

FORRESTVILLE VALLEY SCHOOL DISTRICT #221



SUPERINTENDENT
Mrs. Sheri Smith

Dear Parent(s)/Guardian(s),

Welcome to Forrestville Valley School District #221 and the 2020-2021 School Year! We are excited you have selected our district and look forward to wonderful things for your student and our school community.

I believe you will find a small community that embraces all aspects of education to include academics, arts, and athletic opportunities. I would encourage you to take a few minutes to review our district and various school and student highlights on our website:


www.fvdistrict221.org.

I am proud to report our school communities are strong and function as one district unit. This is demonstrated in a variety of ways but specifically with our average daily attendance. Each year we exceed the state average as we continue to educate 96% of our student body every day. It is important that your child attends school and does not miss out on great educational opportunities.

Please take the time this year to get involved or stay involved in your child's education. Your son or daughter is never too old to need your participation in school activities. Not only will your child know when you are present, he or she will also remember when you are not. You may contact your school office to learn more regarding parent involvement in the PTO, Sports Boosters, Music Patrons, or classroom volunteers.

I wish you the very best year ahead and please contact my office if I can be of assistance to you.

Sincerely,



Mrs. Sheri Smith

District Superintendent



Forrestville Valley School District #221

Kindergarten Registration Forms Checklist

2020-2021

Please provide the following forms for completion of student registration:

___ Student Information

___ Certificate of Residence

___ Residency Verification Checklist

___ Parent/Student Signature

___ Release of Student Information

___ Busing Information

___ Confidential Student Health Information

___ Ethnicity and Race Report

___ Home Language Survey

___ Physical and Exams (Preschool, Kindergarten, 2nd, 6th, 9th, 12th)

___ Skyward Family Access Sign-Up

___ Fee Waiver (if applicable)

___ Payment of Registration Fees

STUDENT INFORMATION FORM 2020-2021

FORRESTVILLE VALLEY SCHOOL DISTRICT #221

Student's Name _____
First Middle Last

Address _____
Street P.O. Box Number City, State, Zip

Phone _____ Student Cell Phone (if applicable) _____

Grade/School _____ Previously Attended FV? Yes No

Date of Birth _____ County/State of Birth _____ Gender _____

ALL OTHER CHILDREN IN YOUR FAMILY—INCLUDE THOSE NOT IN SCHOOL THRU 12TH GRADE

1) Name _____
First Middle Last

Date of Birth _____ Grade/School _____ Gender _____

County/State Of Birth _____ Previously Attended FV? Yes No

2) Name _____
First Middle Last

Date of Birth _____ Grade/School _____ Gender _____

County/State Of Birth _____ Previously Attended FV? Yes No

3) Name _____
First Middle Last

Date of Birth _____ Grade/School _____ Gender _____

County/State Of Birth _____ Previously Attended FV? Yes No

MEDICAL INFORMATION:

Doctor _____ Phone _____

Dentist _____ Phone _____

Allergies _____

Medical Problems _____

(PLEASE CONTINUE ON BACK)

Father's Name _____

Address _____

Employer _____ Hours At Work A.M. _____ P.M. _____

Home Phone # _____ Cell Phone # _____

Work # _____ Email address _____

Mother's Name _____

Address _____

Employer _____ Hours At Work A.M. _____ P.M. _____

Home Phone # _____ Cell Phone # _____

Work # _____ Email address _____

Step-Father's Name _____

Address _____

Employer _____ Hours At Work A.M. _____ P.M. _____

Home Phone # _____ Cell Phone # _____

Work # _____ Email address _____

Step-Mother's Name _____

Address _____

Employer _____ Hours At Work A.M. _____ P.M. _____

Home Phone # _____ Cell Phone # _____

Work # _____ Email address _____

EMERGENCY CONTACT: Must be someone other than parent - List 2

Name Relationship Phone #

Name Relationship Phone #

Parent/Guardian is a member of the armed forces?
-Currently is deployed to active duty? YES NO
-Expects to be deployed to active duty during the school year? YES NO

Parent/Guardian Signature Date



Forrestville Valley School District #221
CERTIFICATE OF RESIDENCE
2020-2021



Student's Name: _____ Age: _____

Address: _____ Phone #: _____

Father's Name: _____ Living Deceased

Father's Address: _____ Phone #: _____

Mother's Name: _____ Living Deceased

Mother's Address: _____ Phone #: _____

Please answer the following questions:

1. Are the student's parents divorced or separated? Yes No

a. Who has custody of the student? Mother Father Joint

b. If custody is jointly held who claims the student as a dependent on their federal income tax return? Mother Father

c. With which parent does the student reside? Mother Father

d. Please attach a copy of the custody order.

2. Does the student reside with a person other than his/her natural or adoptive parents? Yes No

If the answer to the above question is "Yes", please answer the following questions:

a. What is the name of the adult with whom the student now resides? _____

b. Address: _____

c. Is this person a relative of the student? Yes No

d. If "Yes", what relation is she/he to the student? _____

e. Is the person with whom the student resides the legal guardian or custodian of the student? Yes No

f. If "Yes", please attach a copy of the guardianship or custody order.

(PLEASE CONTINUE ON BACK)

3. Is the student eligible for Special Education services? Yes No

If "Yes", please provide a copy of the student's most recent Individualized Education Program (I.E.P), or provide us with a name and address of the school district from which we may obtain a copy.

4. Does any Illinois public agency have legal guardianship of the student? Yes No

If "Yes", please attach proof of legal guardianship.

5. Has a court ordered a residential placement for the student? Yes No

6. Is the student homeless? Yes No

If "Yes": a. Is the student currently living in the School District? Yes No

b. In what school district was the student last enrolled?

c. In what school district was the student enrolled when permanently housed?

I certify that I am the parent(s) or legal guardian(s) of the above named student and that this child's residence has not been established solely for the purpose of attending District #221 schools. I further certify that the above information is correct to the best of my knowledge.

Parent(s) or Guardian(s) Signature

Date:

NOTE: It is contrary to the policy of the Board of Education to admit students who do not legally reside with their parents or legal guardians within the District #221 boundaries. The information you provide will be used by school officials to help establish the eligibility of each applicant for admission. Falsification of information on this form or otherwise submitted to the District may result in your child being excluded from school, and may expose you to monetary liability under Illinois law for payment of tuition for such time as your child was illegally enrolled in the District. Further any person who knowingly enrolls or attempts to enroll a non-resident student in the District or presents to the District any false information regarding the residency of a student commits a Class C misdemeanor and shall be referred for criminal prosecution.



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
Busing Information
2020-2021

Student's Name: _____ **Grade/School:** _____

Parent/Guardian: _____ **Phone:** _____

Home address: _____

NO, my student **DOES NOT** need busing.

Please Note: There will be ONE address for pick-up and ONE address for drop-off.

AM Pick-Up: Yes No (Write Address below if **DIFFERENT** than Home Address)

Name: _____

Address: _____

Phone #: _____

PM Drop-Off: Yes No (Write Address below if **DIFFERENT** than Home Address)

Name: _____

Address: _____

Phone #: _____

Other Considerations/Comments:

Parent/Guardian Signature

Date

****Busing requests will be reviewed before assignment to routes. Please note any legal constraints by all parties involved will override district authorization and/or district ability to accommodate a variety of issues. The following are a few examples of such issues; child custody rights, out of district transportation, sex offender information, etc. Please keep us informed of any changes.**

TRANSPORTATION OFFICE USE ONLY:

AM Bus # / Driver:		PM Bus # / Driver:	
Parent Notified:	Driver Notified:	School Notified:	



Forrestville Valley School District #221 Confidential Student Health Information 2020-2021



STUDENT'S NAME: _____ Grade/School: _____

NO, my student **DOES NOT** have health concerns.

YES, my student **DOES** have health concerns. **PLEASE CHECK ANY CONDITIONS LISTED BELOW THAT APPLY TO YOUR STUDENT.** If you have any questions or concerns about your child's health, please contact the school nurse.

ADD/ADHD

Allergies – Food

Allergies – Insect

Allergies – Medicine

Asthma

Birth Defects

Bone/Joint Problems

Depression

Diabetes

Ear/Hearing Problems

Migraines

Glasses/Contacts

Heart Problems

Physical Restrictions

Other

If your child has a condition not listed above, please describe in detail below:

If your child requires medication during school hours, please refer to the section regarding medication found in the *Parent-Student Handbook* and obtain a *Request for Administration of Medicine* form from the school office.

Parent/Guardian Signature

Date

U.S. Department of Education Ethnicity and Race Report

The U.S. Department of Education has issued new guidelines on the collection and reporting of race and ethnicity data for public schools and staff. Please complete this form and return to your child's school.

Student's Name: _____ SIS ID# _____
(School to Supply)

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. **Part A** asks about the student's ethnicity and **Part B** asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A: Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or 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 to 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 maintain tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, and 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.)

Parent Signature: _____ Date: _____



Forrestville Valley School District # 221

Home Language Survey

The state requires the district to collect a Home Language Survey for every student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name: _____

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

Yes _____ No _____

If yes, what language? _____

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

Yes _____ No _____

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

Parent/Guardian Signature

Date

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 _____
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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/car/kidney/testicle)	Yes No	_____
Child wakes during night coughing?	Yes No	_____	Hospitalizations? When? What for?	Yes No	_____
Birth defects?	Yes No	_____	Surgery? (List all.) When? What for?	Yes No	_____
Developmental delay?	Yes No	_____	Serious injury or illness?	Yes No	_____
Blood disorders? Hemophilia, Sickle Cell. Other? Explain.	Yes No	_____	TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.
Diabetes?	Yes No	_____	TB disease (past or present)?	Yes* No	
Head injury/Concussion/Passed out?	Yes No	_____	Tobacco use (type, frequency)?	Yes No	_____
Seizures? What are they like?	Yes No	_____	Alcohol/Drug use?	Yes No	_____
Heart problem/Shortness of breath?	Yes No	_____	Family history of sudden death before age 50? (Cause?)	Yes No	_____
Heart murmur/High blood pressure?	Yes No	_____	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other _____	_____	
Dizziness or chest pain with exercise?	Yes No	_____	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 _____	Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)		Parent/Guardian Signature	Date	
Ear/Hearing problems?	Yes No	_____	_____		
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	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
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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 _____



Forrestville Valley School District #221

Skyward Family Access Sign-Up

2020-2021

By Signing and returning this form, you are authorizing Forrestville Valley School District #221 to provide you with one login and password for all your children in FVSD #221.

Parent/Guardian Name (please print): _____

Email Address: _____

You will receive your login and password by email.

Student Name (print)	Grade	School

**Please return this form to your child's school secretary.
Login and password information will not be communicated by phone.**

I agree to keep my user name and password confidential. I will notify my child's school secretary immediately if I become aware that anyone else has accessed my password. Any misuse of this system will result in me being permanently restricted from future use.

Parent/Guardian Signature

Date



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 Forreston 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 Forreston, IL 61030
 - at Walk-In Registration on Thursday, July 30th, 2020, from 2:00 p.m. - 6:00 p.m., in the Forreston Junior/Senior High School Cafeteria.