



---

# **2016 – 2017 PARENT GENERAL REGISTRATION INFORMATION**

## **Includes:**

- District Calendar
- Open House/Orientation Schedule
- Residency Documentation Requirements & Information
  - Letter of Residence from Landlord in Lieu of Lease
  - Letter of Residence to Be Used When Person Seeking to Enroll a Student is Living with a District Resident
- Student Health Requirements & Examination Forms
  - School Physical Form (Certificate of Child Health Examination)
  - Dental Examination Form
  - Eye Examination Form
- Henry County Health Department Information
- Registration Fees, Cafeteria Prices, S.A.F.E. Before & After School Program Rates, Geneseo High School Miscellaneous Fees
- Free and Reduced-Price Meal Information
- Electronic Network Access Information
- Student Accident Coverage Information
- SchoolMessenger Information

# D228 2016-17 SCHOOL CALENDAR

2016							2017							
JULY							JANUARY							
SU	M	T	W	TH	F	SA		SU	M	T	W	TH	F	SA
					1	2	4	1	2	3	4	5	6	7
3	4	5	6	7	8	9	5	8	9	10	11	12	13	14
10	11	12	13	14	15	16	4	15	16	17	18	19	20	21
17	18	19	20	21	22	23	5	22	23	24	25	26	27	28
24	25	26	27	28	29	30	2	29	30	31				
31							106	20						
AUGUST							FEBRUARY							
	1	2	3	4	5	6	0				1	2	3	4
7	8	9	10	11	12	13	0	5	5	6	7	8	9	10
14	15	16	17	18	19	20	4	5	12	13	14	15	16	17
21	22	23	24	25	26	27	5	5	19	20	21	22	23	24
28	29	30	31				3	2	26	27	28			
							12	20						
SEPTEMBER							MARCH							
				1	2	3	2	3			1	2	3	4
4	5	6	7	8	9	10	4	5	5	6	7	8	9	10
11	12	13	14	15	16	17	5	5	12	13	14	15	16	17
18	19	20	21	22	23	24	5	5	19	20	21	22	23	24
25	26	27	28	29	30		5	5	26	27	28	29	30	31
							21	23						
OCTOBER							APRIL							
						1								1
2	3	4	5	6	7	8	5	5	2	3	4	5	6	7
9	10	11	12	13	14	15	4	0	9	10	11	12	13	14
16	17	18	19	20	21	22	5	5	16	17	18	19	20	21
23	24	25	26	27	28	29	5	5	23	24	25	26	27	28
30	31						1	0	30					
							20	15						
NOVEMBER							MAY							
		1	2	3	4	5	4	5		1	2	3	4	5
6	7	8	9	10	11	12	4	5	7	8	9	10	11	12
13	14	15	16	17	18	19	5	5	14	15	16	17	18	19
20	21	22	23	24	25	26	1	5	21	22	23	24	25	26
27	28	29	30				3	2	28	29	30	31		
							17	22						
DECEMBER							JUNE							
				1	2	3	2	2				1	2	3
4	5	6	7	8	9	10	5	2	4	5	6	7	8	9
11	12	13	14	15	16	17	5	0	11	12	13	14	15	16
18	19	20	21	22	23	24	4	0	18	19	20	21	22	23
25	26	27	28	29	30	31	0	0	25	26	27	28	29	30
							16	4						
First Semester=86 Days Teacher Attendance Days, 83 Student Attendance Days							Second Semester=94 Teacher Attendance Days, 92 Student Attendance Days							
LEGEND														
No School				Teachers Institute--No Student Attendance (NSA)				Parent/Teacher Conferences						
Students Dismissed One-Hour Early from Regular Dismissal Time.								Emergency Days						
New Teacher Induction Day. Does not apply toward student or teacher attendance days.								End of Quarter						
Half-Day, Dismissal Schedule: Elementary 8:20--11:35, Middle School 8:15--11:40, High School 8:00--11:30														

## **GENESEO COMMUNITY SCHOOL DISTRICT #228**

### **2016-17 Orientation/Open House Information**

**KINDERGARTEN PARENT ORIENTATION:** Thursday, August 11, 5:45 p.m. to 6:45 p.m. at Millikin, Northside, and Southwest Elementary Schools.

**MIDDLE SCHOOL NEW STUDENT ORIENTATION:** Friday, August 12, 10:00 a.m. to 11:00 a.m., at the Geneseo Middle School Counseling Office.

**HIGH SCHOOL FRESHMAN STUDENT ORIENTATION:** Monday, August 15, 8:00 a.m. to 11:30 a.m., at Geneseo High School Main Gym.

**HIGH SCHOOL NEW STUDENT ORIENTATION** (for students who are new to the Geneseo School District): Tuesday, August 16, 12:30 p.m. to 1:15 p.m., at Geneseo High School Commons.

**ELEMENTARY OPEN HOUSE:** Tuesday, August 16, 5:00 p.m. to 7:00 p.m., at Millikin, Northside, and Southwest Elementary Schools.

**MIDDLE SCHOOL OPEN HOUSE:** Wednesday, August 17, 5:00 p.m. to 7:00 p.m. at Geneseo Middle School.

**HIGH SCHOOL OPEN HOUSE:** Wednesday, August 17, 5:00 p.m. to 7:00 p.m. at Geneseo High School.

**HIGH SCHOOL PARENT ORIENTATION** (for parents of Freshmen and parents of new students to the Geneseo School District): Two sessions to accommodate parents' schedules; information presented will be the same at both sessions: Wednesday, August 17, 5:30 p.m. to 6:00 p.m. and 6:00 p.m. to 6:30 p.m. in the Geneseo High School Library.

**GHS FALL ATHLETICS MEETINGS:** Wednesday, August 17, 7:10 p.m. to 7:40 p.m.; locations throughout GHS to be announced.

### **ESTABLISHING STUDENT RESIDENCY**

The following items must be presented to the school as part of your student's registration materials:

#### **Birth Certificate**

- Certified or registered birth certificate for the student

#### **Proof of Residency within the District** (*THREE* documents required)

Note: ***Military Personnel*** please refer to item below marked "Military Personnel."

**ONE** of the following documents must be provided:

- Most recent property tax bill and proof of payment; *OR*
- If you are a homeowner, you may provide a copy of your mortgage papers; *OR*
- If you are a renter, you may provide a signed and dated lease and proof of last month's payment; *OR*
- If you are a renter, you may provide a letter of residence from your landlord in lieu of a lease (please request a blank copy of form 7:60-AP2, E1 from the school office); *OR*
- If you are a trailer park resident, you may provide a letter from the park manager and proof of last month's payment; *OR*
- If you live with a District resident and you do not own the home or pay rent, you may provide a letter of residence (please request a blank copy of form 7:60-AP2, E2 from the school office)

**TWO** of the following documents showing your current address within the district must be provided:

- Driver's license
- Vehicle registration
- Voter registration
- Most recent cable TV and/or credit card bill
- Current public aid card
- Current homeowners/renters insurance policy and premium payment receipt
- Most recent gas, electric, and/or water bill
- Current library card
- Receipt for moving van rental
- Mail received at new residence

**Military Personnel** enrolling a student for the first time in the District must provide one of the following within 60 days after the date of student's initial enrollment:

- Postmarked mail addressed to military personnel
- Lease agreement for occupancy
- Proof of ownership of residence

#### **Superintendent Review February, 2014**

**WARNING:** If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident. A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)). A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that District without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).

## **Students**

### **Residence**

#### **Resident Students**

Only students who are residents of the District may attend a District school without a tuition charge, except as otherwise provided below or in State law. A student's residence is the same as the person who has legal custody of the student.

A person asserting legal custody over a student, who is not the child's natural or adoptive parent, shall complete a signed statement, stating: (a) that he or she has assumed and exercises legal responsibility for the child, (b) the reason the child lives with him or her, other than to receive an education in the District, and (c) that he or she exercises full control over the child regarding daily educational and medical decisions in case of emergency. If the District knows the current address of the child's natural or adoptive parent, the District shall request in writing that the person complete a signed statement or Power of Attorney stating: (a) the role and responsibility of the person with whom their child is living, and (b) that the person with whom the child is living has full control over the child regarding daily educational and medical decisions in case of emergency.

A student whose family moves out of the District during the school year will be permitted to attend school for the remainder of the year without payment of tuition.

When a student's change of residence is due to the military service obligation of the student's legal custodian, the student's residence is deemed to be unchanged for the duration of the custodian's military service obligation if the student's custodian made a written request. The District, however, is not responsible for the student's transportation to or from school.

If, at the time of enrollment, a dependent child of military personnel is housed in temporary housing located outside of the District, but will be living within the District within 60 days after the time of initial enrollment, the child is allowed to enroll, subject to the requirements of State law, and must not be charged tuition.

#### **Requests for Non-Resident Student Admission**

Non-resident students may attend District schools upon the approval of a request submitted by the student's parent(s)/guardian(s) for non-resident admission. The Superintendent may approve the request subject to the following:

1. The student will attend on a year-to-year basis. Approval for any one year is not authorization to attend a following year.
2. The student will be accepted only if there is sufficient room.
3. The student's parent(s)/guardian(s) will be charged the maximum amount of tuition as allowed by State law.
4. The student's parent(s)/guardian(s) will be responsible for transporting the student to and from school.

#### **Admission of Non-Resident Students Pursuant to an Agreement or Order**

Non-resident students may attend District schools tuition-free pursuant to:

1. A written agreement with an adjacent school district to provide for tuition-free attendance by a student of that district, provided both the Superintendent or designee and the adjacent district determine that the student's health and safety will be served by such attendance.

2. A written agreement with cultural exchange organizations and institutions supported by charity to provide for tuition-free attendance by foreign exchange students and non-resident pupils of charitable institutions.
3. According to an intergovernmental agreement.
4. Whenever any State or federal law or a court order mandates the acceptance of a non-resident student.

#### Homeless Children

Any homeless child shall be immediately admitted, even if the child or child's parent/guardian is unable to produce records normally required to establish residency. School Board policy 6:140, *Education of Homeless Children*, and its implementing administrative procedure, govern the enrollment of homeless children.

#### Challenging a Student's Residence Status

If the Superintendent or designee determines that a student attending school on a tuition-free basis is a non-resident of the District for whom tuition is required to be charged, he or she on behalf of the School Board shall notify the person who enrolled the student of the tuition amount that is due. The notice shall be given by certified mail, return receipt requested. The person who enrolled the student may challenge this determination and request a hearing as provided by The School Code, 105 ILCS 5/10-20.12b.

- LEGAL REF.: McKinney Homeless Assistance Act, 42 U.S.C. §11431 et seq.  
 105 ILCS 5/10-20.12a, 5/10-20.12b, and 5/10-22.5.  
 105 ILCS 45/and 70/.  
 23 Ill.Admin.Code §1.240.  
Israel S. by Owens v. Board of Educ. of Oak Park and River Forest High School  
Dist. 200, 601 N.E.2d 1264 (Ill.App.1, 1992).  
Joel R. v. Board of Education of Manheim School District 83, 686 N.E.2d 650  
 (Ill.App.1, 1997).  
Kraut v. Rachford, 366 N.E.2d 497 (Ill.App.1, 1977).
- CROSS REF.: 6:15 (School Accountability *containing* "School Choice for Students Enrolled in a School Identified for Improvement, Corrective Action, or Restructuring"),  
 6:140 (Education of Homeless Children), 7:50 (School Admissions and Student Transfers To and From Non-District Schools), 7:70 (Attendance and Truancy)

Adopted by Board Action 02/04/2002  
 Amended by Board Action 04/07/03  
 Amended by Board Action 09/11/08  
 Amended by Board Action 04/16/2009  
 Amended by Board Action 02/13/2014

## **Students**

### **School Admissions and Student Transfers To and From Non-District Schools**

#### **Age**

To be eligible for admission, a child must be 5 years old on or before September 1 of that school term. A child entering first grade must be 6 years of age on or before September 1 of that school term. Based upon an assessment of the child's readiness, a child will be allowed to attend first grade if he or she attended a non-public preschool, continued his or her education at that school through kindergarten, was taught in kindergarten by an appropriately certified teacher, and will be 6 years old on or before December 31. A child with exceptional needs who qualifies for special education services is eligible for admission at 3 years of age.

#### **Admission Procedure**

All students must register for school each year on the dates and at the place designated by the Superintendent. Parents/guardians of students enrolling in the District for the first time must present:

1. A certified copy of the student's birth certificate. If a birth certificate is not presented, the Superintendent or designee shall notify in writing the person enrolling the student that within 30 days he or she must provide a certified copy of the student's birth certificate. A student will be enrolled without a birth certificate. When a certified copy of the birth certificate is presented, the school shall promptly make a copy for its records, place the copy in the student's temporary record, and return the original to the person enrolling the child. If a person enrolling a student fails to provide a certified copy of the student's birth certificate, the Superintendent or designee shall immediately notify the local law enforcement agency, and shall also notify the person enrolling the student in writing that, unless he or she complies within 10 days, the case will be referred to the local law enforcement authority for investigation. If compliance is not obtained within that 10-day period, the Superintendent or designee shall so refer the case. The Superintendent or designee shall immediately report to the local law enforcement authority any material received pursuant to this paragraph that appears inaccurate or suspicious in form or content.
2. Proof of residence, as required by Board policy 7:60, *Residence*.
3. Proof of disease immunization or detection and the required physical examination, as required by State law and Board policy 7:100, *Health, Eye, and Dental Examinations; Immunizations; and Exclusion of Students*.

#### **Homeless Children**

Any homeless child shall be immediately admitted, even if the child or child's parent/guardian is unable to produce records normally required for enrollment. Board policy 6:140, *Education of Homeless Children*, and its implementing administrative procedure, govern the enrollment of homeless children.

#### **Student Transfers To and From Non-District Schools**

A student may transfer into or out of the District according to State law and procedures developed by the Superintendent. A student seeking to transfer into the District must serve the entire term of any suspension or expulsion, imposed for any reason by any public or private school, in this or any other state, before being admitted into the School District.

### Foreign Students

The District accepts foreign exchange students with a J-1 visa and who reside within the District as participants in an exchange program sponsored by organizations screened by administration. Exchange students on a J-1 visa are not required to pay tuition.

Privately sponsored exchange students on an F-1 visa may be enrolled if an adult resident of the District has temporary guardianship and the student lives in the home of that guardian. Exchange students on an F-1 visa are required to pay tuition at the established District rate. F-1 visa student admission is limited to high schools, and attendance may not exceed 12 months.

The Board may limit the number of exchange students admitted in any given year. Exchange students must comply with District immunization requirements. Once admitted, exchange students become subject to all District policies and regulations governing students.

### Re-enrollment

Re-enrollment shall be denied to any individual 19 years of age or above who has dropped out of school and who could not earn sufficient credits during the normal school year(s) to graduate before his or her 21st birthday. However, at the Superintendent's or designee's discretion and depending on program availability, the individual may be enrolled in a graduation incentives program established under 105 ILCS 5/26-16 or an alternative learning opportunities program established under 105 ILCS 5/13B-1 (see 6:110, *Programs for Students At Risk of Academic Failure and/or Dropping Out of School and Graduation Incentives Program*). Before being denied re-enrollment, the District will offer the individual due process as required in cases of expulsion under policy 7:210, *Expulsion Procedures*. A person denied re-enrollment will be offered counseling and be directed to alternative educational programs, including adult education programs that lead to graduation or receipt of a GED diploma. This section does not apply to students eligible for special education under the Individuals with Disabilities Education Improvement Act or accommodation plans under the Rehabilitation Act, Section 504.

LEGAL REF.: McKinney Homeless Assistance Act, 42 U.S.C. §11431 et seq.  
Family Educational Rights and Privacy Act, 20 U.S.C. §1232.  
Illegal Immigrant and Immigrant Responsibility Act of 1996, 8 U.S.C. §1101.  
Individuals With Disabilities Education Improvement Act, 20 U.S.C. §1400 et seq.  
Rehabilitation Act, Section 504, 29 U.S.C. §794.  
105 ILCS 5/2-3.13a, 5/10-20.12, 5/10-22.5a, 5/14-1.02, 5/14-1.03a, 5/26-1, 5/26-2,  
5/27-8.1, 10/8.1, 45/, and 70/.  
325 ILCS 50/ and 55/  
410 ILCS 315/2e.  
20 Ill.Admin.Code Part 1290 Missing Person Birth Records and School Registration  
23 Ill.Admin.Code Part 375, Student Records

CROSS REF.: 6:30 (Organization of Instruction), 6:110 (Programs for Students At Risk of Academic Failure and/or Dropping out of School and Graduation Incentives Program), 6:140 (Education of Homeless Children), 6:300 (Graduation Requirements), 6:310 (Credit for Alternative Courses and Programs, and Course Substitutions), 7:60 (Residence), 7:70 (Attendance and Truancy), 7:100 (Health, Eye, and Dental Examinations; Immunizations; and Exclusion of Students), 7:340 (Student Records)

Adopted by Board Action 02/04/2002

Amended by Board Action 04/07/2003

Amended by Board Action 03/12/2009

Amended by Board Action 12/09/2010

# Geneseo Community Unit School District No. 228

648 N. CHICAGO STREET • GENESEO, ILLINOIS 61254 • (309) 945-0450 • FAX: (309) 945-0445

Scott D. Kuffel  
Superintendent

Geneseo Community Unit School District 228

7:60-AP2, E1

## Students

### Exhibit - Letter of Residence from Landlord in Lieu of Lease

A person seeking to enroll a child may use this form as evidence of residency when a signed lease is unavailable – other documents will also be required to establish residency. Return this completed form, signed by your landlord, to the Building Principal. The School District reserves the right to evaluate the evidence presented; completing this form does not guarantee admission.

**To be completed and signed by the individual enrolling the child and returned to the Principal. Please print.**

Child	School	
Individual enrolling the child	Home Telephone	
Relationship to the child		
Residence street address	City	Zip code
Landlord's name	Landlord's telephone	
Landlord's address	City	Zip code
Signature of the individual enrolling the student	Date	

**To be signed by your landlord to verify that you are renting this residence.**

I certify that the individuals named above are living in the residence named above for the lease term of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Landlord's signature	Date
----------------------	------

**WARNING:** If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the district is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that district without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).

Superintendent Review August, 2010

# Geneseo Community Unit School District No. 228

648 N. CHICAGO STREET • GENESEO, ILLINOIS 61254 • (309) 945-0450 • FAX: (309) 945-0445

Scott D. Kuffel  
Superintendent

---

Geneseo Community Unit School District 228

7:60-AP2, E2

---

## Students

### **Exhibit - Letter of Residence to Be Used When the Person Seeking to Enroll a Student Is Living with a District Resident**

A person seeking to enroll a child should use this form as evidence of residency when he or she cannot produce a lease, purchase property agreement, or other similar document – other documents will also be required to establish residency. The School District reserves the right to evaluate the evidence presented; completing this form does not guarantee admission.

**To be completed by the individual enrolling the child and returned to the Principal. Please print.**

Child	School	
Individual enrolling the child	Home Telephone	
Relationship to the child		
Residence street address	City	Zip code
Signature of the individual enrolling the student		Date

**To be completed and signed by the individual who is responsible for the residence. Please print.**

Name of the individual who is responsible for the residence	Telephone
---	-----------

I am responsible for this residence by ☐ ownership, ☐ lease, or ☐ other \_\_\_\_\_

Total number of: Persons living at this residence \_\_\_\_\_ Rooms in residence \_\_\_\_\_ Bedrooms \_\_\_\_\_

State the reasons for this living arrangement, including your relationship to the individual enrolling the child:

---

**I certify that this information is true and that the individuals named above are living in my residence.**

Signature of the individual who is responsible for the residence	Date
--	------

**WARNING:** If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the district is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that district without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).

Geneseo School District  
Grade Level & Transfer Student Health Requirements

Please review the State of Illinois requirements for the specified grade levels and transfer students. All required exams and immunizations are to be returned to the school nurse. Failure to comply with the Illinois School Code requirements may result in your child's exclusion from school. All forms may be found on the school website [www.geneseoschools.org](http://www.geneseoschools.org) under parent/students. Please call one of the Geneseo school nurses if you have questions.

**Kindergarten**

- ☐ **School physical** with the student's up to date immunizations. Medical health history completed and signed by a parent and the physical exam signed and dated by the physician.
- ☐ **Lead Screening** is required for your child one time prior to entering kindergarten. The doctor or nurse must sign the Lead Risk Assessment questionnaire.
- ☐ **Dental Exam**
- ☐ **Vision Exam**
- ☐ **Immunizations-** Complete with all updates

**2<sup>nd</sup> Grade**

- ☐ **Dental Exam**

**6<sup>th</sup> Grade**

- ☐ **School physical** with the student's up to date immunizations. Medical health history completed and signed by a parent and the physical exam signed and dated by the physician.
- ☐ **Dental Exam-**
- ☐ **Immunizations: Beginning with the school year 2015-2016 all children entering sixth grade must show proof of having received one dose on or after 11 years of age the meningococcal vaccine. See New Mandates below.**

**9<sup>th</sup> Grade**

- ☐ **School physical** with the student's up to date immunizations. Medical health history completed and signed by a parent. Physical exam signed and dated by the physician.
- ☐ **Immunizations-** Complete with all updates

**12<sup>th</sup> Grade**

- ☐ **Immunizations: Beginning with the school year 2015-2016 all children entering twelfth grade must show proof of having received two doses unless the first dose was administered after 16 years of age. See New Mandates below.**

Geneseo School District  
Grade Level & Transfer Student Health Requirements

**New Meningococcal Mandated Requirement for 2015-2016**

☐ Beginning with the school year 2015-2016, all students entering the sixth grade and twelfth grade will be required to show proof of recent meningococcal conjugate vaccination (MCV). All sixth graders will be required to show proof of one dose received on or after 11 years of age. All twelfth graders will need to show proof of receiving two doses unless the first dose was administered after 16 ears of age. In this case, only one dose after 16 years of age is required.

**Transfer students from Out of State**

- ☐ **School Physical-** Required regardless of grade level when entering for the first time to an Illinois school
- ☐ **Vision exam:** Required for all out of state transfer students entering an Illinois school for the first time
- ☐ **Immunization:** All immunization including updates should be complete per Illinois requirements

**SCHOOL NURSES**

<b>Millikin</b>	<b>Northside</b>	<b>Southwest</b>	<b>Middle School</b>	<b>High School</b>
Melissa Flecher	Helen Johnston	Joyce Dietrich	Andrea Spindler	Debra Rokis
945-0456	945-0608	945-0658	945-0508	945-0311

## Minimum Immunization Requirements for Those Entering a Child Care Facility or School in Illinois, Fall-2016 (Page 1)

Vaccine Requirement	Child Care Facility, Preschool, Early Childhood Pre-Kindergarten Programs	Kindergarten through 12 <sup>th</sup> Grade		Minimum Intervals Allowed Between Doses and <i>Other Options</i> for Proof of Immunity
		First Entry into School (Kindergarten or First Grade)	Other Grades	
DTP/DTaP/ or Tdap, Td (Diphtheria, Tetanus, Pertussis)	Three doses by 1 year of age  One additional booster dose by 2 <sup>nd</sup> birthday	Four or more doses of DTP/DTaP with the last dose qualifying as a booster and received on or after the 4 <sup>th</sup> birthday	Three or more doses of DTP/DTaP or Td; with the last dose qualifying as a booster if received on or after the 4 <sup>th</sup> birthday  For Students entering 6 <sup>th</sup> thru 12 <sup>th</sup> grades: 1 dose of Tdap	Minimum interval between series doses: 4 weeks (28 days) Between series and booster: 6 months <i>No proof of immunity allowed</i>
Polio	Two doses by 1 year of age.  One additional dose by 2 <sup>nd</sup> birthday	Four or more doses of the same type of Polio vaccine with the last dose qualifying as a booster and received on or after the 4 <sup>th</sup> birthday. (progressive requirement)	Three or more doses of Polio with the last dose qualifying as a booster and received on or after the 4 <sup>th</sup> birthday. *If the series is given in any combination of polio vaccine types, 4 or more doses are required with the last being a booster on or after the 4 <sup>th</sup> birthday.	Minimum interval between series doses: 4 weeks (28 days) For Grade K: 6 month interval between 3 dose series and booster; booster must be on or after 4 <sup>th</sup> birthday <i>No proof of immunity allowed</i>
Measles	One dose on or after the 1 <sup>st</sup> birthday but prior to 24 months of age	Two doses of Measles Vaccine, the 1 <sup>st</sup> dose must have been received on after the 1 <sup>st</sup> birthday and the second dose no less than 4 weeks (28 days) later.		Laboratory evidence of measles immunity <u>OR</u> Certified physician verification* of measles disease by date of illness <b>*Cases diagnosed after 7/1/2002 must include lab evidence of infection</b>
Rubella	One dose on or after the 1 <sup>st</sup> birthday but prior to 24 months of age	Two doses of Rubella Vaccine, the 1 <sup>st</sup> dose must have been received on after the 1 <sup>st</sup> birthday and the second dose no less than 4 weeks (28 days) later.		Laboratory evidence of rubella immunity <b>History of disease is not acceptable proof of immunity to rubella</b>
Mumps	One dose on or after the 1 <sup>st</sup> birthday but prior to 24 months of age	Two doses of Mumps Vaccine, the 1 <sup>st</sup> dose must have been received on after the 1 <sup>st</sup> birthday and the second dose no less than 4 weeks (28 days) later.		Laboratory evidence of mumps immunity <u>OR</u> Certified physician verification of mumps disease by date of illness
<i>Haemophilus influenzae</i> type b	Refer to Hib ACIP recs for schedule for series Children 24-59 mos. without series must have one dose after 15 mos. of age	Not required after the 5 <sup>th</sup> birthday (60 months of age)		Refer to ACIP Hib vaccination schedule  <i>No proof of immunity allowed</i>
Invasive Pneumococcal Disease	Refer to PCV ACIP recs for schedule for series Children 24-59 mos. without series must have one dose after 24 months of age	Not required after the 5 <sup>th</sup> birthday (60 months of age)		Refer to ACIP PCV vaccination schedule  <i>No proof of immunity allowed</i>

## Minimum Immunization Requirements for Those Entering a Child Care Facility or School in Illinois, Fall-2016 (Page 2)

Vaccine Requirement	Child Care Facility, Preschool, Early Childhood Pre-Kindergarten Programs	Kindergarten through 12 <sup>th</sup> Grade		<b>Minimum Intervals Allowed Between Doses and Other Options for Proof of Immunity</b>
		First Entry into School (Kindergarten or First Grade)	Other Grades	
<b>Hepatitis B</b>	<b>Three doses for all children</b>  <b>Third dose must have been administered on or after 6 months of age (168 days)</b>	<b>No Requirements</b>	<b>For Students entering grades 6 thru 12:</b>  <b>Three doses hepatitis B vaccine administered at recommended intervals</b>	Minimum intervals between doses: 1 & 2- at least 4 weeks (28 days) 2 & 3 - at least 2 months (56 days) <u>1 &amp; 3 - at least 4 months (112 days)</u> <i>Laboratory evidence of prior or current infection</i>
<b>Varicella (progressive requirement)</b>	<b>One dose on or after 1<sup>st</sup> birthday</b>	<b>Two doses of Varicella Vaccine, for Students entering Kindergarten and grades and 1</b> The 1 <sup>st</sup> dose must have been received on after the 1 <sup>st</sup> birthday and the second dose no less than 4 weeks (28 days) later.	<b>One dose of Varicella on or after the 1<sup>st</sup> birthday for Students entering grades 1 thru 12</b>	Minimum intervals for administration: The 1 <sup>st</sup> dose must have been received on after the 1 <sup>st</sup> birthday and the second dose no less than 4 weeks (28 days) later. <i>Statement from physician or health care provider verifying disease history OR Laboratory evidence of varicella immunity</i>
			<b>Two doses of Varicella Vaccine for Students entering grades 2, 6, 7, 8, 9, 10, &amp; 11</b>	
<b>Meningococcal Conjugate Vaccine (progressive requirement)</b>	<b>No Requirements</b>	<b>No Requirements</b>	<b>Applies to Students entering grades 6, 7, or 12 beginning 2016-2017 school year</b>  1 dose of Meningococcal vaccine for entry to grade 6 or 7  2 doses of Meningococcal vaccine at entry to 12 <sup>th</sup> grade	Minimum intervals for administration: The first dose received on or after the 10 <sup>th</sup> birthday; second dose at least eight weeks after the 1 <sup>st</sup> dose. Only one dose is required if the first dose was received at 16 years of age or older. <i>No proof of immunity allowed.</i>

Source: Child Health Examination Code/Part 665,

Prepared by: Illinois Department of Public Health Immunization Section, January 2016



**State of Illinois**  
**Certificate of Child Health Examination**

<b>Student's Name</b>				<b>Birth Date</b>	<b>Sex</b>	<b>Race/Ethnicity</b>	<b>School /Grade Level/ID#</b>											
Last                      First                      Middle				Month/Day/Year														
Address                      Street                      City                      Zip Code				Parent/Guardian                      Telephone #   Home                      Work														
<b>IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for <u>every</u> 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.</b>																		
<b>REQUIRED Vaccine / Dose</b>	<b>DOSE 1</b>			<b>DOSE 2</b>			<b>DOSE 3</b>			<b>DOSE 4</b>			<b>DOSE 5</b>			<b>DOSE 6</b>		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
<b>DTP or DTaP</b>																		
<b>Tdap; Td or Pediatric DT</b> (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		
<b>Polio</b> (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		
<b>Hib</b> Haemophilus influenza type b																		
<b>Pneumococcal Conjugate</b>																		
<b>Hepatitis B</b>																		
<b>MMR</b> Measles Mumps. Rubella										<b>Comments:</b>								
<b>Varicella</b> (Chickenpox)																		
<b>Meningococcal conjugate (MCV4)</b>																		
<b>RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose</b>																		
<b>Hepatitis A</b>																		
<b>HPV</b>																		
<b>Influenza</b>																		
<b>Other: Specify Immunization Administered/Dates</b>																		
<b>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.</b>																		
<b>Signature</b>				<b>Title</b>						<b>Date</b>								
<b>Signature</b>				<b>Title</b>						<b>Date</b>								
<b>ALTERNATIVE PROOF OF IMMUNITY</b>																		
<b>1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.</b>																		
<b>*MEASLES (Rubeola) MO DA YR    **MUMPS MO DA YR    HEPATITIS B MO DA YR    VARICELLA MO DA YR</b>																		
<b>2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.</b>																		
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.																		
<b>Date of Disease                      Signature                      Title</b>																		
<b>3. Laboratory Evidence of Immunity (check one)    <input type="checkbox"/> Measles*    <input type="checkbox"/> Mumps**    <input type="checkbox"/> Rubella    <input type="checkbox"/> Varicella    Attach copy of lab result.</b>																		
*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.																		
<b>Completion of Alternatives 1 or 3 MUST be accompanied by Labs &amp; Physician Signature: _____</b>																		
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
<b>HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER</b>							
<b>ALLERGIES</b> (Food, drug, insect, other)		Yes No	List:		<b>MEDICATION</b> (Prescribed or taken on a regular basis.)		Yes No
Diagnosis of asthma?		Yes	No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)		Yes No
Child wakes during night coughing?		Yes	No		Hospitalizations?		Yes No
Birth defects?		Yes	No		When? What for?		
Developmental delay?		Yes	No		Surgery? (List all.)		Yes No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.		Yes	No		When? What for?		
Diabetes?		Yes	No		Serious injury or illness?		Yes No
Head injury/Concussion/Passed out?		Yes	No		TB skin test positive (past/present)?		Yes* No
Seizures? What are they like?		Yes	No		TB disease (past or present)?		Yes* No
Heart problem/Shortness of breath?		Yes	No		Tobacco use (type, frequency)?		Yes No
Heart murmur/High blood pressure?		Yes	No		Alcohol/Drug use?		Yes No
Dizziness or chest pain with exercise?		Yes	No		Family history of sudden death before age 50? (Cause?)		Yes No
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____				Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other			
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Information may be shared with appropriate personnel for health and educational purposes.			
Ear/Hearing problems?		Yes	No		<b>Parent/Guardian</b>		
Bone/Joint problem/injury/scoliosis?		Yes	No		<b>Signature</b>		
					<b>Date</b>		
<b>PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA</b>							
HEAD CIRCUMFERENCE if < 2-3 years old		HEIGHT		WEIGHT		BMI	B/P
<b>DIABETES SCREENING</b> (NOT REQUIRED FOR DAY CARE) <b>BMI&gt;85% age/sex</b> Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: <b>Family History</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Ethnic Minority</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Signs of Insulin Resistance</b> (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>At Risk</b> Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>LEAD RISK QUESTIONNAIRE:</b> 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.)							
<b>Questionnaire Administered?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Blood Test Indicated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Blood Test Date</b>		<b>Result</b>	
<b>TB SKIN OR BLOOD TEST</b> 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. <a href="http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm">http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm</a> . <b>No test needed</b> <input type="checkbox"/> <b>Test performed</b> <input type="checkbox"/> <b>Skin Test: Date Read</b> / / <b>Result: Positive</b> <input type="checkbox"/> <b>Negative</b> <input type="checkbox"/> <b>mm</b> _____ <b>Blood Test: Date Reported</b> / / <b>Result: Positive</b> <input type="checkbox"/> <b>Negative</b> <input type="checkbox"/> <b>Value</b> _____							
<b>LAB TESTS (Recommended)</b>		Date	Results		Date	Results	
Hemoglobin or Hematocrit			Sickle Cell (when indicated)				
Urinalysis			Developmental Screening Tool				
<b>SYSTEM REVIEW</b>	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs		
<b>Skin</b>				<b>Endocrine</b>			
<b>Ears</b>		Screening Result:		<b>Gastrointestinal</b>			
<b>Eyes</b>		Screening Result:		<b>Genito-Urinary</b>		LMP	
<b>Nose</b>				<b>Neurological</b>			
<b>Throat</b>				<b>Musculoskeletal</b>			
<b>Mouth/Dental</b>				<b>Spinal Exam</b>			
<b>Cardiovascular/HTN</b>				<b>Nutritional status</b>			
<b>Respiratory</b>		<input type="checkbox"/> Diagnosis of Asthma		<b>Mental Health</b>			
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)				<b>Other</b>			
<b>NEEDS/MODIFICATIONS</b> required in the school setting				<b>DIETARY</b> Needs/Restrictions			
<b>SPECIAL INSTRUCTIONS/DEVICES</b> e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup							
<b>MENTAL HEALTH/OTHER</b> 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: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal							
<b>EMERGENCY ACTION</b> 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 <input type="checkbox"/> No <input type="checkbox"/> 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.)							
<b>PHYSICAL EDUCATION</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>	<b>INTERSCHOLASTIC SPORTS</b>		Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>		
Print Name (MD,DO, APN, PA)				Signature		Date	
Address				Phone			



## PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address:	Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian:	Address (of parent/guardian):			

To be completed by dentist:

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present**

☐ Yes ☐ No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1<sup>st</sup> molars.

☐ Yes ☐ No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

☐ Yes ☐ No **Soft Tissue Pathology**

☐ Yes ☐ No **Malocclusion**

Treatment Needs (check all that apply)

☐ **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

☐ **Restorative Care** — amalgams, composites, crowns, etc.

☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis

☐ **Other** — periodontal, orthodontic

Please note \_\_\_\_\_

Signature of Dentist \_\_\_\_\_

Date of Exam \_\_\_\_\_

Address \_\_\_\_\_  
Street City ZIP Code

Telephone \_\_\_\_\_





# 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 \_\_\_\_\_

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

License Number \_\_\_\_\_

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 \_\_\_\_\_)

**Parents, will your child be ready  
for the first day of school?**

***Plan ahead!***

**Talk to your school nurse for forms and  
what you need to be ready. Then call  
now to schedule your appointment.  
*Beat the rush!***



***HEALTH DEPARTMENT EARLY BIRD SAVINGS***  
**School/Sports Physicals ~**

**May & June \$20**

**July \$25**

**August \$30**

**Sept.-April \$50**

**Additional Charge for the Following.  
Call for Pricing!**

- Immunizations
- TB Screenings
- Lead Screening
- Lab Tests



**Henry & Stark Co. Health Departments**

**Main Office  
Rt. 78 South, Kewanee  
(309)852-5272**

**Colona Office  
103 1st St., Colona  
(309)792-4011**



RT 3/15

**[www.henrystarkhealth.com](http://www.henrystarkhealth.com)**



**Find Us On Facebook!**

**Geneseo CUSD #228**  
**Fees and Pricing for 2016 - 2017**

<b>Registration Fees</b>		
Grade Level	Standard	Reduced
K-8	\$99.00	\$33.00
Grades 6-12	\$111.00	\$37.00

<b>Cafeteria Prices</b>			
Grade Level	Lunch	Breakfast	Milk
Grades K-5	\$2.20	\$1.40	0.40
Grades 6-12	\$2.45	\$1.40	0.40

<b>High School Miscellaneous Fees</b>	<b>Standard</b>	<b>Reduced</b>
Drivers Education Behind-the-Wheel	\$150.00	\$50.00
Lost or Stolen Hallway Padlock	\$10.00	\$10.00
Lost or Stolen P.E. Padlock	\$10.00	\$10.00
Parking Tag Fee (one student parking space):		
Semester 1	\$35.00	\$35.00
Quarter 3	\$25.00	\$25.00
Quarter 4	\$15.00	\$15.00
Musical Instrument Repair fee	\$50.00	\$50.00
(for students using a District-owned instrument)		
Advanced Placement (AP) Exam Fee	TBD	TBD
PSAT Test Fee	TBD	TBD
Black Hawk College Dual Enrollment fees will be billed by Black Hawk College		

**S.A.F.E. Before & After School Program Rates**

Rate Category	# of Children	2016-17 Rate
Before School	1st Child	\$7.50
	2nd Child	\$7.00
	3rd Child	\$6.25
After School	1st Child	\$10.00
	2nd Child	\$9.50
	3rd Child	\$8.75
B & A School	1st Child	\$13.50
	2nd Child	\$11.50
	3rd Child	\$10.25
All Day	1st Child	\$26.50
	2nd Child	\$22.50
	3rd Child	\$20.25

Rate Category	# of Children	2016-17 Rate
Half Day - during school year only	1st Child	\$16.50
	2nd Child	\$13.50
	3rd Child	\$12.75
Before School & half day (same day; during school yr)	1st Child	\$21.50
	2nd Child	\$19.50
	3rd Child	\$16.25
All day - summer months	1st Child	\$27.50
	2nd Child	\$23.50
	3rd Child	\$21.50

### **Free & Reduced Meal Information**

Free and reduced priced meals are available to children of families who qualify because of financial difficulty. Free/reduced applications will not be mailed to parents this year. Applications can be completed online at [www.geneseoschools.org](http://www.geneseoschools.org) as part of the online registration link. There is also a link to a tutorial for completion of this application. This will be available on Monday July 11th.

If you choose not to complete the application online, you can print the forms from the registration link, or stop by the Unit Office to pick up the paper application between 8 a.m. and 3 p.m. You can also call 945-0450 and select option 0 (zero for operator) after July 11th and request an application be mailed to your home.

Electronically filed applications will be sent directly to the Food Service Department. Return completed paper applications to the Unit Office between 8 a.m. and 3 p.m. You will be notified by US mail when your paper or electronic application has been processed.

Any questions should be directed to the Food Service Office by calling 945-0414 beginning August 1st.

## **Instruction**

### **Access to Electronic Networks**

Electronic networks, including the Internet, are a part of the District's instructional program and serve to promote educational excellence by facilitating resource sharing, innovation, and communication. The Superintendent shall develop an implementation plan for this policy and appoint system administrator(s).

The School District is not responsible for any information that may be lost or damaged, or become unavailable when using the network, or for any information that is retrieved or transmitted via the Internet. Furthermore, the District will not be responsible for any unauthorized charges or fees resulting from access to the Internet.

### **Curriculum and Appropriate Online Behavior**

The use of the District's electronic networks shall: (1) be consistent with the curriculum adopted by the District as well as the varied instructional needs, learning styles, abilities, and developmental levels of the students, and (2) comply with the selection criteria for instructional materials and library resource center materials. As required by federal law and Board policy 6:60, *Curriculum Content*, students will be educated about appropriate online behavior, including but not limited to: (1) interacting with other individuals on social networking websites and in chat rooms, and (2) cyber-bullying awareness and response. Staff members may, consistent with the Superintendent's implementation plan, use the Internet throughout the curriculum.

The District's electronic network is part of the curriculum and is not a public forum for general use.

### **Acceptable Use**

All use of the District's electronic networks must be: (1) in support of education and/or research, and be in furtherance of the goals stated herein, or (2) for a legitimate school business purpose. Use is a privilege, not a right. Students and staff members have no expectation of privacy in any material that is stored, transmitted, or received via the District's electronic networks or District computers. General rules for behavior and communications apply when using electronic networks. The District's *Authorization for Electronic Network Access* contains the appropriate uses, ethics, and protocol. Electronic communications and downloaded material, including files deleted from a user's account but not erased, may be monitored or read by school officials.

### **Internet Safety**

Technology protection measures shall be used on each District computer with Internet access. They shall include a filtering device that protects against Internet access by both adults and minors to visual depictions that are: (1) obscene, (2) pornographic, or (3) harmful or inappropriate for students, as defined by federal law and as determined by the Superintendent or designee. The Superintendent or designee shall enforce the use of such filtering devices. An administrator, supervisor, or other authorized person may disable the filtering device for bona fide research or other lawful purpose, provided the person receives prior permission from the Superintendent or system administrator. The Superintendent or designee shall include measures in this policy's implementation plan to address the following:

1. Ensure staff supervision of student access to online electronic networks,
2. Restrict student access to inappropriate matter as well as restricting access to harmful materials,

3. Ensure student and staff privacy, safety, and security when using electronic communications,
4. Restrict unauthorized access, including “hacking” and other unlawful activities, and
5. Restrict unauthorized disclosure, use, and dissemination of personal identification information, such as, names and addresses.

#### Authorization for Electronic Network Access

Each staff member must sign the District’s *Authorization for Electronic Network Access* as a condition for using the District’s electronic network. Each student and his or her parent(s)/guardian(s) must sign the *Authorization* before being granted unsupervised use.

All users of the District’s computers to access the Internet shall maintain the confidentiality of student records. Reasonable measures to protect against unreasonable access shall be taken before confidential student information is loaded onto the network.

The failure of any student or staff member to follow the terms of the *Authorization for Electronic Network Access* and Board Policy 5:125 (Personnel Social Networking), or this policy, will result in the loss of privileges, disciplinary action, and/or appropriate legal action.

LEGAL REF.:	No Child Left Behind Act, 20 U.S.C. §6777. Children’s Internet Protection Act, 47 U.S.C. §254(h) and (l). Enhancing Education Through Technology Act, 20 U.S.C §6751 <u>et seq.</u> 47 C.F.R. Part 54, Subpart F, Universal Service Support for Schools and Libraries. 720 ILCS 135/0.01.
CROSS REF.:	5:100 (Staff Development Program), 5:125 (Personnel Social Networking), 5:170 (Copyright), 6:40 (Curriculum Development), 6:60 (Curriculum Content), 6:210 (Instructional Materials), 6:230 (Library Media Program), 6:260 (Complaints About Curriculum, Instructional Materials, and Programs), 7:130 (Student Rights and Responsibilities), 7:190 (Student Discipline), 7:310 (Restrictions on Publications)
ADMIN PROC.:	6:235-AP1 (Administrative Procedure - Acceptable Use of Electronic Networks), 6:235-AP1, E1 (Student Authorization for Electronic Network Access), 6:235-AP1, E2 (Exhibit - Staff Authorization for Electronic Network Access)

Adopted By Board Action 09/01/1998  
Amended By Board Action 11/14/2007  
Amended by Board Action 08/09/2012

## **Instruction**

### **Exhibit - Authorization for Electronic Network Access**

*Each staff member must sign this Authorization as a condition for using the District's Electronic Network connection. Each student and his or her parent(s)/guardian(s) must sign the Authorization before being granted unsupervised access. Please read this document carefully before signing.*

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. This *Authorization* does not attempt to state all required or proscribed behavior by users. However, some specific examples are provided. **The failure of any user to follow the terms of the *Authorization for Electronic Network Access* will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

#### **Terms and Conditions**

**Acceptable Use** - Access to the District's electronic network must be: (a) for the purpose of education or research, and be consistent with the District's educational objectives, or (b) for a legitimate business use.

**Privileges** - The use of the District's electronic networks is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrator will make all decisions regarding whether or not a user has violated the terms of access privileges and may deny, revoke, or suspend access at any time. His or her decision is final.

**Unacceptable Use** - The user is responsible for his or her actions and activities involving the network. Some examples of unacceptable uses are:

- a. Using the network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any State or federal law;
- b. Unauthorized downloading of software, regardless of whether it is copyrighted or de-virused;
- c. Downloading copyrighted material for other than personal use;
- d. Using the network for private financial or commercial gain;
- e. Wastefully using resources, such as file space, especially when using for personal files (e.g. photos, videos applications);
- f. Hacking or gaining unauthorized access to files, resources or entities;
- g. Invading the privacy of individuals, that includes the unauthorized disclosure, dissemination, and use of information about anyone that is of a personal nature including a photograph;
- h. Using another user's account or password;
- i. Posting material authored or created by another without his/her consent;
- j. Posting anonymous messages;
- k. Using the network for commercial or private advertising;
- l. Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material; and
- m. Using the network while access privileges are suspended or revoked.

**Network Etiquette** - You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

- a. Be polite. Do not become abusive in your messages to others.

- b. Use appropriate language. Do not swear, or use vulgarities or any other inappropriate language.
- c. Do not reveal the personal information, including the addresses or telephone numbers, of students or colleagues.
- d. Recognize that electronic mail (e-mail) is not private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
- e. Do not use the network in any way that would disrupt its use by other users.
- f. Consider all communications and information accessible via the network to be private property.

**No Warranties** - The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages the user suffers. This includes loss of data resulting from delays, non-deliveries, missed-deliveries, or service interruptions caused by its negligence or the user's errors or omissions. Use of any information obtained via the Internet is at the users own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.

**Indemnification** - The user agrees to indemnify the School District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of, any violation of this *Authorization*.

**Security** - Network security is a high priority. If you can identify a security problem on the Internet, you must notify the system administrator or Building Principal. Do not demonstrate the problem to other users. Keep your account and password confidential. Do not use another individual's account without written permission from that individual. Attempts to log-on to the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk may be denied access to the network.

**Vandalism** - Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.

**Telephone Charges** - The District assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment or line costs.

**Copyright Web Publishing Rules** - Copyright law and District policy prohibit the re-publishing of text or graphics found on the Web or on District Web sites or file servers, without explicit written permission.

- a. For each re-publication (on a Web site or file server) of a graphic or a text file that was produced externally, there must be a notice at the bottom of the page crediting the original producer and noting how and when permission was granted. If possible, the notice should also include the Web address of the original source.
- b. Students and staff engaged in producing Web pages must provide library media specialists with e-mail or hard copy permissions before the Web pages are published. Printed evidence of the status of "public domain" documents must be provided.
- c. The absence of a copyright notice may not be interpreted as permission to copy the materials. Only the copyright owner may provide the permission. The manager of the Web site displaying the material may not be considered a source of permission.
- d. The "fair use" rules governing student reports in classrooms are less stringent and permit limited use of graphics and text.
- e. Student work may only be published if there is written permission from both the parent/guardian and student.

**Use of Electronic Mail** - The District's electronic mail system, and its constituent software, hardware, and data files, are owned and controlled by the School District. The School District provides e-mail to aid students and staff members in fulfilling their duties and responsibilities, and as an education tool.

- a. The District reserves the right to access and disclose the contents of any account on its system, without prior notice or permission from the account's user. Unauthorized access by any student or staff member to an electronic mail account is strictly prohibited.
- b. Each person should use the same degree of care in drafting an electronic mail message as would be put into a written memorandum or document. Nothing should be transmitted in an e-mail message that would be inappropriate in a letter or memorandum.
- c. Electronic messages transmitted via the School District's Internet gateway carry with them an identification of the user's Internet "domain." This domain name is a registered domain name and identifies the author as being with the School District. Great care should be taken, therefore, in the composition of such messages and how such messages might reflect on the name and reputation of the School District. Users will be held personally responsible for the content of any and all electronic mail messages transmitted to external recipients.
- d. Any message received from an unknown sender via the Internet should either be immediately deleted or forwarded to the system administrator. Downloading any file attached to any Internet-based message is prohibited unless the user is certain of that message's authenticity and the nature of the file so transmitted.
- e. Use of the School District's electronic mail system constitutes consent to these regulations.

#### Internet Safety

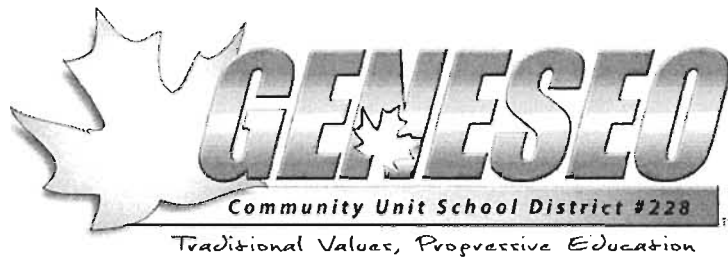
Internet access is limited to only those "acceptable uses" as detailed in these procedures. Internet safety is almost assured if users will not engage in "unacceptable uses," as detailed in this *Authorization*, and otherwise follow this *Authorization*.

Staff members shall supervise students while students are using District Internet access to ensure that the students abide by the Terms and Conditions for Internet access contained in this *Authorization*.

Each District computer with Internet access has a filtering device that blocks entry to visual depictions that are: (1) obscene, (2) pornographic, or (3) harmful or inappropriate for students, as defined by the Children's Internet Protection Act and as determined by the Superintendent or designee.

The system administrator and Building Principals shall monitor student Internet access.

LEGAL REF.:       No Child Left Behind Act, 20 U.S.C. §6777.  
                      Children's Internet Protection Act, 47 U.S.C. §254(h) and (l).  
                      Enhances Education Through Technology, 20 U.S.C §6751 et seq.  
                      720 ILCS 135/0.01.



RE: **Student Accident Coverage Information**

Dear Parent:

Since this school district is an eligible member of the Prairie State Insurance Cooperative (PSIC), Student Accident Coverage will be provided for each enrolled K-12 student. No special enrollment is necessary for the school time Student Accident Coverage provided through PSIC. This insurance is **accident coverage only** and will not replace your current health insurance as it pays secondary to any health policy.

As a member of the PSIC, Student Accident insurance provides coverage for all school district sponsored sports and activities, including tackle football for grades 8-12.

There is also an opportunity to purchase optional 24 hour coverage for your student. To view available plans online, please visit [www.k12specialmarkets.com](http://www.k12specialmarkets.com).

The procedures for purchasing optional 24 hour coverage for this year are as follows:

1. Visit [www.k12specialmarkets.com](http://www.k12specialmarkets.com)
2. Click on 'Coverage Details' at the top of the page.
3. Click on your School or District
4. Click on the link to display plan details.

Once parents have completed the enrollment application, they can either mail the application with a check or money order or enroll online.

To enroll online please complete the following steps:

1. Enroll online by clicking "Enroll Now"
2. Select State and click "Look Up"
3. Click on School or District
4. Select school location name (if applicable)
5. Check plan options
6. Complete online application (more than one child can be enrolled on the same application)
7. Pay by debit/credit card
8. Print ID card

With regard to filing a claim under the district sponsored program which includes all enrolled students (not the optional plan mentioned above), you must contact the school and complete a Student Accident Claim Form. Please read the Claim Form for complete details on how to submit a claim. You must file a claim with your own health insurance carrier. **The Student Accident plan is designed to pay for expenses which are not reimbursed by your current health insurance.** The school district and medical/dental providers are not responsible for filing a student accident claim. If you have any questions about this program or how to purchase optional coverage, please call the superintendent's office at 309-945-0450.

Sincerely,

Tim Gronski  
Chief School Business Official



---

## **IMPORTANT NOTIFICATION FOR PARENTS/GUARDIANS OF GENESEO CUSD #228 STUDENTS**

The Geneseo School District utilizes the messaging service, SchoolMessenger, to communicate with parents/guardians and students. Due to FCC Regulations, we are now required to have parents opt-in to phone calls from the District that use this automated dialing system. Please refer to and complete the consent form in the student forms packet.

We use SchoolMessenger to send automatic phone calls and emails to parents regarding activities at school. Updates might relate to student attendance, announcements, reminders, and any rapid communications. The system is programmed to call the primary phone number of parents/guardians for a variety of reasons that impact the safety and academic performance of your students. SchoolMessenger is used to complement our emergency preparedness procedures and to inform parents of upcoming school events, such as statewide testing and parent meetings.

This system does not replace other modes of school communication. Principals are accessible for live visits, and we still send home some paper-based memoranda. Use of the SchoolMessenger system is meant to reinforce our commitment to remain personally connected to parents/guardians.

Be sure to maintain your current contact information with the school office, including primary phone number, alternate phone numbers, and email addresses.