



GENESE O

COMMUNITY UNIT
SCHOOL DISTRICT #228

Where the *future* grows.

Student's Name _____ Grade Kindergarten

_____ Proof of Residency
Category I _____ Category II _____

_____ Birth Certificate

FORMS REQUIRED FOR ALL SCHOOLS:

(Turn into School Personnel)

- _____ Full or Half Day
- _____ Student Registration Form (Demographics)
- _____ Student Health Registration
- _____ Family ID & Siblings in District Form
- _____ Bus Information Form
- _____ Home Language & Race/Ethnicity Form
- _____ Handbook, Pest Management & School Trips
- _____ Computer Acceptable Use, Photo Policy & Military Questionnaire
- _____ Consent for SchoolMessenger

Parent General Information – Please Keep

- *Our Mission: Teach. Learn. Care
- *Kindergarten Health Requirements and Forms
- *Kindergarten Supply List
- *Board Policy 7:60-AP2 Establishing Student Residency
- *Board Policy 7:60 Residence
- *Board Policy 7:50 School Admissions & Student Transfers
- *Board Policy 6:235 Access to Electronic Network
- *2018-19 Student Accident Coverage Information

**PLEASE TURN THIS PACKET
INTO THE SECRETARIES.**

STUDENT REGISTRATION FORM - Geneseo CUSD #228

What is the date your child was first enrolled in a US public school? _____
Month and Year

LIVING ARRANGEMENTS: Where is the student currently living: (Check one).

- ___ 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 ___ In a car/vehicle
- ___ None of the above

If you checked "None", please go to Step B below. If you checked any other boxes, please complete both Steps A and B.

- 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 parents ___ An adult who is not the parent or legal guardian
 - ___ A relative, friend(s), or other adult(s)

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

It is contrary to the policy of the Board of Education to admit students who do not legally reside with their parents or legal guardian 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 to criminal prosecution.

By completing this questionnaire, you help the District comply with the McKinney-Vento Act, Title X, and 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.

Parent/Legal Guardian signature:

I certify that I am the parent(s) or legal guardian(s) for 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



GENESE O

COMMUNITY UNIT
SCHOOL DISTRICT #228

Where the *future* grows.

Name of student enrolling today _____ Date _____

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 up your child/children from school. **WE WILL NOT RELEASE YOUR CHILD/CHILDREN TO ANYONE WHO IS UNABLE TO PROVIDE THIS NUMBER.**

SIBLINGS IN GENESE O SCHOOL DISTRICT

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

Sibling Name	Grade	School	Parent/Guardian Name	Custody?
_____	_____	_____	_____	<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

PTA DIRECTORY INFORMATION

Each year the elementary school PTAs put together a directory of the staff and students for each school. The directory is intended only for use by families at that school for purposes such as making contact with friends, inquiring about school projects or homework, or sending out party invitations. Parent names, address, primary phone numbers and email addresses are provided. Please indicate below if you would like your child to be included in the school directory.

- Yes, I would like my child's information listed in the school directory.
- No, I would not like my child's information listed in the school directory.

Student's Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Grade: _____

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.

Is there a language other than English spoken in daily interaction in your home?

Yes No (Circle One) If yes, what language? _____

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 (Circle One) 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

Was your child born outside of the United States? Yes No (Circle One) If yes, which country? _____

Has your child attended U.S. schools for less than three full academic years? Yes No (Circle One)

Date first enrolled in U.S. school _____

Parent/Guardian Signature _____ Date _____

Race/Ethnicity Questionnaire

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 the student Hispanic /Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Circle 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, & 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.

Parent/Guardian Signature _____ Date _____

Student's Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Grade: _____

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.

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

Si _____ 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.)

¿Nació su niño afuera de los Estados Unidos? Si ____ No ____ Sí, enumere por favor el país. _____

¿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 _____

Race/Ethnicity Questionnaire

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 the student Hispanic /Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Circle 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 of 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, & 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.

Parent/Guardian Signature _____

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

Student's Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Grade: _____

Authorization for Medical Treatment 2018-2019

This form contains critical information to be used if a parent/guardian cannot be reached in the event of an emergency.

Primary/Home Phone Number: _____

Student Address: _____

Parent Guardian Name: _____

Phone: _____

Additional Phone Number: _____

Parent Guardian Name: _____

Phone: _____

Additional Phone Number: _____

Student's Physician's Name: _____ Physician's Phone Number: _____

Medical Information: (List all allergies, medications being taken, conditions and any known restrictions)

In the event of a medical emergency and if reasonable attempts to contact me using the telephone numbers listed above are unsuccessful:

I, as parent or legal guardian of the above student, do hereby authorize:

1. Treatment by a licensed medical physician of my child/ward in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and
2. Transfer of my child/ward to any hospital reasonable accessible at my expense.
3. This authorization is effective during the entire 2018-2019 school year.

Parent/Guardian Signature _____ Date: _____

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: _____

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

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's Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Grade: _____

Computer Acceptable Use Policy

Student: 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 Geneseo Schools 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 (Or Parent's Signature on behalf of student): _____

Parent(s)/Guardian(s): 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/6235.pdf> and <http://www.dist228.org/PDF Board/6235e2.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.

Military Questionnaire

The student's Legal Guardian is a member of the Armed Forces or Full-time National Guard on active duty.

Yes No (Circle one)

"Armed Forces" means the Army, Navy, Air Force, Marine Corps, and Coast Guard. "Active duty" means full-time duty in the active military service of the United States, including full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Such term does not include full-time National Guard duty. "Full-time National Guard duty" means training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 503, 504, or 505 of title 32 for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.

Student's Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Grade: _____

Student Handbook

The 2018-19 Student/Parent Handbook is designed to be an online document and can be accessed from each school's homepage (www.geneseoschools.org). 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 indicating below. It is the responsibility of the parent or student to obtain a printed copy of the Student/Parent Handbook from the student's school office.

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

Yes No (Circle one)

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

Yes No (Circle one) Received paper 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 (Circle one) Parents accepts handbook: Yes No (Circle one)

Student Signature (Or Parent's Signature on behalf of student): _____

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

School Trips

I certify that the student named above may go with a District employee(s) on walking field trips within the District boundaries, and has my permission to be transported by a District employee or a contracted transportation provider under District supervision for all school related trips. This authorization will be for the entire 2018-2019 school year.

School Trip Permission: Yes No (Circle one)

Parent/Guardian Signature: _____ Date: _____

Student's Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Grade: _____

Consent for Phone Calls Using SchoolMessenger 2018-19

The Geneseo School District utilizes the messaging service, SchoolMessenger, to communicate with parents/guardians and students by sending automatic phone calls, emails and texts 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.

Due to FCC Regulations, Geneseo CUSD #228 is required to have parents opt-in to phone calls from the district that use SchoolMessenger automated dialing system. Please select YES next to the phone numbers we can call through the automated phone system. Emergency phone calls will still be made to all phone numbers we have in the system for your child even if you do not opt-in for that number. Please be sure to maintain your current contact information with the school office, including primary phone number, alternate phone numbers, and email addresses.

By selecting YES, I give permission to be contacted using our school's automated notification systems for the selected phone numbers. I UNDERSTAND IF I SELECT NO, I WILL NO LONGER RECEIVE GENERAL CALLS FROM THE DISTRICT OR MY CHILD'S SCHOOL.

This section should be completed with information regarding Family #1.

Family 1 Guardian 1 Name: _____

Family 1 Guardian 2 Name: _____

Home Phone: _____ I grant consent for Home Phone: Yes No (circle one)

Family 1 Guardian 1 Cell Phone: _____ I grant consent for F1G1 Cell: Yes No (circle one)

Family 1 Guardian 2 Cell Phone: _____ I grant consent for F1G2 Cell: Yes No (circle one)

If applicable, this section should be completed with information regarding Family #2.

Family 2 Guardian 1 Name: _____

Family 2 Guardian 2 Name: _____

Home Phone: _____ I grant consent for Home Phone: Yes No (circle one)

Family 2 Guardian 1 Cell Phone: _____ I grant consent for F2G1 Cell: Yes No (circle one)

Family 2 Guardian 2 Cell Phone: _____ I grant consent for F2G2 Cell: Yes No (circle one)

**Text Messaging services are now available through SchoolMessenger.
You can opt-in by texting "Y" to 67587.**

SchoolMessenger and Geneseo School District do not charge for the text messages that are received or sent to the short code, however, wireless providers may charge for individual text messages, depending on the plan associated with the wireless device. Please consult your carrier if you are uncertain.