

FORRESTVILLE VALLEY SCHOOL DISTRICT #221



SUPERINTENDENT
Mrs. Sheri Smith

Dear Parent(s)/Guardian(s):

We are once again utilizing Online Registration for returning students for the 2020-2021 school year. Included in this packet are step by step instructions for registration through our Skyward Family Access System. Please note a few reminders regarding our registration system:

- All students will be registered through Skyward. If you do not have a login to this system, please contact your school office. In addition, if you do not have internet access, you are welcome to visit any school during office hours to complete the process.
- All information applicable to the 2020-2021 school year which includes the calendar, supply lists, handbooks, and other school procedures and agreements are available on our website at www.fvdistrict221.org. If you wish to obtain a hard copy of any of this information, please stop in your school office.
- Transportation information will once again be available on Skyward after August 10th, 2020. You will be able to view your child's *approximate* pick-up and drop-off times under the Student Information, 'Busing' section. Times may occasionally change as the start of school draws closer, so please check Skyward for updates.

Please remember, while most of the registration process is completed online, you **MUST** also complete for each child the paper forms included in this packet, include verification of residency, required physical forms if applicable, and send payment in order for your student to be considered enrolled.

- **\$10 Discount PER child if all registration and full payment is received prior to July 1st!**
Simply return information by mail or to any school office during office hours.
- **Walk-in registration will be held at Forreston Jr/Sr High School on Thursday, July 30th from 2:00-6:00 PM.**

We hope the information provided above will allow for easy navigation of our registration process. We look forward to your student returning next fall and hope you have a safe and wonderful summer ahead.

Sincerely,

Mrs. Sheri Smith
District Superintendent

>Welcome to Online Registration for the 2020-2021 school year!
 We hope to save you time and energy by navigating the following 6 steps.

1 Locate your Skyward Family Access Username and Password. If you do not currently have a username and ID, STOP Now  Contact your child's school office for access.

2 Login in to Skyward from the district website toolbar www.fvdsistrict221.org.

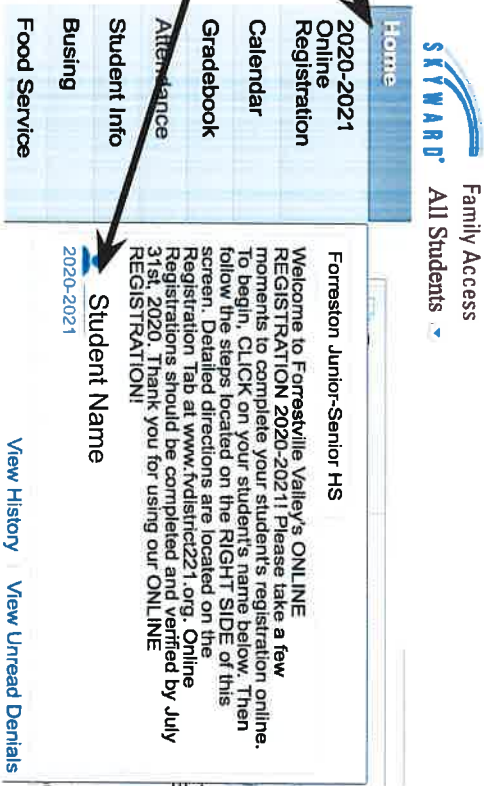
3 Click 2020-2021 ONLINE REGISTRATION on the LEFT HAND SIDE and click the NAME of your student you wish to register.
4 Follow Steps on the right hand side. Please read each step CAREFULLY.



District Message
 Welcome to Forestville Valley's ONLINE REGISTRATION 2020-2021! Please take a few moments to complete the registration process. The ONLINE REGISTRATION process will begin on Monday, July 27th. Please read the RIGHT SIDE of this screen. Detailed directions are located on the Registration Tab at www.fvdsistrict221.org. Online Registrations should be completed and verified by July 31st, 2020. Thank you for using our ONLINE REGISTRATION!

1. My Student Information Completed 02/04/20 1:20pm
 2. Parental Student Health Overview 02/04/20 1:20pm
 3. My Ethnicity/Race Completed 02/04/20 1:20pm
 4. Home Language Survey Completed 02/04/20 1:20pm
 5. Billing Information Completed 02/04/20 1:27pm
 6. Parent/Student Signature Form Completed 02/04/20 1:27pm
 7. Release of Student Information Completed 02/04/20 1:27pm
 8. Additional Information & Remarks Completed 02/04/20 1:27pm
 9. Check List Completed 02/04/20 1:28pm
 10. Complete 2020-2021 Online Registration

You must enter all information on each step and click COMPLETE to move forward. A green check mark will appear once the step has been properly completed.



Home | Family Access | All Students

2020-2021 Online Registration

Forreston Junior-Senior HS

Welcome to Forestville Valley's ONLINE REGISTRATION 2020-2021! Please take a few moments to complete your student's registration online. To begin, CLICK on your student's name below. Then follow the steps located on the RIGHT SIDE of this screen. Detailed directions are located on the Registration Tab at www.fvdsistrict221.org. Online Registrations should be completed and verified by July 31st, 2020. Thank you for using our ONLINE REGISTRATION!

Student Name

View History | View Unread Denials

REMEMBERS:
 Be sure to click the button marked COMPLETE STEP # and MOVE TO STEP # on ALL steps. Edits can be made once information has been saved by clicking EDIT STEP #.

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Final step is COMPLETE 2020-2021 ONLINE REGISTRATION. Click this step and edit any information in red. Once all steps indicate *completed* click SUBMIT 2020-2021 ONLINE REGISTRATION. You will receive an email confirmation. **Repeat this process for EACH child.**

| 2020-2021 Online Registration | |
|-------------------------------|--|
| Calendar | |
| Gradebook | |
| Attendance | |
| Student Info | |
| Bushing | |
| Food Service | |
| Schedule | |
| Discipline | |
| Test Scores | |
| Fee Management | |
| Academic History | |
| SkyAlert | |
| Health Info | |

Step 10. Complete 2020-2021 Online Registration (Required)
 By completing 2020-2021 Online Registration you are confirming that the Steps below have been finished. Are you sure you want to complete 2020-2021 Online Registration for

| Review 2020-2021 Online Registration Steps | Completed |
|---|------------------------------|
| Step 1) Verify Student Information <i>No Requested Changes exist for Step 1.</i> | Completed 02/04/2020 12:03pm |
| Step 2) Confidential Student Health Verify Ethnicity/Race | Completed 02/04/2020 1:28pm |
| No Requested Changes exist for Step 3. | |
| Step 4) Home Language Survey | Completed 02/04/2020 1:28pm |
| Step 5) Bushing Information | Completed 02/04/2020 1:27pm |
| Step 6) Parent/Student Signature Form | Completed 02/04/2020 1:27pm |
| Step 7) Release of Student Information | Completed 02/04/2020 1:27pm |
| Step 8) Additional Information & Recourses Check List | Completed 02/04/2020 1:28pm |

Guardian Name: _____ Guardian Address: _____

[Submit 2020-2021 Online Registration](#)

District Message

1. Verify Student Information
Completed 02/04/2020 12:03pm
2. Confidential Student Health
Completed 02/04/2020 1:28pm
3. Verify Ethnicity/Race
Completed 02/04/2020 1:28pm
4. Home Language Survey
Completed 02/04/2020 1:28pm
5. Bushing Information
Completed 02/04/2020 1:27pm
6. Parent/Student Signature Form
Completed 02/04/2020 1:27pm
7. Release of Student Information
Completed 02/04/2020 1:27pm
8. Additional Information & Recourses
Completed 02/04/2020 1:27pm
9. Check List
Completed 02/04/2020 1:28pm
10. Complete 2020-2021 Online Registration

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This completes the online portion of registration. HOWEVER, you must still complete the paper forms (front and back), enclose verification of residency, and send payment in order for your student to be enrolled. This includes:

- PINK Residency Verification Checklist
- YELLOW Parent/Student Signature Form
- PURPLE Release of Student Information
- GOLD Payment of Registration Fees/Form of Payment
- GREEN Fees Waiver Request (if applicable)
- BLUE Bring Your Own Technology (If applicable, grades 9-12 only)



Forrestville Valley School District #221

Residency Verification Checklist 2020-2021

Student Name _____

Parent/Guardian Name _____

ALL NEW & RETURNING STUDENTS:

Please provide **TWO** of the following items of identification reflecting an address within the Forrestville Valley School District #221:

- ___ Driver's license
- ___ Home ownership (title or deed)
- ___ Apartment lease
- ___ Voter registration
- ___ Copy of utility bill
- ___ Copy of auto insurance bill
- ___ Library card
- ___ Documentation approved by Superintendent
- ___ Other (describe)

NEW STUDENTS ONLY:

Please complete the following steps:

- ___ Complete Certificate of Residence form
- ___ Provide a certified copy of birth certificate
(If entering kindergarten, the student must be five years of age before September 1st)
- ___ Provide records of transfer
- ___ Provide record of physical examination with immunizations
- ___ Provide I.S.B.E. Student Transfer form from transferring district

Does the student reside with his natural or adoptive parents?

YES

NO

If no, please check one of the following:

- ___ On student's own (is student 18 years of age or emancipated?)
- ___ Guardian/custodian (obtain copy of court order)
- ___ Relative (obtain copy of court order or refer to Superintendent)
- ___ Placed by DCFS (obtain copy of court order)
- ___ Homeless (refer to Superintendent)
- ___ Other (refer to Superintendent)



Forrestville Valley School District #221

Parent/Student Signature Form

2020-2021

The district is required to present the following agreements for your review. Please review the handbooks and policies by visiting the district website at fvdistrict221.org and sign below.

PARENT/STUDENT HANDBOOK:

- I have reviewed the guidelines, discipline plan, and athletic standards, which will improve the learning environment in the Forrestville Valley Schools.

These guidelines are not intended to create a contractual relationship with the student; rather, it is intended to describe the school and its current general practices, procedures, rules and regulations at the time of publication for appropriate code of conduct.

ACCEPTABLE USE OF ELECTRONIC NETWORK:

- I agree to and accept the Acceptable Use of Electronic Network terms and conditions.

ELECTRONIC DEVICE HANDBOOK:

- I agree to and accept the Electronic Device Agreement as presented and understand that Forrestville Valley School District #221 owns the device, software, and issued peripherals. If the student is no longer enrolled in Forrestville Valley School District #221 schools, the device will be returned in good working order. In no event shall the student or parent/guardian hold Forrestville Valley School District #221 liable for any claim of damage, negligence, or any breach of duty resulting from any act or omission related to the unauthorized use of the device.

STUDENT ACCIDENT INSURANCE WAIVER:

All students in grades K-12 are offered the opportunity to enroll in an accident insurance plan. Please refer to our website for information on the *Student Accident Insurance Program* if applicable to you. If not, please check below:

- I have adequate insurance to protect my son/daughter in case of an accident.
- I certify that I have reviewed all information provided above and understand that the Forrestville Valley School District #221 agreements are made available on the district website: www.fvdistrict221.org.

By signing below, parent/guardian and student acknowledge, review and accept the following:

•Parent/Student Handbook
•Electronic Device Handbook

•Acceptable Use of Electronic Network
•Student Accident Insurance Waiver

Parent/Guardian Signature

Date

Student Signature

Date



Forrestville Valley School District #221

Release of Student Information 2020-2021

DIRECTORY INFORMATION:

The law and school district policy designate certain information as "Directory Information". Throughout the school year, the district may release directory information regarding students, limited to: student name, gender, grade level, birthdate and place, parent/guardian name, academic awards, degrees and honors, information regarding school-sponsored activities, organizations and athletics, major field of study, and period of attendance in school. A parent/guardian or eligible student may prohibit the release of any or all of the above information by delivering a written objection to the Building Principal.

USING A PHOTOGRAPH OR VIDEO OF A STUDENT:

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

In order for the district to publish a picture with a student identified by name, a parent or guardian must give prior written permission.

MILITARY & INSTITUTIONS OF HIGHER EDUCATION (GRADES 9-12 ONLY):

From time to time, military recruiters and post-secondary educational institutions request the names, telephone numbers, and addresses of our secondary students. The school must provide this information unless the parent/guardian requests that this is not to be disclosed without their prior written consent.

Please respond to the following statements by placing a check in the "Yes" or "No" column and then sign in the space below.

| STATEMENT | YES | NO |
|--|-----|----|
| I grant permission for the district to publish a picture with my student identified by name in various publications as listed above | | |
| I grant permission to have my child's information released to military recruiters and institutions of higher education. (GRADES 9-12 ONLY) | | |

I certify that I have reviewed all information provided above and understand that the Forrestville Valley School District #221 Parent/Student Handbook is made available on the district website: www.fvdistrict221.org.

Student Name / Grade / School

Date

Parent/Guardian Signature



FORRESTVILLE VALLEY SCHOOL DISTRICT #221

Bring Your Own Technology (BYOT) Program Participation Authorization & Responsible Use Agreement

Dear Parents/Guardians Electing BYOT:

Our School District allows students to participate in a curriculum-based Bring Your Own Technology (BYOT) Program. You must authorize your child's participation in the program by agreeing to the following terms and discussing the terms with your child.

You and your child must also agree to review and accept the following agreements: *District's Parent/Student Handbook*, *Acceptable Use of Electronic Network Agreement*, and *Electronic Device Handbook* to participate in the BYOT program. These agreements are part of the standard registration process and are included on the district website for your review: www.fvdistrict221.org

The violation of any laws or Board policies while participating in the program may result in the loss of your child's privilege to participate in the program. Remember that you are legally responsible for your child's actions. If you agree to allow your child to participate in BYOT program, sign the authorization and agreement on the reverse side and return with registration materials.

The teacher's role in the program is that of instructor in your child's classroom. Teachers cannot spend time fixing technical difficulties with BYOT devices. Parents/guardians and their children share the responsibility for technical support and providing a properly charged BYOT device. If a BYOT device has technical difficulties: (1) a District-owned device may be provided, if available, or (2) students may be asked to partner with another student who has a functioning BYOT device during a lesson. The District will also expect you and your child to keep the BYOT device free from viruses, malware, and/or any other harmful programs that could damage the District's electronic network. Finally, the right to privacy in your child's BYOT device is limited while it is on any school property.

The following information, policies, and guidelines are available on the district website, www.fvdistrict221.org under the Information section:

- *Bring Your Own Technology (BYOT) Programs*
- *Responsible Use and Conduct*
- *Bring Your Own Technology (BYOT) Program Student Guidelines*
- *Children's Online Privacy Protection Act*

(Continued on reverse side...)

Bring Your Own Technology (BYOT) Program Participation Authorization and Responsible Use Agreement

As part of *Bring Your Own Technology Program (BYOT)* students in grades 9-12 will be allowed to bring their own electronic devices to school to use for instructional purposes. *Student participation in this program is voluntary.* If you wish for your son or daughter to participate in this program, please complete the following form and return with registration materials.

Student Name: _____

Circle the student's grade for the upcoming school year: 9 10 11 12

The following must be read and signed by student and parent/guardian:

I hereby request that my child be allowed to participate in the District's BYOT program.

(Please indicate agreement by checking each box below.)

- I have read this *BYOT Participation Authorization and Responsible Use* agreement. I understand the program is designed for educational purposes and that the District's Internet gateway must be accessed to minimize access to inappropriate material.
- I will hold harmless the District, its employees, agents, and Board members, for any harm caused by materials or software obtained via the District's network and compliance with federal law(s) (the Children's Internet Protection Act (CIPA) requirements).
- I have reviewed the *Student Authorization for Electronic Network Access* form. I have also read and discussed with my child the following documents located under the *information* section of the district website: *Responsible Use and Conduct; Program Student Guidelines, and Children's Online Privacy Protection Act.* (<http://www.fvsdistrict221.org>)
- I understand that my child and I share the responsibility for technical support, providing a properly charged BYOT device, and keeping the BYOT device free from viruses, malware and/or any other harmful programs that could infect or harm the District's electronic network.
- I understand that the District does not provide liability protection for BYOT devices, and it is not responsible for any damages.
- I understand that my child's privacy rights in his/her BYOT device while on any school property are limited as outlined in Board policy.

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature

Student Signature

FORRESTVILLE VALLEY SCHOOL DISTRICT #221



April 2020

Dear Parents or Guardians;

The *Illinois School Code* requires all pupils entering Preschool, Kindergarten, 6th and 9th Grades *as well as students moving to Illinois from out of state*, to have completed an Illinois physical exam form with a physician's verification of the required immunizations.

All students entering Preschool through 12th grades must have proof of having received the varicella (chickenpox) vaccine. All students in **Kindergarten through 4th and grades 6th through 12th must now show proof of having had two doses of the varicella vaccine.**

Students in 6th **and** 12th grades must show proof of having had the Meningitis vaccine. Sixth graders must show proof of having one dose of the vaccine, seniors must show proof of having 2 doses. (If the first dose was given after age 16, only one dose is required)

Students entering 6th through 12th grades must show proof of having had a Tdap booster.

Preschool students must show proof of pneumococcal vaccination, according to schedule.

All students in Kindergarten, 2nd, 6th grade and 9th grades are required to have a completed dental form on file by May 15th. Students must have been seen by a dentist within 18 months of the May 15th deadline.

All students entering Kindergarten *or at first entrance to any school* in the State of Illinois will be required to have a professional eye examination.

If you object to this process for health reasons, you must include a physician's statement that the required immunizing agents would be detrimental to the health of the child. Objections to vaccinations due to religious beliefs must be submitted in writing stating supporting scripture with references and parent signatures. Also, an Illinois Certificate of Religious Exemption must be completed and signed by a parent and a MD, DO, APN or PA. The district is required to comply with state requirements when enrolling students into school. If the requirements stated above are incomplete as of October 15th, students will be dismissed from school until requirements can be completed.

If you have any questions, please leave a message for me with the building secretary and I will return your call.

Sincerely;
Jennifer Nelson, RN
School Nurse



PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten and the second, sixth and ninth grades of any public, private or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that need attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

To be completed by the parent or guardian (please print):

| | | | | |
|---|-----------|-------|--------------|--|
| Student's Name: | Last | First | Middle | Birth Date: (Month/Day/Year) |
| Address: | Street | City | | ZIP Code |
| Name of School: | ZIP Code | | Grade Level: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Parent or Guardian: | Last Name | | First Name | |
| Student's Race/Ethnicity: | | | | |
| <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ | | | | |

To be completed by dentist:

Date of Most Recent Examination: _____ (Check all services provided at this examination date)
 Sealant Fluoride treatment Restoration of teeth due to caries

Oral Health Status (check all that apply)

- Yes No **Dental Sealants Present on Permanent Molars**
- 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 **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.

Treatment Needs (check all that apply). For Head Start Agencies, please also list appointment date or date of most recent treatment completion date.

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Restorative Care — amalgams, composites, crowns, etc. | Appointment Date: _____ |
| <input type="checkbox"/> Preventive Care — sealants, fluoride treatment, prophylaxis | Appointment Date: _____ |
| <input type="checkbox"/> Pediatric Dentist Referral Recommended | Treatment Completion Date: _____ |

Additional comments: _____

Signature of Dentist _____ License # _____ Date: _____



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.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Internal exam (vitreous, lens, fundus, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Pupillary reflex (pupils) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Binocular function (stereopsis) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Accommodation and vergence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Color vision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Glaucoma evaluation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Oculomotor assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

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 _____



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

Address _____

Phone _____

Signature _____

Date _____

Consent of Parent or Guardian

I agree to release the above information on my child
 or ward to appropriate school or health authorities.

 (Parent or Guardian's Signature)

 (Date)

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



State of Illinois Certificate of Child Health Examination

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

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 | | | DOSE 2 | | | DOSE 3 | | | DOSE 4 | | | DOSE 5 | | | DOSE 6 | | |
|---|---|----|----|---|----|----|---|----|----|---|----|----|---|----|----|---|----|----|
| | MO | DA | YR | MO | DA | YR | MO | DA | YR | MO | DA | YR | MO | DA | YR | MO | DA | YR |
| DTP or DTaP | | | | | | | | | | | | | | | | | | |
| Tdap, Td or Pediatric DT (Check specific type) | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | |
| Polio (Check specific type) | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | |
| Hib Haemophilus influenza type b | | | | | | | | | | | | | | | | | | |
| Pneumococcal Conjugate | | | | | | | | | | | | | | | | | | |
| Hepatitis B | | | | | | | | | | | | | | | | | | |
| MMR Measles Mumps, Rubella | | | | | | | | | | Comments: * indicates invalid dose | | | | | | | | |
| Varicella (Chickenpox) | | | | | | | | | | | | | | | | | | |
| Meningococcal conjugate (MCV4) | | | | | | | | | | | | | | | | | | |
| RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose | | | | | | | | | | | | | | | | | | |
| Hepatitis A | | | | | | | | | | | | | | | | | | |
| HPV | | | | | | | | | | | | | | | | | | |
| Influenza | | | | | | | | | | | | | | | | | | |
| Other: Specify Immunization Administered/Dates | | | | | | | | | | | | | | | | | | |

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

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

| | | | | | |
|--|--------|--------|-----|----------------|-----|
| HEAD CIRCUMFERENCE if < 2-3 years old | HEIGHT | WEIGHT | BMI | BMI PERCENTILE | B/P |
| DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI > 85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read _____ Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported _____ Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> 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 | | <input type="checkbox"/> Diagnosis of Asthma | Mental Health | |
| Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> 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 _____

Dear Parents/Guardians of Forreston Junior/Senior High Students,

The Forreston Junior/Senior High School PE Teachers are again offering this PE uniform for the 2020-2021 school year. The cost of the uniform will be \$18 for the set and will be sold at the school by the PE teachers. All order forms are due by July 31st, 2020 to the high school office and will be handed out by the PE teachers the first day of school. Please submit any orders or contact Mr. Schurr or Mrs. Williams at 815-938-2175 with any questions you may have regarding the uniform.



UNIFORM ORDER FORM

NAME _____ Grade _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN PHONE NUMBER _____

SHIRT SIZE YS YM YL S M L XL 2XL (\$8)

SHORT SIZE YS YM YL S M L XL 2XL (\$10)

TOTAL AMOUNT ENCLOSED _____

PLEASE MAKE CHECKS PAYABLE TO FORRESTON HIGH SCHOOL.

PAYMENT CANNOT BE COMBINED WITH REGISTRATION FEES.



Forrestville Valley School District #221

Fee Waiver Form

2020-2021

(IF APPLICABLE)

All registration must include payment of fees for students to be considered enrolled. Any parent/family applying for a fee waiver for the **INSTRUCTIONAL FEE** (K-5 — \$110; 6-12 — \$135) must complete the following information. **All other fees, including fees for electives, are due at time of registration & are not subject to the Fee Waiver process.**

PARENT'S NAME: _____ DATE SUBMITTED: _____

ADDRESS: _____

PHONE NUMBER: _____

I request a waiver of the **INSTRUCTIONAL FEE** for the following reason:

_____ AFD Number: _____

_____ Food Stamp Number: _____

_____ Foster Child

_____ Other (please explain): _____

LIST ALL STUDENTS ATTENDING FORRESTVILLE VALLEY SCHOOLS

| STUDENT'S NAME | SCHOOL | INSTRUCTIONAL FEE |
|---------------------------|--------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL AMOUNT OWED: | | |

Parent/Guardian Signature & Date

Superintendent Signature & Date



Forrestville Valley School District #221

Payment of Registration Fees

2020 - 2021

| | | |
|---|--------------|--|
| Student's Name _____ | School _____ | Grade _____ |
| Fee Statement (Total is listed on the enclosed Student Fee Statement) | | \$ _____ |
| - \$10 Discount (for Instructional Fee only) (If payment is made by July 1st, 2020) | | - \$ _____ <small>\$10 discount doesn't apply if requesting the instructional fee waived.</small> |
| - Fee Waiver (if applicable, for <u>Instructional Fee only</u>) Please pay all other fees - Electives, Class Dues & Technology Fee. | | - \$ _____ <small>Fee Waiver Amount (if applicable)</small> |
| - \$35 Technology Fee Waiver (<u>9th - 12th grade students only</u>) <small>Only applies to students participating in BYOT Program. BYOT Authorization/Responsible Use Agreement must be completed. Students will NOT be issued technology and must supply their own.</small> | | - \$ _____ <small>BYOT Discount (if student is bringing their own technology)</small> |
| + Yearbook FHS Yearbook - \$45.00 FJH Yearbook - \$25.00 | | + \$ _____ <small>Optional Yearbook Fee</small> |
| = Total Payment: | | = \$ _____ Total Amount Due |

Form of Payment

- Paid Online via e~Funds** _____ (Notification via Skyward once available.)
- Check #** _____ (Please make checks/money orders payable to Forrestville Valley School District.)
- Cash \$** _____

Please Note:

- One payment may be made for an entire family. **Please include all forms for each student with payment.**
- Payment Plans may be set up via e~Funds. Please visit www.fvdistrict221.org for more information.
- P.E. Uniform payment is separate from registration fees and is payable to Forreton Junior/Senior High School.
- Registration forms and payment of fees may be dropped off:
 - at any school office or mailed in the envelope provided by July 31st, 2020 to:
 - Forrestville Valley School District #221
 - Registration & Fees Collection
 - P.O. Box 665 Forreton, IL 61030
 - at Walk-In Registration on Thursday, July 30th, 2020, from 2:00 p.m. - 6:00 p.m., in the Forreton Junior/Senior High School Cafeteria.