

Student's Name _____

_____ Proof of Residency
Category I _____ Category II _____

_____ Birth Certificate

FORMS REQUIRED FOR KINDERGARTEN

- _____ District Page-"Our Mission"
- _____ Board Policy 7:60-AP2 Establishing Student Residency
- _____ Student Registration Form (Demographics), Certificate of Residency, McKinney-Vento
- _____ Siblings in the District Form
- _____ Student Health Registration Form
- _____ Home Language Survey
- _____ Race and Ethnicity Form
- _____ All-Day/Half-Day Selection Form
- _____ Family ID Numbers (A 4-digit pin number used to verify identity when parent/guardian makes changes in student transportation/plans over the phone)
- _____ Bus Information Form
- _____ Student Handbook and Integrated Pest Management 2016-17 __ Copy given
- _____ Acknowledgement of Computer Acceptable Use Policy and Photo Policy 2016-17
- _____ Parent Permission Form and Survey Questions 2016-17

PARENT GENERAL INFORMATION

- *Board Policy 7:50 School Admissions and Student Transfers
- *2016-17 School Calendar
- *School Messenger Information
- *Lunch Money Envelope
- *Bus Rules Pamphlet
- *Henry County Health Dept. Information
- *Open House/Orientation Information
- *Kindergarten Supply List
- *Kindergarten Entry Health Requirements and all Health Forms

Grade **KINDERGARTEN**



OUR MISSION: TEACH - LEARN - CARE

Create a Safe and Caring Environment
Hold High Expectations for Academic Achievement
Use Effective and Efficient Operations
Steward Finances Responsibly

OUR SCHOOLS



Geneseo High School
700 North State Street
Geneseo, IL 61254
(309) 945-0399



Geneseo Middle School
333 East Ogden Avenue
Geneseo, IL 61254
(309) 945-0599



Millikin Elementary School
920 South Congress
Geneseo, IL 61254
(309) 945-0475



Northside Elementary School
415 North Russell
Geneseo, IL 61254
(309) 945-0625



Southwest Elementary School
715 South Center
Geneseo, IL 61254
(309) 945-0652



District Office
648 North Chicago
Geneseo, IL 61254
(309) 945-0450

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)).

STUDENT REGISTRATION FORM – GENESEO CUSD #228

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 boundaries. School officials will use the information you provide to help establish the admission eligibility of each applicant. 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 has illegally enrolled in the District. Furthermore, 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.

By completing this questionnaire, you help the District comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers help the District identify services that the student may be eligible to receive.

STUDENT NAME _____
(First) (Middle) (Last) (Name child prefers to be called)
 GENDER _____ BIRTH DATE _____ GRADE _____ BIRTH CITY & STATE _____

Is the student eligible for special education or other special services? Yes No

1. PARENT INFORMATION (see page 2 for Foster Children and/or other Residential Placements)**

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

If yes, who has custody of the student? Joint Mother Father

If joint custody, which parent provides the student's primary, regular, fixed nighttime abode? That is, at which parent's residence does the student sleep on a regular basis? _____

Father's Name _____ Living Deceased

Father's Address _____
Street City/State/Zip Code

Home Phone _____ Cell Phone _____

Work Phone _____ Email address _____

Mother's Name _____ Living Deceased

Mother's Address (Check here if address is the same as father's address)

_____ Street City/State/Zip Code

Home Phone _____ Cell Phone _____

Work Phone _____ Email address _____

2. STEP-PARENT INFORMATION – Please complete for any step-parents in the student's family

Stepmother's Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email address _____

Stepfather's Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email address _____

3. ** FOSTER CHILDREN AND/OR OTHER RESIDENTIAL PLACEMENTS:

Does the student reside with a person(s) other than with his or her natural or adoptive parents? Yes No
 If yes, please list the name and address of the adult(s) with whom the student resides:

Name(s) _____

Address: _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email address _____

What is the relationship of this person/people to the student? _____

Does this person have legal guardianship or custody of the student? Yes No
 If yes, please provide a copy of the guardianship or custody order.

Does an Illinois public agency have legal guardianship of the student? Yes No

Has a court ordered a residential placement for the student? Yes No
 If yes to either of the two previous questions, please attach a copy of the court order.

4. LIVING ARRANGEMENTS: Where is the student currently living? (check one box)

- With friends or family members other than a parent or guardian
 With more than one family in a house or an apartment In a trailer park or campsite
 In a shelter In a motel or hotel In a car/vehicle
 None of the above (if you checked "None", please go to Step 2 below. If you checked any other boxes, please continue with Steps 1A and 1B.)

A) Does the living arrangement marked in Step 1 result from a loss of housing or economic hardship?
 Yes No Unsure

B) The student lives with:
 One parent Two parents One parent and another adult
 Alone with no adults An adult who is not the parent or the legal guardian
 A relative, friend(s) or other adult(s)

Is the student currently living in the Geneseo School District? Yes No

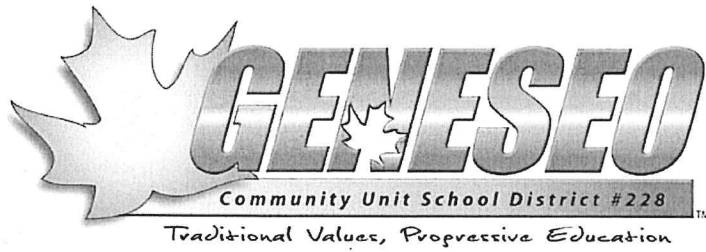
What is the date (month/year) your child was first enrolled in a U.S. school? _____

Parent/Legal Guardian signature:

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 Geneseo School District #228. I further certify that the above information is correct to the best of my knowledge.

 Parent/Guardian(s)' Signature

 Date



SIBLINGS IN GENESEEO SCHOOL DISTRICT

Please list any siblings who are currently enrolled in the Geneseo School District:

Name of student enrolling today _____

<u>Sibling Name(s)</u>	<u>Grade</u>	<u>School</u>	<u>Parent/Guardian Name</u>	<u>Custody?</u>
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date _____

STUDENT EMERGENCY HEALTH INFORMATION

STUDENT: _____ BIRTH DATE: _____ GRADUATION YEAR _____

Please make note of any medically documented health concerns your child may have.

HEALTH CONDITION

CURRENT TREATMENT

- ADD _____
- ADHD _____
- Allergies Food: _____
 Medication _____
 Seasonal _____
- Asthma _____
- Diabetes _____
- Hearing/Vision Impairment _____
- Heart Disease _____
- Orthopedic _____
- Psychological/Social Disorder _____
- Seizure _____
- Other _____

EMERGENCY AND MEDICAL CONTACT INFORMATION :

Any additional emergency contacts OTHER THAN THE PARENTS may be listed here

- Primary Emergency Contact Name: _____
 Relationship to Student: _____
 Primary Contact Main Phone _____ Primary Contact Work Phone _____
- Secondary Emergency Contact Name: _____
 Secondary Contact Relationship: _____
 Secondary Contact Main Phone: _____ Secondary Contact Work Phone: _____
- Physician Name and Phone: _____
- Dentist Name and Phone: _____
- Hospital: _____
- Insurance Company: _____
- Policy/Group Number; _____

MEDICAL EMERGENCY TREATMENT CONSENT

The undersigned parent/guardian of _____ authorizes Geneseo District #228 school personnel to obtain emergency medical care for him/her in the event that such care is needed. If possible, the parent/guardian of the named individual will be contacted in the event of an emergency. Permission is here by granted to the licensed physician or accredited hospital and their associates to perform any emergency medical and/or major surgical procedures that are deemed essential to the above named individual.

PARENT'S/GUARDIAN'S SIGNATURE

DATE



Home Language Survey

The State of Illinois requires District 228 to collect a **Home Language Survey** for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps identify District 228 students that need to be assessed for English language proficiency.

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

Student's Name _____ Age _____

School _____ Grade _____

1. Is there a language other than English spoken in daily interaction in your home?
Yes ___ No ___

If yes, what language? _____

2. Does your child speak a language other than English in your daily interaction in your home? (This does not include language learned in a classroom setting.)
Yes ___ No ___

If yes, what language? _____

If the answer to either question is yes, Illinois law requires District 228 to assess your child's English language proficiency. (The State of Illinois utilizes the W-APT screening test that measures students' social and instructional English, as well as the language associated with language arts, math, science, and social studies within the school context across the four language domains, which include reading, writing, listening, and speaking.)

Immigration Education Report Data

3. Was your child born outside of the United States? If yes, please list country. _____

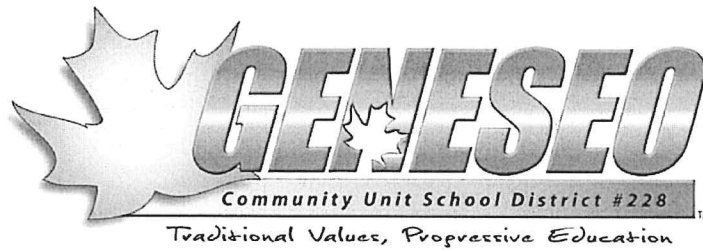
4. Has your child attended U.S. schools for less than three full academic years?
Yes ___ No ___ Date first enrolled in U.S. school _____

Parent/Guardian Signature

Date

For Office Use Only

W-APT screen completed _____



Encuesta sobre casera la lengua

El estado de Illinois requiere el Distrito 228 recoger una encuesta sobre casera la lengua para cada nuevo estudiante. Esta información se utiliza para contar a los estudiantes cuyas familias hablan una lengua con excepción de inglés en el hogar. También ayuda a identificar a los estudiantes del distrito 228 que necesitan ser determinados para el conocimiento de idiomas ingleses.

Por favor contesten las preguntas y devuelvan la encuesta a la escuela de su hijo(a).

Nombre del estudiante _____ Edad _____

La escuela _____ Nivel _____

¿Hay una lengua con excepción del inglés hablado en la interacción diaria en su hogar?

Sí _____ No _____

¿Si sí, qué lengua? _____

¿Su niño habla una lengua con excepción de inglés en su interacción diaria en su hogar? (Esto hace no incluir lengua aprendió en un ajuste de la sala de clase.)

Sí _____ No _____

¿Si sí, qué lengua? _____

Si la respuesta a cualquier pregunta está sí, la ley de Illinois requiere el distrito 228 determinar el conocimiento de idiomas ingleses de su niño. (El estado de Illinois utiliza la prueba del W-APT que mide los estudiantes sociales e inglés educacional así como la lengua asociada a artes de lengua, a matemáticas, a ciencia, y a estudios sociales dentro del contexto de la escuela a través de los cuatro dominios de la lengua que incluyen la lectura, la escritura, escuchando, y hablando.)

Datos del informe de la educación de la inmigración

1. ¿Nació su niño afuera de los Estados Unidos? Si sí, enumere por favor el país. _____

2. ¿Ha asistido su niño a las escuelas de los E.E.U.U. por menos de tres cursos académicos completos?

Sí _____ No _____ La primera fecha alistó en escuela de los E.E.U.U. _____

Firma del padre/del guarda

La Fecha

Para el uso de la oficina



Student's Name: _____
(pre-printed by school district)

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 and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? **Choose one or more.**

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

Signature of Parent/Guardian: _____ Date: _____

KINDERGARTEN SELECTION FORM

CHILD'S NAME : _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE#: _____ CELL PHONE# _____

Please indicate your Kindergarten preference by placing an "X" in the appropriate box.

ALL-DAY, EVERYDAY KINDERGARTEN

HALF-DAY, EVERYDAY KINDERGARTEN

THANK YOU.



FAMILY ID NUMBERS

Please choose a 4-digit number to use as your family ID and write it below. This number will be used if you need to make transportation changes or if it is necessary for someone other than yourself to pick your child/children up from school. **WE WILL NOT RELEASE YOUR CHILD/CHILDREN TO ANYONE WHO IS UNABLE TO PROVIDE THIS NUMBER.**

Busing Information

Student Name (First – Middle - Last) _____

NOTE: Parents/guardians of all students who are eligible to ride the bus, *including those who are eligible but DO NOT intend to ride the bus*, MUST fill out the bus information below. To be bus eligible, the student must live 1.5 miles or more away from their assigned school. If there are any questions about eligibility, please call Geneseo Community Unit District #228 at (309) 944-0450.

Please read the note above.

IF YOUR CHILD IS NOT BUS ELIGIBLE, PLEASE CHECK THIS BOX, and you do not have to complete the rest of this form.

All bus route and time questions need to be directed to Pinks' Bus Service, Inc. at (309) 944-6417. Please call Pinks' prior to the start of school for your student's bus information.

Student's Home Information

Parents/Guardians' Names _____

Street Address _____ City _____

Phone Number _____ Alt Phone _____

School _____ Gender _____

Grade _____ Birth Date _____

Subdivision (ex. Hazelwood 2, Richmond Hill) _____ Township _____

Bus #'s from last year AM _____ PM _____

Pick-Up Address (if different from above)

Drop-Off Address (if different from above)

Responsible Adult _____

Responsible Adult _____

Street Address _____

Street Address _____

City _____

City _____

Contact # _____

Contact # _____

Notes _____

Notes _____

For Office Use Only

AM Bus# _____

PM Bus# _____

Dwelling _____

STUDENT HANDBOOK AND INTEGRATED PEST MANAGEMENT 2016-17

Student's Name: _____

Student's Grade: _____

Parent/Guardian's Name: _____

The 2016-17 Student/Parent Handbook is designed to be an online document. It is understood that not all households have access to the Internet. For those families who do not have Internet access and a hard-copy of the handbook is needed, one will be provided to you upon checking the appropriate box below. **IT IS THE RESPONSIBILITY OF THE PARENT OR STUDENT TO OBTAIN THE STUDENT/PARENT HANDBOOK FROM THE STUDENT'S SCHOOL OFFICE.**
The 2016-17 Student/Parent Handbooks may be accessed from each school's homepage. www.geneseoschools.org

Please read this acknowledgment and answer the following questions.

I/We agree to access the Student/Parent Handbook through the Geneseo School District website.

View handbook on website: Yes No (circle one)

I/We acknowledge that we would like a hard-copy of the Student/Parent Handbook and are responsible for picking it up in the office.

Need copy of handbook: Yes No (circle one) Received hard copy: Yes

I/We understand that we may contact a building administrator if we have any questions about its content. I/We understand that our child/children are responsible for their actions and acknowledge the consequences explained in the discipline policy. I/We further understand that completing this acknowledgment does not necessarily indicate my/our agreement with its content.

It is impossible to identify and include every situation, action, or consequence that may occur. The policies in this handbook are guidelines, and administrators have the authority to make decisions outside of what is written in the handbook. If unique or unexpected circumstances arise, the administration is authorized to take whatever action they deem appropriate under the circumstances in the interest of the school district and the educational process.

I/We have read and understand the above information and I/we accept the handbook.

Student accepts handbook: Yes No Student Signature: _____ Date: _____

Parents accept handbook: Yes No Parent/Guardian Signature: _____ Date: _____

INTEGRATED PEST MANAGEMENT POLICY

A state law requires implementation of the Integrated Pest Management approach to pest control in schools. We have implemented policies and procedures to assure that exposure to pesticides in the school environment is minimized. More information and a schedule of inspections at each building is available in the student handbook and on the Geneseo School District website.

If you would like a hard copy of the Integrated Pest Management Policy in the Geneseo School District, please contact the Unit Office at 309-945-0450.

The law also requires notification to parents if chemical treatment will take place. Parents may request to be notified if there will be chemical treatment of the school building or grounds. Forms are available at the office in each school building or on the District's webpage: www.geneseoschools.org

ACKNOWLEDGMENT OF COMPUTER ACCEPTABLE USE POLICY AND PHOTO POLICY 2016-17

Student's Name: _____

Student's Grade: _____

Parent/Guardian's Name: _____

COMPUTER ACCEPTABLE USE POLICY

I understand and will abide by the Authorization for Electronic Network Access. I understand that the District and/or its agents may access and monitor my use of the Internet, including my email and downloaded material without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the School District and its School Board Members, employees, and agents from any claims and damages arising from my use of, or inability, to use the Internet.

I accept this policy. Student Signature: _____

* Students are required to have a parent/guardian read and agree to the following:

I understand and will abide by the AUTHORIZATION FOR ELECTRONIC NETWORK ACCESS. I understand that access is designed for educational purposes and that the Geneseo School District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict all access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility if and when my child's use is not in a school setting. I have discussed the terms of this Authorization with my child. I hereby request that my child be allowed access to the District's Internet.
You may access the Geneseo School Board Policies at: <http://www.dist228.org/PDF%20Board/62335.pdf> and <http://www.dist228.org/PDF%20Board/62335e2.pdf>

I accept this policy. Parent/Guardian Signature: _____ Date: _____

USING A PHOTOGRAPH OR VIDEO RECORDING OF A STUDENT

Pictures of Unnamed Students

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

Pictures of Named Students

Sometimes the school may want to identify a student in a school picture. For example, school officials want to acknowledge those students who participate in a school activity or deserve special recognition.

In order for the school to publish a picture with a student identified by name, one of the student's parents or guardians must give consent.

I grant consent to the School District to identify a picture of my child, by full name and/or the school he or she attends, in any school sponsored material, publications, video recording, or website. This consent is valid for the entire time my child is enrolled in the District. I may revoke this consent at any time by notifying the Building Principal.

I grant consent: Yes No (circle one) Parent/Guardian Signature: _____

Pictures of Students Taken by Non-School Agencies

While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student. School staff members will not, however, identify a student for an outside photographer.

ELEMENTARY PARENT PERMISSION FORM AND SURVEY QUESTIONS 2016-17

Student's Name: _____

Student's Grade: _____

Parent/Guardian's Name: _____

Field Trips

I certify that the student named above may go with his/her teacher on walking field trips or bus field trips within the boundaries of the Geneseo School District. Whenever a bus field trip outside of the Geneseo School District occurs, our regular bus form will be used. Students will continue to need those forms signed by you and returned to the teacher when those trips are planned. This permission will be valid for the school year 2016-17.

Field Trip Permission: Yes No (circle one)

Medical Information Release

Any medical information provided will be shared with district staff on a need to know basis unless we receive a written request that information not be shared.

The undersigned parent/guardian of the above named student authorizes Geneseo CUSD #228 school personnel to obtain emergency medical care for him/her in the event that such care is needed during the school day. If possible, the parent/guardian of the named individual will be contacted in the event of an emergency. Permission is hereby granted to the licensed physician or accredited hospital and their associates to perform any emergency medical and/or major surgical procedures that are deemed essential to the above named individual.

Medical Release: Yes No (circle one)

Parent/Guardian Signature: _____ Date: _____

PLEASE ANSWER THE FOLLOWING SURVEY QUESTIONS

Is any member of your household an active member of the armed forces or reserves? Yes No (circle one)

Please answer the following question about your home computer access and home internet connection. This will help us provide information to you in the best format.

My home Internet connection is: Cable DSL Dial Up No Internet Do Not Know Smart phone access only (circle one)

My child has access to and permission to use the following devices at home:

Desktop Computer Laptop Computer Tablet Other _____ (circle all that apply)