Learners Today
Leaders Tomorrow

Laraway C.C.S.D. 70C
REGISTRATION 2023 - 2024

Registration for the 2023-2024 school year will be done at Laraway School. All families must complete registration and prove residency in the main office. **All paperwork/residency documents must be returned at one time.**

- You must complete registration and prove residency in the main office on any of the following dates:
  Wednesday, May 31st & Thursday, June 1st between 9a-2p.
  Monday, June 5th - Wednesday, June 7th between 9a-2p.
  Wednesday, August 2nd – between 2p-6p.
  Thursday, August 3rd – between 10a – 2pm

- If your name is **NOT** listed on the current lease or mortgage statement you are required to complete a "Third Party Affidavit" and have it notarized. The form is in this packet. Please remember you **MUST** sign the form in front of a notary.

- New students must have a Birth Certificate on file before registration is complete.

- Your student will not be registered until registration papers and residency has been approved.

- ***If your lease expires before August 1st, 2023, please register in August.

IMPORTANT NOTES

- Only one parent/no children will be allowed to enter the building to register. Paperwork must be completed in advance or you will be asked to return with a complete packet.

- Download the Laraway School APP and the Powerschool APP (Google Play/ITUNES) prior to attending registration.

***** $75.00 late registration fee that cannot be waived, may be charged after August 3rd, 2023. RETURNING FAMILIES ONLY**

LARAWAY C.C.S.D. 70C
2023-2024 REGISTRATION INFORMATION

All families Pre-k-8th grade must register on one of the following dates:

May 31st & June 1st 9am – 2pm
June 5th – June 7th 9am –2pm
August 2nd 2p-6p
August 3rd 10am – 2pm

Residency:

Laraway School District requires ALL students to establish residency on a yearly basis.

Only the specific documents listed in each category will be accepted towards proof of residency.

Category A – One (1) document required
Current Mortgage Statement
Recent Closing Papers –
HUD I Settlement
Current Real Estate Tax Bill
Signed 12-month lease
Residency Affidavit

Category B – Two (2) documents required
Gas/Electric/Water Bill
Vehicle Registration
Public Aid/Medicaid Card
Bank Statement
Pay Check Stub
Valid IL Driver's License/State ID with current address

*If the parent is not the homeowner, notarized affidavits of residency from the resident owner and the resident custodial parent along with supporting documents from both Category A (owner) and Category B (parent) must be provided.

Additional Fees:

Gym Suit (Grades 6-8 only)	$13.00
Graduation (Grade 8 only)	$100.00*
Sports	$20/sport*

(*) Fee may be paid at a later date, but will not be waived

Required documents for students

New Students transferring to Laraway:
A State of Illinois Transfer form, birth certificate and copy of physical with immunization records are required to enroll. Students transferring from any other State do not need to provide a transfer form, but must provide a physical with immunization record.

Kindergarten Students:
Students must be 5 years of age or older by September 1, 2023 in order to enroll for Kindergarten for the 2023-2024 school year.
An original birth certificate is required of all Kindergarten students upon enrollment.
Your child will also need a physical with immunization record, and eye/dental exams.

Second Grade Students:
Dental exam required

Sixth Grade Students:
Dental exam and Physical with immunization record is required.
If you have questions related to the registration/residency of students for the 2023-2024 school year, please contact Laraway @ 815-727-5196.

FOR OFFICE USE ONLY:

STUDENTID# _____

TEACHER_____

LARAWAY SCHOOL
DISTRICT 70C
STUDENT
REGISTRATION 2023-2024

FOR OFFICE USE ONLY:

DATE ENTERED: _____

LOCKER#:_____

Child's Name*_____ Nickname: _____
(Last) (First) (Middle)

*Full legal name as it appears on the birth record

Gender: M F Birth Date: ____/____/_____ Grade: _____ Best Contact Phone: _____/_____

Street Address_____ P.O. Box #/Apt. # _____

City: _____ State: _____ Zip: _____

Parent/Guardian Information

Child resides with whom: _____

Are there any parent/guardian custodial concerns the school should be aware of? _____Yes _____No
If yes, please explain *and* attach all legal custody documents: _____
_____

1) ***Parent/Guardian's Contact Information:*** Relationship: _____

Name: _____ Employer: _____

Home Phone: ____/ _____ Cell: ____/ _____ Work: ____/ _____

Address (if different from student's) _____ City _____State ____ Zip_____

2) ***Parent/Guardian's Contact Information:*** Relationship: _____

Name: _____Employer: _____

Home Phone: ____/ _____ Cell: ____/ _____ Work: ____/ _____

Address (if different from student's) _____ City _____State ____ Zip_____

****Custodial Parent/Guardian E-mail Address**: _____

Step-Parent (if applicable):

Name: _____ Employer: _____

Home Phone: ____/ _____ Cell: ____/ _____ Work: ____/ _____

Parent/Guardian is a member of the U.S. Armed Forces ___ Yes ____ No

RESIDENCY

Do you: (check) Own ____ Rent ____ Live with District resident ____

Last School Attended: _____ **Phone:** _____

Address: _____ **Transfer Out Date:** _____

Is this child in any Accelerated Classes? ___Yes ___No If yes, which subject(s)? _____
Has this child ever been retained? ___ Yes ___No If yes, which grade was the child retained in?_____
Does this child have an IEP? ____Yes ____No If yes, which type of service is the child receiving? _____
Does the child have a 504 plan? ____Yes ____No

Ethnic Origin: Check all that apply to your child's race*

☐ **Hispanic/Latino** ☐ **American Indian or Alaska Native** ☐ **Asian**
☐ **Black or African American** ☐ **Native Hawaiian/Other Pac Islander** ☐ **White**

Note: The Federal government requires us to collect information about ethnicity and race. If you do not provide us with this information, we are required to identify your child as best we can.

Is there a language other than English spoken in daily interaction in the child's home? ___Yes ____No
If yes, which language(s)? _____ Does the child speak a language other than English? __Yes __No
If yes, which language(s)? _____
Has your child received English as a Second Language (ESL) support services in any previous school district in the United States? __Yes __ No. If yes, name of school district and state _____

I give permission to my child to use the computers & internet at school. _____ Yes ____No

Number of people in your household _____ Annual household income _____

Local Emergency Contact Numbers: *In case of an emergency, when the parents/guardians cannot be reached, please list emergency contacts.* ***Please list two:***

Contact #1 Name: _____ Relationship: _____

Home # ____/ _____ Cell # ____/ _____ Work # ____/ _____

Contact #2 Name: _____ Relationship: _____

Home # ____/ _____ Cell # ____/ _____ Work # ____/ _____

Contact #3 Name: _____ Relationship: _____

Home # ____/ _____ Cell # ____/ _____ Work # ____/ _____

I give permission to my child to use the computers & internet at school. _____ Yes ____No

MEDIA RELEASE

Parents/Guardians are asked to give permission for students to be interviewed, photographed, or videotaped by the news media or an agent of the school district for the purpose of publicizing a school event, activity or program in Laraway School District 70C. The likeness of a student may appear in yearbooks, features or documentaries, district publications and communication materials, promotional materials, or on the district or school websites. All images and rights shall belong to Laraway School District 70C. Please indicate and sign below.

_____ Yes, my child may be photographed, interviewed, or videotaped.

_____ No, my child may not be, photographed, interviewed, or videotaped.
(note: your child *will not* be in the yearbook)

Parent/Guardian Signature: _____ Date: _____

Note: If at any time you would like to change your election, a signed letter must be submitted to your child's school office stating the change and reason for change.

Laraway School District 70C
Residency Verification 2023-2024

TO BE COMPLETED BY THE PERSON CLAIMING CUSTODY OF THE STUDENT AND WITH WHOM THE STUDENT LIVES WITHIN THE BOUNDARIES OF LARAWAY SCHOOL DISTRICT 70C

Illinois law provides that the residence of a student is deemed to be the same as the residence of the person who has legal custody of the student and permits only students who are residents of the school district to enroll. The person claiming custody must also reside in the District. To assist the District in determining residency and legal custody, this form must be completed. The district may investigate the residency of any student before or after enrollment and require the involved persons to provide additional information to be considered by The District in determining residency. Enrollment is not completed and attendance will not be permitted, until all residency issues are resolved.

PLEASE COMPLETE ONE FORM PER FAMILY

I. IDENTIFYING INFORMATION (Please Print)

Student Name and Grade:

Student Name	Grade
Student Name	Grade
Student Name	Grade
Student Name	Grade
Student Name	Grade

Parent / Guardian Proving Residency:

Name

Street Address

City, State, Zip

Telephone Number

Relationship to Student

II. RESIDENCY OF PERSON WITH WHOM STUDENT LIVES AND WHO CLAIMS CUSTODY OF THE STUDENT

As initial proof of residency, the person with whom the student lives within the district and who claims custody of the student must provide at least one document from **Category I,** and at least two documents from **Category II,** all of which must be acceptable to the District.

CATEGORY I –Provide at least one of the following documents.

- Current Mortgage Statement
- Recent Closing – HUD I Settlement
- Current Real Estate Tax Bill
- Signed Lease
- Residency Affidavits (See Below)

CATEGORY II – Provide at least two of the following documents.

- Most Recent Gas / Electric / Water Bill / Phone / Cable
- Vehicle Registration / Vehicle Insurance Card
- Bank Statement / Pay Check Stub
- Public Aid / Medicaid / Food Stamp Card
- Current Illinois State ID/ Illinois Drivers License

III. CUSTODY (Check as many of the following as are applicable) A Separate Affidavit may be required.

- I am the natural or adoptive parent of the student
- The student lives with me on a full-time basis
- I provide the student with a regular nighttime place to sleep. ("Regular" means virtually full-time, including most weekends, holidays and school vacation periods.)
- I have been appointed a short-term guardian of the student.
- I have a court order giving me custody or guardianship of the student
- I am a foster parent of the student who was placed with me by the Illinois Department of Children and Family Services.

IV. WARNING AND AFFIRMATION

Illinois law has made it a crime, punishable by imprisonment and fine, to knowingly or willfully present any false information regarding the residence of a student for purposes of enabling that student to attend on a tuition-free basis when the student is known to be a non-resident of the District. The School District will seek prosecution to the full extent of the law of any person who the District believes has committed any residency-related crime. Additionally, the District may initiate a civil lawsuit.

I affirm that I am a resident of this District and that the information presented in this Affidavit or in connection with any investigation of my residency of the student is true, complete, and accurate.

Signature of Person with Legal Custody of the Student

Date

LARAWAY C.C.S.D. 70-C
DR. JOSEPH SALMIERI, *Superintendent*
MRS. VALERIE TEEGARDIN, *Administrative Assistant*
1715 ROWELL AVENUE, JOLIET, ILLINOIS 60433
(815) 727-5115 Fax (815) 727-5289

Mr. Aaron Ventsias, Principal
Mr. Joe Pope, Assistant Principal

Laraway School
1715 Rowell Avenue
Joliet, Illinois 60433
(815) 727-5196

Learners Today
Leaders Tomorrow

CONSENT FOR RELEASE OF STUDENT RECORDS

I hereby give my consent to: _____
(School Student is Coming From)

to release the following student/s records:

STUDENT	GRADE	BIRTH DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Send Records to: Laraway C.C.S.D.70-C
1715 Rowell Ave.
Joliet, IL 60433
815-727-5196; Fax: 815-727-5289

The Records to be Released are as Follow:

A. **PERMANENT RECORDS:** Consists of basic identifying information (including students, parents or guardians names and addresses, student's birth date and place); academic transcripts (including grades and grade level achieved); attendance records, **health/immunization records**, and accidents reports.

B. **TEMPORARY RECORDS:** Consists of all information not required to be in the student permanent records and may include test scores (achievement, aptitude or IQ); honors and awards received; participation in school sponsored organizations; disciplinary information.

C. **SPECIAL EDUCATION RECORDS:** Consists of IEP'S Multi-Disciplinary Reports, psychological, speech/language report, health history, progress reports, audiological.

The reason for this release is: Relocation_____; Other (Specify)_____

I understand that I have the right to inspect, copy and challenge the contents of the school records in question prior to the release, and the right to limit any consent for the release of school records to designated records of designated portions of information in the school student records.

_____
(SIGNATURE OF PARENT/GUARDIAN) DATE

FEDERAL LAW 99 31 No parent signature is required for educational records sent to another educational agency. Records will be sent as indicated above if we do not hear from you within ten (10) school days.

LARAWAY C.C.S.D. 70-C
DR. JOSEPH SALMIERI, *Superintendent*
MRS. VALERIE TEEGARDIN, *Administrative Assistant*
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Learners Today
Leaders Tomorrow

English

Home Language Survey

The state requires the district 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 to identify the students who need to be assessed for English language proficiency.

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

Student's Name: _____

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

   Yes _____ No _____

   What language? _____

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

   Yes _____ No _____

   What language? _____

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

_____ _____

Parent/Legal Guardian Signature Date

LARAWAY CCSD 70-C
DEPARTMENT OF MULTILINGUAL SERVICES

Dr. Joseph Salmieri
SUPERINTENDENT

MULTILINGUAL

1715 ROWELL AVE.
JOLIET, IL 60433
(815) 727-5196

FAX: (815) 727-5289

Genevieve Xolo
DEPT. OF

SERVICES

LANGUAGE PREFERENCE SURVEY

English
Dear Parent/Guardian:

You will be receiving communication from Laraway C.C.S.D. 70-C throughout the school year. This survey will help us to determine your language preferences, so we are able to provide appropriate translation and interpretation services, when possible. Please indicate your language preference, so we are able to interpret and translate documents when possible.

- I prefer to communicate with Laraway C.C.S.D. 70-C in **BOTH** English and our home language, which is _____.
- I prefer to communicate with Laraway C.C.S.D. 70-C in **ONLY** English, and waive my right to receive translation or interpretation in any other language.

_____
Name of student

_____ _____
Parent/Guardian Signature Date

****

Spanish
Estimado Padre/Tutor:

Recibirá comunicaciones de Laraway C.C.S.D. 70-C durante el año escolar. Esta encuesta nos ayudará a determinar sus preferencias de idioma, de modo que podamos brindar servicios de traducción e interpretación adecuados, cuando sea posible. Indique su preferencia de idioma, para que podamos interpretar y traducir los documentos cuando sea posible.

- Prefiero comunicarme con Laraway C.C.S.D. 70-C **EN INGLÉS Y NUESTRO IDIOMA MATERNO**, que es _____.
- Prefiero comunicarme con Laraway C.C.S.D. 70-C **SÓLO** en inglés, y renuncio a mi derecho a recibir traducción o interpretación en cualquier otro idioma.

_____
Nombre de estudiante

_____ _____
Firma del Padre/Tutor Fecha

****

LARAWAY CCSD 70-C

DR. JOSEPH SALMIERI, Superintendent
SRA. VALERIE TEEGARDIN, Administrative Assitant
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(815) 727-5196

"Learners Today, Leaders Tomorrow"

Dear Parents/Guardians of Laraway Students,

Our District is participating in a state food program for your students. All breakfast, lunch and snack (Pre-K-1st grade) is provided to them free of charge.

In order for these meals to remain free, we must adhere to the state's nutrition program's rules.

Please feel free to contact the Food Service Director with any questions you may have.

Angela Crowder (815)727-5196 ext 2558 or acrowder@laraway70c.org

Angela Crowder
Food Service Director

LARAWAY C. C. S. D. 70-C
CONFIDENTIAL EMERGENCY HEALTH INFORMATION 2023-2024

Name: _____ Birthdate: _____ Sex: M/ F (circle)
Last First MI

School: _____ Grade: _____ Teacher: _____ Date: _____

ALERT TO PARENTS: If your child has a serious medical condition, *it is vital that you discuss this with your School Nurse and teacher(s) immediately*. The school **must** know of **LIFE THREATENING** conditions (for example asthma, diabetes, nut/insect allergies with anaphylaxis) prior to the start of school.

In order to provide a safe and healthy environment for your child this information will be accessible to the following people: School Nurse, your child's teacher, office manager, personnel responsible for health room coverage and emergency medical personnel.

A. Medical History: Check the ones that apply to your child and describe under the comment section.

_____ ADD/ADHD
_____ Anxiety/Panic attack
_____ Asthma
_____ Bee Sting allergy
_____ Bowel problem
_____ Cerebral Palsy
_____ Diabetes
_____ Color Blindness
_____ Epi-Pen
_____ Emotional Concerns
_____ Headaches
_____ Hearing Problem
_____ Heart Condition
_____ Kidney/urinary problems
_____ Muscle Disorder
_____ Neurological Concern
_____ Orthopedic problem
_____ Seizures
_____ Vision problems
_____ Other: _____ (explain)
_____ PE activity
Limited _____
Not Limited _____
Explain:
_____
_____

Comments: _____

B. ALLERGIES: List allergies your child has that may cause a problem at school:

Cause of the allergy: _____ Treatment: _____

Cause of the allergy: _____ Treatment: _____

C. MEDICATION: (Include prescription, over-the-counter and herbal medication.)

Name	Used to treat	Taken at school?
1) _____	_____	Yes ☐ No ☐
2) _____	_____	Yes ☐ No ☐
3) _____	_____	Yes ☐ No ☐

Before medication of any kind can be administered at school, a medication administration form, available in the office, must be completed by parent and physician and kept on file.

D. List any other operations, injuries, hospitalizations, Give dates: _____

_____

E. Does your student wear contact lens? _____ Glasses? _____

F. Name of Physician: _____ **Phone:** _____

Name of Dentist: _____ **Phone:** _____

G. Parents name: _____ _____
(Mother) (Father)

Home Phone: _____ _____

Work Phone: _____ _____

Cell Phone: _____ _____

Home address: _____ City/Zip: _____

Email: _____

Student lives with: Mother: _____ Father: _____ both parents_____ other: _____

State of Illinois
Certificate of Child Health Examination

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

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for *every* dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR
DTP or **DTaP**						
Tdap; **Td** or Pediatric **DT** (Check specific type)	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophilus influenza type b						
Pneumococcal Conjugate						
Hepatitis B						
MMR Measles Mumps, Rubella						
Varicella (Chickenpox)						
Meningococcal conjugate (MCV4)						
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose						
Hepatitis A						
HPV						
Influenza						
Other: Specify Immunization Administered/Dates						

Comments: * indicates invalid dose

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.
If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature **Title** **Date**

Signature **Title** **Date**

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
***MEASLES (Rubeola) MO DA YR** ****MUMPS MO DA YR** **HEPATITIS B MO DA YR** **VARICELLA MO DA YR**

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease **Signature** **Title**

3. Laboratory Evidence of Immunity (check one) ☐**Measles*** ☐**Mumps**** ☐**Rubella** ☐**Varicella** **Attach copy of lab result.**

*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and *Maintained* by the School Authority.

Last	First	Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID

HEALTH HISTORY **TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

ALLERGIES (Food, drug, insect, other)	Yes / No	List:

MEDICATION (Prescribed or taken on a regular basis.)	Yes / No	List:

Diagnosis of asthma?	Yes	No	
Child wakes during night coughing?	Yes	No	
Birth defects?	Yes	No	
Developmental delay?	Yes	No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	
Diabetes?	Yes	No	
Head injury/Concussion/Passed out?	Yes	No	
Seizures? What are they like?	Yes	No	
Heart problem/Shortness of breath?	Yes	No	
Heart murmur/High blood pressure?	Yes	No	
Dizziness or chest pain with exercise?	Yes	No	
Eye/Vision problems? _____ Glasses ☐ Contacts ☐ Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			
Ear/Hearing problems?	Yes	No	
Bone/Joint problem/injury/scoliosis?	Yes	No	

Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No	
Hospitalizations? When? What for?	Yes	No	
Surgery? (List all.) When? What for?	Yes	No	
Serious injury or illness?	Yes	No	
TB skin test positive (past/present)?	Yes*	No	*If yes, refer to local health department.
TB disease (past or present)?	Yes*	No	
Tobacco use (type, frequency)?	Yes	No	
Alcohol/Drug use?	Yes	No	
Family history of sudden death before age 50? (Cause?)	Yes	No	
Dental ☐ Braces ☐ Bridge ☐ Plate Other			

Information may be shared with appropriate personnel for health and educational purposes.
Parent/Guardian Signature **Date**

PHYSICAL EXAMINATION REQUIREMENTS **Entire section below to be completed by MD/DO/APN/PA**
HEAD CIRCUMFERENCE if < 2-3 years old **HEIGHT** **WEIGHT** **BMI** **BMI PERCENTILE** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes☐ No☐ And any two of the following: **Family History** Yes ☐ No ☐ **Ethnic Minority** Yes☐ No ☐ **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes☐ No ☐ **At Risk** Yes ☐ No ☐

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)
Questionnaire Administered? Yes ☐ No ☐ **Blood Test Indicated?** Yes ☐ No ☐ **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.
No test needed ☐ **Test performed** ☐ **Skin Test: Date Read** **Result: Positive** ☐ **Negative** ☐ **mm**_____
Blood Test: Date Reported **Result: Positive** ☐ **Negative** ☐ **Value**

LAB TESTS (Recommended)	Date	Results		Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)		
Urinalysis			Developmental Screening Tool		

SYSTEM REVIEW	**Normal**	**Comments/Follow-up/Needs**		**Normal**	**Comments/Follow-up/Needs**
Skin			**Endocrine**		
Ears		Screening Result:	**Gastrointestinal**		
Eyes		Screening Result:	**Genito-Urinary**		LMP
Nose			**Neurological**		
Throat			**Musculoskeletal**		
Mouth/Dental			**Spinal Exam**		
Cardiovascular/HTN			**Nutritional status**		
Respiratory		☐ Diagnosis of Asthma	**Mental Health**		
Currently Prescribed Asthma Medication: ☐ Quick-relief medication (e.g. Short Acting Beta Agonist) ☐ Controller medication (e.g. inhaled corticosteroid)			**Other**		
NEEDS/MODIFICATIONS required in the school setting			**DIETARY** Needs/Restrictions		

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
If you would like to discuss this student's health with school or school health personnel, check title: ☐ Nurse ☐ Teacher ☐ Counselor ☐ Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
Yes ☐ **No** ☐ If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in (If No or Modified please attach explanation.)
PHYSICAL EDUCATION **Yes** ☐ **No** ☐ **Modified** ☐ **INTERSCHOLASTIC SPORTS** **Yes** ☐ **No** ☐ **Modified** ☐

Print Name (MD,DO, APN, PA) **Signature** **Date**

Address **Phone**

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 _____ (Month/Day/Year) Gender _____ Grade _____

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.)	❑	❑	❑	_____
Internal exam (vitreous, lens, fundus, etc.)	❑	❑	❑	_____
Pupillary reflex (pupils)	❑	❑	❑	_____
Binocular function (stereopsis)	❑	❑	❑	_____
Accommodation and vergence	❑	❑	❑	_____
Color vision	❑	❑	❑	_____
Glaucoma evaluation	❑	❑	❑	_____
Oculomotor assessment	❑	❑	❑	_____
Other _____	❑	❑	❑	_____

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 _____

Continued on back

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 _____

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)

Signature _____

Date _____

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

Printed by Authority of the State of Illinois
6/09

IOCI1271-09

State of Illinois
Illinois Department of Public Health

PROOF OF SCHOOL DENTAL EXAMINATION FORM

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

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

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

Student's Name: Last	First	Middle	Birth Date: (Month/Day/Year)
Address: Street	City		ZIP Code
Name of School:	ZIP Code	Grade Level:	
Parent or Guardian: Last Name		First Name	

Select from the below general racial category which most clearly reflects the student's recognition of his or her community or with which the student most identifies.

☐ White ☐ Black or African American ☐ Hispanic or Latino ☐ Asian
☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Two or More Races

To be completed by dentist

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

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present on Permanent Molars**

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

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

☐ Yes ☐ No **Urgent Treatment —** abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.

Treatment Needs (check all that apply). Please list appointment date or date of most recent treatment completion date.

☐ **Restorative Care** — amalgams, composites, crowns, etc. Appointment Date:_____
☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis Appointment Date:_____
☐ **Pediatric Dentist Referral Recommended** Treatment Completion Date:_____

Dental Office Address: _____ Office phone number: _____

Signature of Dentist _____ Date _____

LARAWAY SCHOOL DISTRICT #70C

BUS TRANSPORTATION 2023 – 2024

****THIS FORM MUST BE FILLED OUT – ONE PER FAMILY****

Bus transportation is provided to eligible students to and from school. Bus routes are assigned based on your home address. **Transportation to or from a childcare provider at a different address (within our district), other than your home address will be considered only if the arrangement is consistent 5 days a week. STUDENTS MUST TAKE THEIR ASSIGNED BUS ROUTE HOME FROM SCHOOL EVERY DAY.** This form will be kept on file in case someone other than yourself will be at the bus stop or picking your child up from Laraway. **Please complete one form per family.**

HOME ADDRESS: _____

STUDENT NAME _____ GRADE _____ HEALTH CONCERN _____

STUDENT NAME _____ GRADE _____ HEALTH CONCERN _____

STUDENT NAME _____ GRADE _____ HEALTH CONCERN _____

STUDENT NAME _____ GRADE _____ HEALTH CONCERN _____

_____	_____	_____	_____
PARENT / GUARDIAN NAME	CELL#	WORK #	PREFERRED LANGUAGE

_____	_____	_____	_____
PARENT / GUARDIAN NAME	CELL#	WORK #	PREFERRED LANGUAGE

****THOSE PERSONS DESIGNATED TO PICK UP MY STUDENT FROM BUS STOP OR SCHOOL:**

_____	_____	_____
FULL NAME	(PHONE #)	RELATIONSHIP TO STUDENT

_____	_____	_____
FULL NAME	(PHONE #)	RELATIONSHIP TO STUDENT

_____	_____	_____
FULL NAME	(PHONE #)	RELATIONSHIP TO STUDENT

CONTINUED

Please indicate your child's transportation needs below:

_____ My child **WILL NOT** use bus transportation for the 2022-2023 school year.

_____ Please transport my child **TO & FROM** my home address.

_____ My child **only needs transportation in the morning** from my home address.

_____ My child **only needs transportation in the afternoon** to my home address.

_____ My child will need bus transportation **FROM** a child care provider in the morning:

Child care provider's Name: _____ Phone number: _____

Child care provider's Address: _____

_____ My child will need bus transportation **TO** a child care provider in the afternoon:

Child care provider's Name: _____ Phone number: _____

Child care provider's Address: _____

_____ This information has **CHANGED** from last year.

_____ This is the **SAME INFORMATION** as last year.

_____ My child is **NEW** to Laraway School District #70C

Thank you,

Lynn Berry

(Transportation Director)
815-727-1206
lberry@laraway70c.org

The Third-Party Affidavit form is only for families that are not listed on the lease or mortgage for that residence. The affidavit must be signed in front of a notary and the following documentation must be provided before registration is complete:

Items provided by the homeowner/resident you are living with that is listed on the lease

- Current Lease or Mortgage statement

2 items from the list below:

• Gas/Electric/Water Bill • Vehicle Registration • Public Aid/Medicaid Card
• Bank Statement • Pay Check Stub • Valid IL Driver's License/State ID with current address

Items provided by parent/guardian of student(s) enrolling:

2 items from the list below:

• Gas/Electric/Water Bill • Vehicle Registration • Public Aid/Medicaid Card
• Bank Statement • Pay Check Stub • Valid IL Driver's License/State ID with current address

---

El formulario de Declaración Jurada es solo para familias que no figuran en el contrato de alquiler o hipoteca de esa residencia. La declaración jurada debe firmarse ante un notario y se debe proporcionar la siguiente documentación antes de que se complete la inscripción:

Artículos proporcionados por el propietario/residente con el que vive y que figuran en el contrato de alquiler

- Declaración actual de alquiler o hipoteca

2 artículos de la lista a continuación:

• Factura de Gas/Electricidad/Agua • Registro de Vehículos • Tarjeta de ayuda pública/Medicaid
• Extracto de Cuenta • Talón de Pago del Trabajo •Licencia de Manejar o Identificación Estatal Válida con Dirección Actualizada

Artículos proporcionados por el padre/tutor de los estudiantes que se inscriben:

2 artículos de la lista a continuación:

• Factura de Gas/Electricidad/Agua• Registro de Vehículos • Tarjeta de ayuda pública/Medicaid
• Extracto de Cuenta • Talón de Pago del Trabajo •Licencia de Manejar o Identificación Estatal Válida con Dirección Actualizada

LARAWAY COMMUNITY CONSOLIDATED SCHOOL DISTRICT 70C

ONLY COMPLETE THIS FORM IF YOU ARE NOT LISTED ON THE LEASE OR MORTGAGE STATEMENT of YOUR CURRENT RESIDENCE

****THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY, DO NOT SIGN IT PRIOR****

Affidavit of Third-Party Residency

Only students who are residents of Laraway C.C.S.D. 70C are entitled to attend Laraway C.C.S.D. 70C schools. Minor students are presumed to be residents of the school district in which their natural custodial parent resides.

Please attach copies of proof of address and complete the following affidavit.

I, _____;
Resident Name(s)

being duly sworn on oath that the owner/lease of the residence commonly known as

_____;
Address

that I personally know _____,
Parent Name(s)

the parents(s) of _____.
Student Name(s)

The parent(s) and child(ren) reside with me at the aforementioned address and have made my residence their permanent home, living there on a permanent, continuous basis; and that they are not living with me for the sole purpose of accessing Laraway C.C.S.D. 70C educational programs or services.

_____ I understand that knowingly or willfully providing false information to a school district regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district is a Class C misdemeanor. Initial

_____ I understand that knowingly enrolling or attempting to enroll a pupil in the school of a school district on a tuition-free basis, when I know that pupil to be nonresident of the school district, unless the nonresident pupil has a lawful right to attend, is a Class C misdemeanor. Initial

_____ _____
Date *Resident's Signature*

SUBSCRIBED AND SWORN TO
Before me this _____ day
of _____, 20____.

_____
Notary Public

STUDENT UNIFORM

UNIFORM APPLIES TO ALL PK-8 STUDENTS

Male Students:

- Navy blue, black, or khaki/beige slacks;
- Light blue or navy blue button-down or pullover shirt with no logos (short or long sleeves with a collar);
- Blue, black, or white socks;
- Black comfortable shoes (no stripes on gym shoes); Boots allowed in winter but must be changed before start of class.
- Solid navy blue or light blue sweater/sweatshirt only (no logo) must be a light blue shirt or blouse underneath and tucked in.

Female Students:

- Navy blue, black, or khaki/beige skirt or split skirt that is at least finger-tip length or
- Navy blue, black, khaki/beige slacks;
- Light blue or navy-blue blouse or pullover shirt with no logo (short or long sleeves with a collar);
- Solid navy blue or light blue sweater/sweatshirt only (no logo)
- Blue, black or white socks or nylons;
- Black comfortable shoes (no stripes on gym shoes); Boots allowed in winter but must be changed before start of class.

All Students:

When sweaters are worn, there must be a light blue shirt or blouse underneath and tucked in. Sweatshirts may not be turned inside out to hide logos.

Additional Information

• Slacks shall not be a "jean" type, stretchy pant or a sweatpants style. Denim is not permissible for slacks.

• No stretchy pants, yoga pants, leggings, or jeggings will be permissible.

• Belts must be worn with all slacks having belt loops and must be worm at the waist level.

Belts must be a dark color.

• Shirts/blouses must be buttoned and must be tucked in at the waist.

• No faded shirts or denim-type shirts.

• Hoods may not be worn during the school day.

• T-shirts/undershirts, or turtlenecks worn beneath shirts/blouses must be solid white.

• No clogs or sandals.

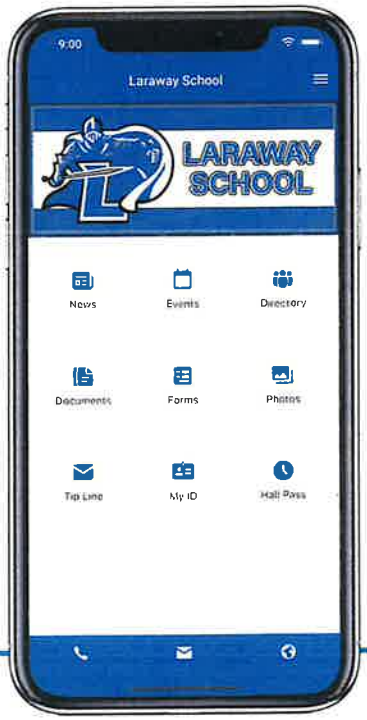
• No boots. If boots are worn to school because of the weather, students must bring the appropriate shoes and change into them while at school.

• Students will be allowed to change into gym shoes for physical education classes or for outside activities. • Black, navy or brown shoelaces only. Shoelaces must be tied.

• When appropriate, navy blue, black, or khaki/beige uniform shorts that are at least finger-tip length may be worn.

LARAWAY SCHOOL

There's an App for that!



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EASY SCHOOL CONTACT

One click to call, email and submit important forms directly to us. Subscribe to receive important notifications from groups that are important to you.

EASY TEACHER CONTACT

One click to call, email and visit teacher websites and class resources. Subscribe to receive important notifications from teachers.