request for Student Records

Mail Official Records to:
North Chicago Community High School
Registrar's Office
1717 Seventeenth Street
North Chicago, Illinois 60064

URGENT PLEASE FAX TODAY TO
(847) 689-7478

- ☐ TRANSFER FORM
- ☐ WITHDRAWAL GRADES
- ☐ CLASS SCHEDULE/CLASS HISTORY
- ☐ UNOFFICIAL TRANSCRIPT
- ☐ PHYSICAL
- ☐ ACT/PSAE SCORES
- ☐ IMMUNIZATIONS
- ☐ LETTER OF GOOD STANDING

Office Use Only
Date Faxed: _____ **Date Mailed:** _____
Date Emailed: _____ **Time:** _____
Results: _____ **2nd Request:** _____

Attention Records Custodian

_____ Last School Attended

_____ School Address

_____ School City, State and Zip Code

_____ School Phone

PLEASE PRINT CLEARLY ALL INFORMATION

Please transfer the educational and health records of:

Student Name	Student ID Number	Grade Level	Date of Birth

* I hereby grant permission for the release of the above named student's records and I understand that I have the right to inspect, copy, and challenge the content of the records released.

Parent/Guardian or Receiving School Official's Signature: _____ *Date:* _____

Please FAX items checked at the top right corner of this request then MAIL items checked below and all other PERMANENT records including attendance :

- ☐ **IEP (if applicable)**
- ☐ **Transcript (mail with official school seal)**
- ☐ **Illinois State Transfer Form (I.S.B.E)**
- ☐ **Health Records**
- ☐ **504 Plan (if applicable)**
- ☐ **Birth Certificate**
- ☐ **Final Report Card**
- ☐ **Current Transfer Grades**
- ☐ **ACT/PSAE Test Scores**
- ☐ **General Test Scores**
- ☐ **WIDA Scores (if applicable)**

Sending School Please Complete This Box

☐ Special Ed Student
List services received: _____
_____
_____
_____

☐ ELL Student

Illinois School Code permits the records custodian of another school in which a student has enrolled or will enroll the right to access student records (105 ILCS 10/6). Timely receipt of records, once a request has been made, allows a school district to make appropriate educational decisions for the student. North Chicago School District 187 will make reasonable attempts to obtain parental consent before releasing student's records to the records custodian of another school in which a student has enrolled or will enroll. ***Please note: It is illegal to withhold student records because of financial obligations.***

187-E-11

NORTH CHICAGO C.U.S. DISTRICT 187

PRINT

Home Language Survey

NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187

Male ○
Female ○

Student's Name: _____ / _____ / _____
Estudiante (Last Name/**Apellido**) (First Name/ **Nombre**) (Initial/**Inicial**)

Address: _____ Phone: _____
Dirección **Número de Teléfono**

Enrolling in Grade: _____ Age: _____ Date of Birth: ___/___/___ Country of Birth: _____
Grado de inscripción **Edad** **Fecha de Nacimiento** **País de origen/nacimiento**

Mother's Name: _____ Father's Name: _____
Nombre de la madre **Nombre del Padre**

Legal Guardian (if applicable) **Tutor Legal /Guardián (si aplica)** _____

"Box A" Language must be filled out COMPLETELY ---Tiene que llenarse completamente

A. Is a language other than English spoken in the Student's Home? Yes ○ No ○
¿Hay otro idioma además del Ingles que se hable en la casa del estudiante?

A1. If yes, please identify the other language spoken on this line. _____
A1 Si es así, identifique cual es el otro idioma hablado.

B. Does your child speak a language other than English? **Yes** ○ **No** ○
¿Habla su hijo un idioma que no sea el inglés?

B1. If yes, please identify the other language your child speaks on this line _____
B1. Si es así, identifique el otro idioma que su hijo habla.

"Box B" - School History

Please list the schools that your child has attended beginning with the most current school.
Haga una lista de las escuelas a las cuales su hijo asistió, comenzando por la escuela más reciente.

1.) When did your child first enroll in a U.S. school? Month/Year ___/___
¿Cuándo se inscribió a su hijo en una escuela de EE.UU. por primera vez? Mes/Año

2.) Has your child ever attended a North Chicago School? Yes ○ No ○ _____
¿Asistió su hijo alguna vez a una escuela de North Chicago? **Si** **No** When? /**¿Cuando?**

*Circle school / **Circule cual escuela**

Yeager ***A. J. Katzenmaier*** ***Forrestal*** ***Green Bay*** ***North***

South ***Novak King*** ***Neal*** ***North Chicago HS***

3.) For school meetings, do you need an interpreter to be present? Yes ○ No ○
Para las reuniones escolares, ¿Necesita los servicios de un intérprete? **Si** **No**

4.) Has your child ever been placed into a bilingual/ ESL program? Yes ○ No ○
¿Alguna vez se ha inscrito su hijo en un programa bilingüe/ESL? **Si** **No**

5) Do you wish to have your child's report card in your native language? Yes ○ No ○
¿Prefiere usted obtener las notas de su hijo(a) en su idioma natal? **Si** **No**

_____ _____
Parent/Guardian's Signature (**Firma del Padre/Tutor**) **Date /Fecha**

For office Use Only:
Home School: _____ Attending School: _____ Grade: _____ Teacher: _____ SY20_____

White Copy - Bilingual Department Yellow Copy - Teacher's Copy Pink Copy - Cum Folder

NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187
Office of District Registrar
1717 Seventeenth Street ▪ North Chicago, Illinois 60064
Phone: 847.689.6333 ▪ Fax: 847.689.7478

PROOF OF RESIDENCY CHECK SHEET
****SECTION I: Homeowners and Military Personnel with Lease****

Renters and those requiring an affidavit must provide proof of residency per SECTION II below.

ALL PARENT(S)/GUARDIAN(S) MUST PRESENT A VALID PHOTO ID UPON REGISTERING

Please provide one document from Category 1 AND two documents from Category 2.
Only those documents listed below will be accepted as proof of residency.

Category 1 – (one document)

- ☐ Current Real Estate Tax Bill
- ☐ Current Monthly Mortgage Statement or Coupon
- ☐ Current Lease Agreement (Military Personnel)

**********AND**********

Category 2 – (one document showing current address within the last 60 days)

- ☐ Gas, Cable, Electric, Water, Waste Management Bill
- ☐ Medical/AllKids Card
- ☐ Voter Registration Card

PROOF OF RESIDENCY CHECK SHEET
****SECTION II: Must provide proof of residency if renting****

Please provide one document from Category 1 AND two documents from Category 2.
Only those documents listed below will be accepted as proof of residency.

Category 1 – (one document)

- ☐ Current Real Estate Tax Bill
- ☐ Current Monthly Mortgage Statement or Coupon
- ☐ Signed and Dated Lease with Expiration Date
- ☐ District Residency Affidavit (When submitting an Affidavit homeowner/landlord must provide 3 proofs of residency & Illinois State ID or Driver's License)

**********AND**********

Category 2 – (one document showing current address within the last 60 days)

- ☐ Gas, Cable, Electric, Water, Waste Management Bill
- ☐ Medical/AllKids Card
- ☐ Voter Registration Card

****Military Residents ONLY****

- ☐ Housing Agreement & Military ID (not to be copied)

NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187
STUDENT INFORMATION FORM

STUDENT'S LAST NAME:_____ FIRST NAME:_____ MIDDLE:_____ GRADE:_____

BIRTH DATE:_____ BIRTH PLACE:_____ PHONE:_____

STUDENT'S ADDRESS:_____ CITY/ZIP CODE:_____

LAST SCHOOL ATTENDED:_____ FOSTER CHILD: ☐YES ☐NO GENDER: ☐ FEMALE ☐MALE

WARD OF THE STATE: ☐YES ☐NO ETHNICITY: (check one box) ☐White ☐Black ☐Hispanic ☐Multi-Racial ☐Asian/Pacific Islander ☐American Indian

SPECIAL EDUCATION SERVICES: ☐YES ☐NO **504 PLAN:** ☐YES ☐NO **BILINGUAL/ELL EDUCATION SERVICES:** ☐YES ☐NO

SIBLINGS: ☐YES ☐NO NAME:_____ WHAT SCHOOL:_____ GRADE:_____

NAME:_____ WHAT SCHOOL:_____ GRADE:_____

NAME:_____ WHAT SCHOOL:_____ GRADE:_____

EMERGENCY CONTACT INFORMATION:

RELATIONSHIP	LAST NAME	FIRST NAME	ADDRESS	PHONE NUMBER
1.				
2.				
3.				

In the case of an emergency my child should go directly home ☐YES ☐NO (check one box)

Or go to the home of: NAME: PHONE:

The individuals listed above have authorization to pick up my child and can be reached during school hours at the number listed. I have (or will) inform individual (s) above that their name, address and phone are listed as an alternative arrangement for my child. I have informed my child what to do in case of an emergency.

PARENT/GUARDIAN INFORMATION:

RELATIONSHIP	LAST NAME	FIRST NAME	EMPLOYER	WORK PHONE	OTHER PHONE
1.					
2.					
3.					

PRIMARY CONTACT E-MAIL ADDRESS:

Student lives with: (Please check all that apply) ☐Mother ☐Father ☐Stepmother ☐Stepfather ☐Grandparents ☐Guardian

Do you give permission for these numbers to be given for emergency contact? ☐YES ☐NO

IS EITHER PARENT IN THE MILITARY SERVICE OR WORKING ON GOVERNMENT PROPERTY? ☐YES ☐NO

FACILITY:_____ RANK#:_____ ACTIVE: ☐YES ☐NO

In the event my child becomes critically ill or injured and needs EMERGENCY MEDICAL CARE and is it impossible to contact either parent/guardian, please take my child to the nearest physician and/or hospital to obtain the necessary care. I AGREE TO ASSUME THE RESPONSIBILITY OF THE EXPENSE INVOLVED IN THE HANDLINGS OF THIS EMERGENCY CARE. Please note that for your child's safety the information on this form will be shared with staff as they need to know it.

I affirm that all information on this form is accurate. I understand that I assume the responsibility of notifying the school in writing of any changes in the information on this form. A person is guilty of a Class C misdemeanor if (a), that person knowingly enrolls or attempts to enroll in the school of a district, on a tuition free basis, a pupil known by that person to be a non-resident of the district, or (b) that person knowingly or willingly presents to any school district any false information regarding the residency of a pupil to attend any school district without payment of a non-resident tuition charge.

_____ _____

PARENT/GUARDIAN SIGNATURE DATE **PARENT/GUARDIAN SIGNATURE DATE**

NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187
School Nursing Department - 1717 17th Street - North Chicago, Illinois 60064
Phone: 847-505-7245 Fax: 847-689-7473
Ms. Kim Baumann, MSN, RN- District Nurse
"It is not how much you do but how much love you put in the doing."

Health Requirements for School

Early Childhood/Pre-K
- Must show proof of having a physical examination within one year of starting school
- Must show proof of Illinios state immunization requirements- documented on State of Illinois form

Kindergarten
- Physical exam within one year of starting school on State of Illinois form
- Meets Illinois state immunization requirement on State of Ilinois form
- Diabetic screening filled out by your doctor
- Lead risk questionnaire filled out by your doctor
- Vision examination to be completed by **October 15th** of school year
- Dental examination to be completed by **May 15th** of school year

2nd Grade
- Dental examination to be completed by **May 15th** of school year

6th Grade
- Physical exam ***within one year of starting sixth grade*** on State of Illinois form (sports physical does not count for this requirement)
- One dose of **Tdap booster** vaccine
- One dose of **meningococcal vaccine (MCV4)** on or after 10th birthday
- Completed **3 doses of hepatitis B vaccine** series
- Dental examination to be completed by **May 15th** of school year

9th Grade
- Physical exam ***within one year of starting 9th grade*** on State of Illinois form (sports physical does not count for this requirement)
- Meets Illinois state immunization requirements

12th Grade
- Meningococcal vaccine (MCV4)
  ** 2nd dose if received on or after 10th birthday
  OR
  ** 1 dose if only dose received on or after 16th birthday

Please be sure that physical exam form is filled out completely with:
Complete health history questions filled out and signed by parent or legal guardian, required immunizations, lead risk questionnaire, diabetic screening, ***doctor signature with address.***

Out of State students:
- Must meet Illinois immunization requirements along with physical exam completed on Illinois Certificate of Child Health Examination form
- Vision Examination using the State of Illinois Eye Examination report completed by an ophthalmologist / optometrist due **on or before October 15th** of school year

***All Required State forms are available in the school office or on school website: d187.org, parent resources tab, health requirements**

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
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
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 _____ License Number _____

Optometrist or physician (such as an ophthalmologist) who provided the eye examination ❑ MD ❑ OD ❑ DO

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)

Address _____

_____

Phone _____

Signature _____ Date _____

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

Printed by Authority of the State of Illinois

IOCI1271-09

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

NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187

2000 LEWIS AVENUE • NORTH CHICAGO, ILLINOIS 60064 • (847) 689-8150

To: Parents/Guardians

Re: Medication

1. For your child/guardian to receive any medication during school hours, prescription or non-prescription, the following guidelines must be adhered.
2. The medical authorization (Form 131) is to be filled out and signed by the physician and the parent/guardian.
3. The medication is to be supplied by the parent/guardian to the school nurse.
   - Amount:
     - A month's supply for routine or daily doses.
     - An ample supply for "as needed" administration.
   - Container and Identification (Request a pharmacy container for school use for prescription medication):
     - Safety container
     - Label including:
     - Name of child/guardian
     - Name of the medication
     - Dose of the medication
     - Time the medication is to be administered
   - All non-prescription medication sent to school must be new and in the original, sealed package.
4. Transportation of Medication:
   - Medication must be brought to the school health office by the parent/guardian, No Exceptions
   - At the end of the school year, all medication Must be picked up by the parent/guardian before the last day of school. Any medications left at the school will be destroyed.

NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187

2000 LEWIS AVENUE • NORTH CHICAGO, ILLINOIS 60064 • (847) 689-8150

MEDICATION AUTHORIZATION FORM

Medications cannot be administered at school without a doctor's written order and a written request from the parent/guardian.

School: _____

Student Name: _____ Birthdate: _____

Parent / Guardian Name: _____

Street Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE PHYSICIAN

Medication (1): _____ Dosage: _____

Time interval to be taken: _____ Duration: _____

Possible side effects: _____

Condition for which medication is being given: _____

Must this medication be administered during the school day in order for the child to attend school or to address the child's medical condition:
☐ Yes ☐ No

Medication (2): _____ Dosage: _____

Time interval to be taken: _____ Duration: _____

Possible side effects: _____

Condition for which medication is being given: _____

Must this medication be administered during the school day in order for the child to attend school or to address the child's medical condition:
☐ Yes ☐ No

Physician Signature: _____ Date: _____

Physician Name: _____ Office Phone: _____ Fax: _____
PLEASE PRINT

TO THE PARENT / GUARDIAN:

All medications to be taken at school must be supplied by the parent per the North Chicago School District policy. This request terminates at the end of the physicians prescribe orders or the end of the current school year, whichever occurs first. The North Chicago School District nurse may consult with the prescribing physician regarding school 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 North Chicago School District and its employees and agents, in my behalf, to administer or to attempt to administer to my child/guardian or to allow my child/guardian to self administer while under the supervision of the employees and agents of the North Chicago School District, lawfully prescribed medication in the manner described by the physician. I acknowledge that it may be necessary for the administration of medications to my child/guardian to be performed by an individual other than a North Chicago school district nurse, and specifically consent to such practices, and I agree to identify and hold harmless the North Chicago and its employees and agents against any claims, except based on willful and wanton conduct, arising out of the administration or the child/guardian self administration of medication.

I hereby request and grant permission for professional school personnel to administer the above prescribed medication to my child during the school day.

Parent/Guardian Signature: _____ Date: _____

NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187
2000 Lewis Avenue • North Chicago, Illinois 60064
Phone: 847.689.8150 • Fax: 847.689.6328

2016-2017 MEDICAL INFORMATION – EMERGENCY CONTACT INFORMATION

Student Name:_____ Home Number:_____

Parent/Guardian Name:_____ Home Number:_____ Cell Number:_____

Employer:_____ Work Hours:_____ Work Number:_____

Emergency Contact Person:_____ Relationship:_____

Home Number:_____ Cell Number:_____

Emergency Contact Person:_____ Relationship:_____

Home Number:_____ Cell Number:_____

Family Doctor:_____ Phone Number:_____

State law and the Illinois State Board of Education requires school officials have at least 2 working emergency phone numbers.*

Please indicate the following medical information:

Does your child have asthma?	☐Yes	☐No
Does your child have a heart condition?	☐Yes	☐No
Does your child have high blood pressure?	☐Yes	☐No
Does your child have seizures?	☐Yes	☐No
Does your child suffer from seasonal allergies?	☐Yes	☐No
Does your child suffer from frequent nose bleeds?	☐Yes	☐No
Does your child suffer from frequent Headaches?	☐Yes	☐No
Does your child wear braces?	☐Yes	☐No
Does your child wear a hearing aid?	☐Yes	☐No
Does your child have allergies to bee stings?	☐Yes	☐No
Uses an Epi-Pen for bee stings?	☐Yes	☐No
Does your child have a food allergy?	☐Yes	☐No
Does your child have Sickle Cell?	☐Yes	☐No
Does your child have Traits Disease?	☐Yes	☐No

List all allergies:_____

What food is the child allergic to:_____

Uses an Epi-pen for this allergy?	☐Yes	☐No
**Is your child currently taking medications?	☐Yes	☐No

ALL medication that is taken at school including over the counter, inhalers and epi-pens ***requires* that a medication authorization form be ***completed and signed*** by the ***doctor and parent BEFORE*** medication can be used at school. Your school's health office can provide you with this form.

Please list all medications your child is taking:_____

Has your child ever been hospitalized, if yes for what condition and when:_____

Are there any other medical conditions that we need to be aware of so that we can provide health services to your child during the school year?_____

PARENT CONSENT FOR EMERGENCY TREATMENT

I hereby authorize North Chicago School District 187, its employees and agents to provide emergency medical assistance or to arrange for and to consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child _____ whenever the authorized school personnel believes such emergency medical assistance is necessary to protect the health, safety, and welfare of my child. I further waive any claims against North Chicago School District 187, the members of the Board of Education, its employees and agent arising out of the provision of or arrangement for emergency medical assistance to my child and agree to hold harmless and indemnify North Chicago School District 187, the members of the Board of Education, its employees and agent, either jointly or severally, from and against any and all liability, claim demands, damages, or cause of action or injuries, costs, and expenses, including attorneys' fees, resulting from or rising out of the provision of or arrangements for emergency medical treatment.

_____ _____

Parent/Guardian Signature Date

NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187
2000 Lewis Avenue ▪ North Chicago, Illinois 60064
Phone: 847.689.8150 ▪ Fax: 847.689.6328

2016-2017
MEDIA PERMISSION FORM

Dear Parent/Guardian,

During the school year, staff of the North Chicago Community Unit School District 187/ (School:) may want to interview, photograph, or videotape your child for use in publications, television reports, public presentations and websites. The pictures may be of groups of students or individuals, and the students' names may be used. For student protection online, a student's photo and last name will not appear together on school or District websites.

Please complete the section below and return the form to the school office.

Thank you for your cooperation in helping us highlight the good work and efforts of our learners and instructors.

Please check one:

☐ I give permission for my child to be photographed, videotaped, and interviewed and permission to have my child's name used. Only first names will be used on school or District websites.

☐ I give permission for my child to be photographed and videotaped, but **do not** want my child's name used.

☐ I **do not** want my child photographed, videotaped, or interviewed and do not want his/her name used.

_____ _____
Child's Name Homeroom Teacher

_____ _____
Parent/Guardian Signature Today's Date

This form will expire on **June 7, 2017**

NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187
Office of District Registrar
1717 Seventeenth Street ▪ North Chicago, Illinois 60064
Phone: 847.689-8150 ▪ Fax: 847.689.6328

2016-2017
STUDENT DIRECTORY RELEASE FORM

Dear Parent/Guardian,

As required by law, School District personnel may release "directory information" concerning students to members of the general public upon request. The school must provide this information unless the parents request that it not be disclosed without their prior written consent. "Directory Information" includes the following: student's name and address; parents' name and address; birth date and place; gender; grade level; academic awards and honors; participation in school-sponsored activities; organizations and athletics; major field of study; and period of attendance in school. Parents who request that directory information not be released should notify the school on an annual basis at the beginning of the school year.

Please note that by electing to opt out of directory information publication, your student's directory information will not be in the yearbook, school student directory, activity or athletic programs, school newsletters, local newspaper articles, graduation or vendor listings such as class rings, caps and gowns, and graduation announcements. You will need to contact the companies directly. Parents are advised that they cannot select specific items to be included or withheld.

Please fill out only if you do NOT want your child's information to be released. Please indicate it on the form below and return it to the school office.

Please check if:

☐ As a parent, I request that my student's directory information **not** be released to general public and included in school publications.

_____ _____
Student Name (please print) School Name (please print)

_____ _____
Parent/Guardian Signature Today's Date

This form will expire on **June 1, 2017**

NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187
Office of District Registrar
1717 Seventeenth Street ▪ North Chicago, Illinois 60064
Phone: 847.689.8150 ▪ Fax: 847.689.6328

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

Student's Name: _____ **SIS ID:** _____

INSTRUCTIONS: This form is to be filled out by the student's parents/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 the 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, 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.)

Note: Data collected on this form must be kept by the 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.

NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187
2000 Lewis Avenue • North Chicago, Illinois 60064
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2016-2017 REGISTRATION FEES

To pay your fees at a discounted rate, it is highly recommended that all registration fees be paid at the time of registration. Provided below is a table, by grade level, of fees for students registering in North Chicago Community Unit School District 187. Fees must be paid in cash, money order, or a cashier's check made payable to North Chicago District #187.

ELEMENTARY GRADES K – 5

Registration Fees Through June 6, 2016		Registration Fees After June 6, 2016	
Kindergarten ONLY	$45.00	Kindergarten ONLY	$65.00
Elementary Grades 1-5	$55.00	Elementary Grades 1-5	$75.00
		Registration Fee (After first day of school)	$95.00
Partial Fee Waiver	50% of Fees Waived	Partial Fee Waiver	50% of Fees Waived
Full Fee Waiver	100% of Fees Waived	Full Fee Waiver	100% of Fees Waived
Registration fees include: Textbooks & Educational Materials			

MIDDLE SCHOOL GRADES 6 – 8

Registration Fees Through June 6, 2016		Registration Fees After June 6, 2016	
Middle School Grades 6-8	$70.00	Middle School Grades 6-8	$90.00
		Registration Fee (After first day of school)	$110.00
Partial Fee Waiver	50% of Fees Waived	Partial Fee Waiver	50% of Fees Waived
Full Fee Waiver	100% of Fees Waived	Full Fee Waiver	100% of Fees Waived
Registration fees include: Textbooks, (1) Photo ID, Student Newspaper, Handbook and (1) Lock			

HIGH SCHOOL GRADES 9 – 12

Miscellaneous Fees		Registration Fees	
Yearbook/CD	Varies	Pre-Registration Fees Through June 5, 2016	$115.00
Gym Lock	$5.00	Registration Fees After June 5, 2016	$135.00
Gym T-Shirts	$5.00	Registration Fees (After first day of school)	$155.00
Gym Shorts	$10.00	Partial Fee Waiver	50% of Fees Waived
Replacement Books	Varies	Full Fee Waiver	100% of Fees Waived
Registration fees include: Textbooks, (1) Photo ID, Student Newspaper, Handbook and (1) Lock			

NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187
2000 Lewis Avenue ▪ North Chicago, Illinois 60064 Phone: 847.689.8150 ▪ Fax: 847.689.0270

TRANSPORTATION ENROLLMENT FORM

Date/ Día:_____

FORMULARIO PARA TRANSPORTACIÓN

PLEASE PRINT / USE LETRA DE MOLDE

Directions: Please complete this form if you qualify for transportation services. ***Please only one (1) form per student.*** **Instrucciones:** Complete este formulario si cumples los requisitos para servicios de transporte. ***Por favor, solo un formulario por estudiante.***

TO BE COMPLETED BY THE PARENT / COMPLETADO POR LOS PADRES

Student's Name: Last, First/ Nombre del alumno: apehido, primer | Date of Birth / Fecha de nacimiento | School/escuela | Grade/ grado

Home Address: Street, City, Zip / Domicilio: Calle, ciudad, código postal | Email / Correo electrónico

Home phone# / # de casa | Cell phone # / # de cellular | Work # / # del trabajo | Extension

YOUR HOME ADDRESS / CHILD CARE LOCATION WILL BE USED FOR TRANSPORTATION SERVICES.
SOLO LA DIRECCION DE SU CASA o LA GUARDERIASERAN UTILIZADA PARA LOS SERVICIOS DE TRANSPORTE.

s the student to be picked up from **Home?** **Yes/Si** ☐ **No** ☐ _____
¿Su estudiante sera recogido desde su casa?
Alternate Address, Care-giver's name, address & phone number
Dirección alternativa, nombre, dirección y número de teléfono de la persona responsable de recibir al niño(a)

s the student to be dropped off at **Home?** **Yes/Si** ☐ **No** ☐ _____
¿Su estudiante se entregará en su casa?
Alternate Address, Care-giver's name, address & phone number
Dirección alternativa, nombre, dirección y número de teléfono de la persona responsable de recibir al niño(a)

Military Personnel/Personal Militar: Yes/Si☐ No☐ _____
Name of Military Housing Complex / *Nombre del complejo de viviendas militares*

OTE: If Transportation is written into your child's IEP or 504 plan, transportation will be set up through the Special Education Office. You do not have to fill out a ansportation request. If transportation is not in your child's IEP or 504 plan you will need to apply for regular transportation. Please call 847-689-6333 if you have uestions./ Si la transportación es parte del IEP de su hijo o el plan 504, la transportación se establecerá a través de la Oficina de Educación Especial. No tiene que enar una solicitud de transporte. Si la transportación no está dictada en el plan EIP o 504 de su hijo deben solicitar para transporte regular. Para preguntas para aber si califica su hijo llame al 847-689-6333.

HECK ONE / MARQUE UNO SOLAMENTE:

rint Parent's Name/ Imprima nombre de padre | **Parent/Guardian Signature** Firma de los padres/tutores

ROOF OF ADDRESS VERIFIED **YES** ☐ **NO** ☐ **OTHER REASON:** _____

ualifies for McKinney-Vento **YES** ☐ **NO** ☐ **IN DISTRICT** ☐ **OUT OF DISTRICT** ☐

ualifying City: _____

GNATURE/ FIRMA: _____ **TITLE:** _____

2015-2016

NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187
2000 Lewis Avenue ▪ North Chicago, Illinois 60064 Phone: 847.689.8150 ▪ Fax: 847.689.0270

ır Parent / Estimados padres:

nsporting children is a great responsibility and we need the cooperation of parents, teachers, and children to insure the utmost safety for your d. El transporte de los niños es una gran responsabilidad y necesitamos la cooperación de los padres, maestro, y niños para asegurar la máxima seguridad ı su hijo.

not mandatory that we transport your child. Therefore, it is necessary for your child **to abide by the rules or secure other means of sportation.** No es obligatorio que transportemos a su hijo. Por lo tanto, es necesario que su niño **pueda acatar las normas o seguro de otros medios ransporte.**

rder to make sure that you have discussed these rules with your child, please place your signature at the bottom of this bulletin and return in 2 business days. **Para asegurarnos de que han examinado estas reglas con su hijo, su firma en la parte inferior de este boletín es uerida y por favor regrese este boletín dentro de 2 días laborales.**

1. Be on time at the designated school bus stop. **Ser puntual en la parada del autobús escolar designado a su hijo.**
2. Stay off the road at all times while waiting for your bus. **Manténgase fuera de la carretera en todo momento mientras espera el autobús.**
3. Wait until the bus comes to a **complete stop** before attempting to enter the bus. **Espere hasta que el autobús se detenga por complete antes de intentar subirse al autobús.**
4. Keep hands and head inside the bus at all times. **Mantener las manos y la cabeza dentro del bus en todo momento.**
5. Assist in keeping the bus safe and clean at all times. **Ayudar en el mantenimiento de que los autobuses seguro y limpio en todo momento.**
6. Remember that loud talking and laughing or unnecessary confusion diverts the driver's attention and may result in a serious accident. **Recuérdele a su hijo que hablar en voz alta y riendo o confusión innecesaria distrae la atención del conductor y puede resultar en un grave accidente.**
7. **Never tamper** with the bus or any of its equipment. **Nunca adultere el equipo del autobús.**
8. Leave no books, lunches or other articles on the bus. **No deje libros, almuerzos o demás artículos en el autobús.**
9. Keep books, packages, coats and all other objects out of the aisles. **Mantenga sus libros, paquetes, abrigos y todos los demás objetos fuera de los pasillos.**
10. Do not leave your seat while the bus in in motion. No deje su asiento mientras el autobús está en movimiento.
11. In case of a road emergency, remain in the bus until instructions are given by the driver. **En caso de una emergencia vial, permanezca en el autobús hasta que el conductor les de instrucciones.**
12. When approaching a **railroad crossing,** stop and be absolutely quiet. **Al acercarse a las vías de ferrocarril, detenerse y mantenga absoluto silencio.**
13. Be on alert for a danger signal from the driver. **Estar alertos a una señal de peligro del conductor.**
14. The bus driver is **not permitted** to stop at places other than the regular bus stop. **El conductor no está permitido detenerse en otros lugares distintos que no sean paradas autorizadas (paradas regulares).**
15. Observe the same rules and regulations on all trips under school sponsorship. **Observar las mismas reglas y reglamentos sobre todos los viajes bajo el patrocinio de la escuela.**
16. Children serving detentions **are not furnished late bus transportation.** Transportation is to be furnished by the parents. **Los niños cumpliendo detenciones después de salida, NO SE PROVEERÁ TRANSPORTACIÓN. Los padres son responsables de proporcionar transporte a su hijo.**

RETURN TO DEPARTMENT OF TRANSPORTATION / DEVOLVER AL DEPARTAMENTO DE TRANSPORTACION

e read the above policies and will cooperate with the school. I understand that my child may lose his transportation privileges for any :tion of any of the above rules. I also understand the principal shall maintain sole authority for bus suspensions. **He leído las reglas iores y cooperare con la escuela. Entiendo que mi hijo puede perder su privilegio de transporte para cualquier infracción de conducta. ıién entiendo que el principal deberá mantener la única autoridad para suspensiones de autobús.**

(Student Signature / firma del estudiante)	(Signature of Parent /firma del padre	Date / fecha

2015-2016