



NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT  
187

2000 Lewis Avenue • North Chicago, Illinois 60064  
Phone: 847.689.8150 • Fax: 847.689.6328

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**RETURNING STUDENT REGISTRATION**

January 31, 2017

Dear Parents/Guardians:

Enclosed is the **Returning Student's Registration Packet** for the 2017 – 2018 school year. We encourage families to complete and return this packet to your school's main office immediately. Please see registration times below.

- Proof of Residency Check Sheet
- Pre-printed Returning Student Information Form (make corrections as needed)
- Student Medical Information – Emergency Contact Information Form
- 2017-2018 Media Permission Form
- Student Directory Form
- Ethnicity Data Form
- Fees Schedule
- Transportation Form

**New Information for All Families:** All students who wish to take part in any school-based activity during the summer break period **MUST** be registered for school **BEFORE** they will be allowed to attend, participate, or join a summer activity.

**Residency verification is required each year (parent/guardian must provide valid photo ID):**

- Homeowners can present a copy of their most current mortgage payment, deed or a paid tax bill along with 1 more proof of residency. Military families can present a lease along with 1 more proof of residency.
- Families who rent must provide a current lease as well as two additional valid forms of residency.

**Building Registration Times for All Schools:**

- Hours: 9:00 AM - 1:00 PM on regular school days. Special registration events will be announced.

**Student Registration Summer Information** – Those families who do not complete registration by **June 14, 2017**, will need to go to the District Registrar's Office located at North Chicago Community High School to complete registration. The District Registrar's Office will be open starting **June 21, 2017**, through **July 28, 2017**, from **8:00 A.M. - 2:00 P.M.** **Summer registration will be done by appointment only for current D187 students.**

Returning students must have ***all registration requirements completed by June 14, 2017***, to ensure school assignment, class placement, and transportation if qualifications are met.

If you currently reside at a location where you are not the owner or the renter, the person whom you reside with will need to come to the school with you with their photo id and residency documents. They are required to complete a Residency Affidavit at that time. If you have questions regarding the registration process, please contact your child's school for additional information.

**Students Who Wish to Transfer:**

If your student will not be attending North Chicago Community Unit School District #187 for the 2017-2018 school year, please complete the Official End of School Year Request for Transfer Form ***instead*** of the attached Returning Student Registration Packet. This form is available in your school's main office.

Sincerely,

Dr. Ben Martindale  
Chief Education Officer



**NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187**

**Office of District Registrar**

1717 Seventeenth Street • North Chicago, Illinois 60064

Phone: 847.689.6333 • Fax: 224.419.6485

**PROOF OF RESIDENCY CHECK SHEET**

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

**\*\*SECTION I: Homeowners Only\*\***

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

\*\*\*\*\*AND\*\*\*\*\*

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

- Gas, Cable, Electric, Water, Waste Management Bill
- Medical/All Kids Card
- Voter Registration Card

<b>Staff Use Only</b>	
<b>Photo ID Presented</b>	<input type="checkbox"/>
<b>Name:</b>	_____
<b>Staff:</b>	_____
<b>Date:</b>	_____
<b>2017 Grade Level:</b>	_____
<b>2017 School:</b>	_____

**\*\*SECTION II: Must provide proof of residency if renting\*\***

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

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/All Kids 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**

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **MIDDLE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **BIRTH PLACE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**STUDENT'S ADDRESS:** \_\_\_\_\_ **APT/UNIT:** \_\_\_\_\_ **CITY/ZIP:** \_\_\_\_\_

**LAST SCHOOL ATTENDED:** \_\_\_\_\_ **FOSTER CHILD:**  YES  NO **GENDER:**  FEMALE  MALE

**WARD OF STATE:**  YES  NO **ETHNICITY:**  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:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**EMERGENCY 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	ADDRESS	PHONE NUMBER
1.				
2.				
3.				

**PRIMARY CONTACT EMAIL ADDRESS:**

**Student lives with (Check all that apply)**  Mother  Father  Stepmother  Stepfather  Grandparent(s)  Guardian  Other

**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 FEDERAL GOVERNMENT PROPERTY?**  YES  NO

**FACILITY:** \_\_\_\_\_ **RANK#:** \_\_\_\_\_ **ACTIVE:**  YES  NO

In the event my child becomes critically ill or injured and needs MEDICAL CARE and it is impossible to contact either parent/guardian, please take my child to the nearest physician and/or hospital to obtain necessary care. I AGREE TO ASSUME THE RESPONSIBILITY OF THE EXPENSE INVOLVED IN THE HANDLINGS OF 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



**2017-2018 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?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have a heart condition?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have high blood pressure?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have seizures?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child suffer from seasonal allergies?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child suffer from frequent nose bleeds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child suffer from frequent Headaches?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child wear braces?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child wear a hearing aid?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have allergies to bee stings?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Uses an Epi-Pen for bee stings?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have a food allergy?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have Sickle Cell?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does your child have Traits Disease?              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 arising out of the provision of or arrangements for emergency medical treatment.

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

\_\_\_\_\_  
Date



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## 2017-2018 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 1, 2018**



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**2017-2018**

**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, 2018**



**NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187**

**Office of District Registrar**

1717 Seventeenth Street • North Chicago, Illinois 60064

Phone: 847.689.6333 • Fax: 224.419.6485

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**

Office of District Registrar

1717 Seventeenth Street North Chicago, Illinois 60064

Phone: 847-689-6333 Fax: 224-419-6485

**FAMILY TECHNOLOGY INFORMATION REQUEST**

North Chicago Community Unit School District #187, has begun to utilize various technological methods to maintain open communication with our families. Please complete this form today to stay abreast of the many events taking place in District #187. Also, we will be able to inform you of events such as emergency school closings via email, mass phone call, and text messaging. In January Early Registration will begin. When your email address is on file, the Early Registration Forms will be emailed to you, this way you can complete the process in a more efficient manner.

Name (print): \_\_\_\_\_ School Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Parent/Guardian #2: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*\*\*\*\*

Please tell us what number to use for SMS/Text Messaging: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please tell us (1) one Email Address to keep on file: \_\_\_\_\_

\*\*\*\*\*

Please tell us if you have multiple children in the District:  YES  NO

**If Yes**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_





**TRANSPORTATION ENROLLMENT FORM**

**FORMULARIO PARA TRANSPORTACIÓN**

Date/ Día: \_\_\_\_\_

**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 cumple 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: apellido, 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 celular \_\_\_\_\_  
 Work # / # del trabajo \_\_\_\_\_ Extension \_\_\_\_\_

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

Is 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)

Is 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 \_\_\_\_\_

**TRANSPORTATION POLICY:** Please see your Parent/Student Handbook 2016-2017, pg. 39. Licensed Daycare addresses will be verified.  
**POLÍTICA DE TRANSPORTACIÓN:** Consulte su Manual de Padres y Estudiantes 2016-2017, pág. 39. Las direcciones de guarderías certificadas serán verificadas.

**CHECK ONE / MARQUE UNO SOLAMENTE:**

Print Parent's Name/ Imprima nombre de padre \_\_\_\_\_

Parent/Guardian Signature Firma de los padres/tutores \_\_\_\_\_

**PROOF OF ADDRESS VERIFIED** YES  NO  OTHER REASON: \_\_\_\_\_

Qualifies for McKinney-Vento YES  NO  IN DISTRICT  OUT OF DISTRICT

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

SIGNATURE/ FIRMA: \_\_\_\_\_ TITLE: \_\_\_\_\_

**Dear Parent / Estimados padres:**

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

It is not mandatory that we transport your child. Therefore, it is necessary for your child **to abide by the rules or secure other means of transportation.** 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 de transporte.**

In order to make sure that you have discussed these rules with your child, please place your signature at the bottom of this bulletin and return within 2 business days. **Para asegurarnos de que han examinado estas reglas con su hijo, su firma en la parte inferior de este boletín es requerida 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 completo 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. **Recuérdale 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**

I have read the above policies and will cooperate with the school. I understand that my child may lose his transportation privileges for any infraction of any of the above rules. I also understand the principal shall maintain sole authority for bus suspensions. **He leído las reglas anteriores y cooperare con la escuela. Entiendo que mi hijo puede perder su privilegio de transporte para cualquier infracción de conducta. También 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



NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187 OFFICE OF DISTRICT REGISTRAR RECEIPT

1717 Seventeenth Street • North Chicago, Illinois 60064 Phone: 847.689.6333 • Fax: 224.419.6485

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level 20 \_\_\_\_\_ SY: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ School Assignment 20 \_\_\_\_\_ SY: \_\_\_\_\_

- Physical     Immunizations     Eye Exam     Dental Exam     Sport's Physical     Photo ID
- Registration Packet     Proof of Residency     Transportation Form     Registration Fee Paid
- Fee Waiver Given     Other: \_\_\_\_\_

*This receipt serves as verification that the above listed documents have been submitted to school personnel. This does not verify that the documents submitted meet all school requirements nor that this completes the registration process.*

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

Staff/Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_



NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187 OFFICE OF DISTRICT REGISTRAR RECEIPT

1717 Seventeenth Street • North Chicago, Illinois 60064 Phone: 847.689.6333 • Fax: 224.419.6485

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade Level 20 \_\_\_\_\_ SY: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ School Assignment 20 \_\_\_\_\_ SY: \_\_\_\_\_

- Physical     Immunizations     Eye Exam     Dental Exam     Sport's Physical     Photo ID
- Registration Packet     Proof of Residency     Transportation Form     Registration Fee Paid
- Fee Waiver Given     Other: \_\_\_\_\_

*This receipt serves as verification that the above listed documents have been submitted to school personnel. This does not verify that the documents submitted meet all school requirements nor that this completes the registration process.*

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

Staff/Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187**

2000 Lewis Avenue • North Chicago, Illinois 60064  
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**2017-2018 REGISTRATION FEES**

It is highly recommended that all registration fees be paid at the time of early registration to receive a discounted rate. Fees must be paid in cash, money order, or a cashier's check made payable to North Chicago District #187. Those families requesting a fee waiver should contact the school secretary. All fee waivers are reviewed and processed by the District Office.

**ELEMENTARY GRADES K – 5**

Registration Fees Through June 7, 2017		Registration Fees After June 7, 2017	
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
Registration fees include: Textbooks & Educational Materials			

**MIDDLE SCHOOL GRADES 6 – 8**

Registration Fees Through June 7, 2017		Registration Fees After June 7, 2017	
Middle School Grades 6-8	\$70.00	Middle School Grades 6-8	\$90.00
		Registration Fee (After first day of school)	\$110.00
Registration fees include: Textbooks, and (1) Photo ID.			

**HIGH SCHOOL GRADES 9 – 12**

Miscellaneous Fees		Registration Fees	
Yearbook/CD	Varies	Pre-Registration Fees Through June 7, 2017	\$115.00
Gym Lock	\$5.00	Registration Fees After June 7, 2017	\$135.00
Gym T-Shirts	\$5.00	Registration Fees (After first day of school)	\$155.00
Gym Shorts	\$10.00		
Replacement Books	Varies		
Registration fees include: Textbooks, (1) Photo ID, and (1) Lock			

**\*\*\*Please Note\*\*\***

All Registration Fees include (1) One Permanent Student ID and (1) One Lock (where applicable). Additional replacement permanent ID's are \$5.00 each. All daily temporary ID's are \$2.00 each. Daily temporary ID's can accumulate and are added onto each student's account. Students without their permanent ID's will be issued a \$2.00 daily temporary ID without parent/guardian notification until a permanent ID is purchased.



**NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187**

2000 Lewis Avenue\* North Chicago, Illinois 60064

Phone: 847-689-8150 Fax: 800-317-9785

Dr. Afina Lockhart, Assistant Superintendent of Pupil Services

Ms. Kim Baumann, District School Nurse

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**Student Health Requirements**

Dear Parent(s) of North Chicago Community Unit School District student(s):

Thank you for pre-registering your child with district 187. As the new school year approaches, there are Illinois state HEALTH requirements that each student must complete prior to the first day of school. You will find all required documents in your child's registration packet.

In order to comply with *Illinois School Code, Section 27-8 and the applicable rules and regulations of the Illinois Department of Public Health*, it is **MANDATORY** that all incoming students have the required state health requirements as listed below. If the documents are not received August 15, 2017 at your school's health office and verified, your child will not be able to attend first day of school. All students will be sent home if the required documents are not submitted.

Your child will need:

- ★ Physical examination
  - Early Childhood/Pre-K; Kindergarten; 1st grade (if starting for the first time only); 6th grade; 9th grade
  - Needs to include diabetes screening and lead risk questionnaire filled out by doctor
  - A SPORTS physical is not accepted as a School physical
  
- ★ Meets Illinois state immunization requirement on State of Illinois form
  - **One dose of Tdap booster vaccine for 6th grade**
  - **One dose of meningococcal vaccine (MCV4) on or after 10th birthday—for 6th grade**
  - **Completed 3 doses of hepatitis B vaccine series for 6th grade**
  - **Meningococcal vaccine (MCV4) for 12th grade**

Parents or legal guardians who object, for religious reasons, to immunizations / health examinations for their child, must have a *Certificate of Religious Exemption* signed by a healthcare provider and submitted to school health office before the start of school.

The following clinics are available for these services:

▶ Lake County Health Department

▶847-984-5200

▶ Intervention Arms Medical Center

▶ North Chicago Office 847-785-0611

▶ Waukegan Office 847-599-7299

▶ Erie HealthReach Waukegan Health Center

▶312-666-3494

If you have any questions regarding your child's health requirements, please contact your school's health office.

**Thank you for your cooperation in keeping our students healthy!**



**NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT 187**  
1717 17th St, North Chicago, IL, 60064

**HEALTH SERVICES: 847-505-7245 FAX: 800-317-9785**

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**To: Parents/ Guardians**

**Re: Medication Administration while at School**

Parents/ guardians have the primary responsibility for the administration of medication to their children. Only those medications necessary to maintain a student in school and which must be given during school hours or school activities may be administered to a student. The administration of medication to students is subject to guidelines established by the Superintendent/Principal or designee, in keeping with state agency recommendation (e.g., Illinois Department of Professional Regulation, Illinois Department of Public Health, and Illinois State Board of Education). **Prescription medication and over-the-counter medication orders must be renewed yearly.**

1. **Medication authorization form**--no school personnel shall administer to any student, nor shall any student possess or consume *any prescription or non-prescription* medication except after filing a completed Medication Authorization form. This authorization and subsequent changes shall include:
  - a. Physician, physician assistant or advanced nurse practitioner written prescription with Child's name, medication name, dosage and date of order;
  - b. Administration instructions (route, time or intervals, duration of prescription);
  - c. Intended effects and possible side effects;
  - d. Parent/guardian signature and emergency phone numbers.

The school nurse/health aide will review the written authorization and will consult with the parent/guardian, licensed prescriber, or pharmacist for additional information as necessary.

2. **Appropriate Containers**-- Medication and refills are to be provided in containers which are prescription labeled by a pharmacy (to display Rx number, student name, medication dosage, directions of administration, date and refill schedule, pharmacy label) or for non-prescription over-the-counter medication must be new and in original sealed container/box).
3. **Self Administration**-- A student may self-medicate at school if so ordered by his or her physician. However, the medication must be stored in health office and a completed Medication Authorization form is on file. For "as needed" medications such as those taken by students with asthma or allergy, the physician may also order that the student carry the medication on his or her person. Self-administration privileges may be withdrawn if the student exhibits behavior, which indicates lack of responsibility toward self or others in regards to his or her medication.
4. **Storage and Record Keeping**-- Medication will be stored in a locked cabinet. Those requiring refrigeration will be in a secure area. Each dose will be recorded in the student's individual health record. To assist in the safe monitoring of side effects and/ or intended effects of the treatment with medication, faculty and staff may be informed regarding the medication plan.
5. **Documentation, Changes, Renewals and Other Responsibilities**-- to facilitate needed documentation, physician orders, any changes in the orders, and parent permissions may be faxed to: 800-317-9785. It is the parent/guardian responsibility to assure all physician orders and permissions are brought to school and refills provided when needed and to inform the school nurse/ health aide of any significant changes in the student's health. Medication must be brought to the school health office by the parent/guardian only, **NO EXCEPTIONS**. At the end of the school year, all medications **MUST** be picked up by the parent/guardian before the last day of school. Any medications left will be discarded.



**NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT**

2000 Lewis Ave, North Chicago, IL, 60064

**MEDICATION AUTHORIZATION FORM**

Health Services Fax: 800-317-9785

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID #: \_\_\_\_\_

**Regulation Highlights (See attached form)**

- Medical form is required for all OTC and Rx medicine.
- Physician must fill in form for all OTC and prescription medicine.
- All medicine must be provided in a pharmacy or brand labeled bottle with student name, dose, and time.
- Unused medication must be picked up; any left at the end of the year will be discarded.
- Physician's orders and parental authorization must be renewed YEARLY for all prescription or over-the-counter medications.

**Physician's Order  
(All medications need a Physician's Order)**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time to be given/Instructions \_\_\_\_\_ Route \_\_\_\_\_ Starting Date \_\_\_\_\_

Diagnosis/Reason for medication \_\_\_\_\_

Possible side effects \_\_\_\_\_

Medication (2) \_\_\_\_\_ Dosage \_\_\_\_\_

Time to be given/Instructions \_\_\_\_\_ Route \_\_\_\_\_ Starting Date \_\_\_\_\_

Diagnosis/Reason for medication \_\_\_\_\_

Possible side effects \_\_\_\_\_

**ASTHMA OR ALLERGY MEDICATION ONLY---e.g., Inhaler, EpiPen**

1. Student may carry medication on his/her person    Yes    No

2. Student may self-administer medication    Yes    No  
(It is recommended that "backup" medication be stored in health office as well.)

Directions for self-administration \_\_\_\_\_

Physician's Name (Print) \_\_\_\_\_

Address or Office Stamp

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

**Parental Authorization**

I authorize North Chicago Community Unit School District 187 employees to administer/supervise the medication described above to my child in accordance with the School District's Regulations Governing the Administration of Medications in the School (attached form). I agree to indemnify and hold harmless NCCUSD, its Board of Education and the Board's members, officers, employees, and volunteers from any claim, liability, loss or expense, including reasonable attorneys' fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to my son/daughter's self-administration of the above referenced medication of and brought by me, any other parent or guardian of my student or another student, or by or on behalf of my student or another student. We understand that the NCCUSD and the foregoing individuals are to incur no liability as a result of any injury arising from the self-administration of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing indemnities.

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

Emergency Phone number: Mother/Legal Guardian \_\_\_\_\_ Father/Legal Guardian: \_\_\_\_\_

Signature of School Nurse \_\_\_\_\_ Date of Signature \_\_\_\_\_