

Deer Park School Registration 2019-2020

_____ Registration and Emergency Information Sheet

_____ School Medication Authorization Form

_____ Bus Accident Request Form

_____ One Call Now Form

_____ Book Fee (\$80/first child; \$80/second child; \$70/third child)

or

_____ Book Waiver Form

Kindergarten Only

_____ Copy of County Birth Certificate

_____ Home Language Survey

_____ \$45 Milk Fee

Required Medical Forms

_____ Kindergarten (physical, dental and eye exam)

_____ 2nd Grade – Dental

_____ 6th Grade – Physical and Dental

_____ Sports physical for any student 4th through 8th planning on participating in sports, but not required for grade level.

On the first day of school, students will receive a student handbook, August menu/calendar, and an application for free/reduced lunch. Check our website at www.deerpark.k12.il.us for more information and forms.

If you have any questions, please contact the school office at 815-434-6930.

REGISTRATION AND EMERGENCY INFORMATION – 2019-2020

STUDENT NAME: *Please include middle name*

SEX: _____

ADDRESS: _____

BIRTH DATE: _____

CITY/STATE/ZIP: _____

Place of Birth: _____

Main Contact Name & Phone:

Ethnic Background:

_____ **Hispanic** _____ **Non-Hispanic**

_____ **Black or African American**

_____ **White** _____ **Asian**

E-mail Address:

_____ **American Indian or Alaska Native**

Does your child have access to the internet at home? _____

_____ **Native Hawaiian or Other Pacific**

MOTHER'S MAIDEN NAME:

Islander

CLASS: _____ **ANTICIPATED HIGH SCHOOL DISTRICT:** _____

PHYSICIAN: _____ **PHONE #** _____

HOSPITAL: _____ **PHONE #** _____

Father's Name: _____ **Cell Phone #** _____

Father's Address: _____

Father's Employment: _____ **Work Phone #** _____

Mother's Name: _____ **Cell Phone #** _____

Mother's Address: _____

Mother's Employment: _____ **Work Phone #** _____

Either Parent Member of Armed Forces: Yes _____ No _____

Alternative persons to contact in case of emergency should parents not be located:
(Please list two names with telephone numbers)

1. _____
2. _____

Please list below any special instructions you wish to have posted to student records, i.e., allergies:

1. _____
2. _____

ADDITIONAL INFORMATION FOR SCHOOL RECORDS:

Student resides with: _____

Status of Student's Parents:

Living together: _____ Living Apart: _____ Divorced: _____

Other members of family (please list sisters and brothers and their relationship in age to student – older/younger):

If you and the physician of choice as indicated above cannot be reached in an emergency and, if in the judgment of the school authorities immediate medical and/or hospital attention is indicated, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician(s).

_____ Yes _____ No

Please indicate your 9 digit Medicaid number: _____

Please complete and sign. We agree to the following:

1. _____ To abide by the rules and regulations in the student handbook (which is subject to administrative change)
2. _____ We grant permission for our student to attend the various school field trips.
See "Field Trips"
3. _____ To abide by the Internet Usage Policy and the Authorization for Electronic Network Access.
4. _____ A. To allow our children's picture and/or name to be used in the school newsletter.
_____ B. To allow our children's picture and/or name to be used in the local newspapers.
_____ C. To allow our children's picture and/or name to be used on the school website.
5. _____ Prove accident insurance coverage for athletic participation.
See "Accident Insurance for Athletic Participation"

_____ Insurance Company's Name

or

_____ Date school accident insurance purchased

or

_____ If no insurance – in agreement with "Accident Insurance for Athletic
(Signature) Participation."

Student and parents are to sign below.

(student signature) (date)

(parent/guardian signature) (date)

**DEER PARK GRADE SCHOOL DISTRICT #82
SCHOOL MEDICATION AUTHORIZATION FORM**

Student Name: _____

Address: _____

Home Phone: _____ **Birthdate:** _____

Grade: _____ **Teacher:** _____

Emergency Phone: _____

In the event your child is not feeling well, the school office may offer a pain reliever. Please indicate below your preference.

Non-Prescription: _____ Junior chewable Tylenol or generic brand
 _____ Adult Ibuprofin or Tylenol
 _____ Cough drop

Dosage: _____

I hereby confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Deer Park Grade School District #82 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employee and agents of the School District), lawfully prescribed medication in the manner described above. I **ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATION TO MY CHILD BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL NURSE, AND SPECIFICALLY CONSENT TO SUCH PRACTICES.** I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent's Signature

Date

--OVER--

Prescription: _____

Name of Medication: _____ **How to be administered:** _____

Dosage: _____ **Frequency:** _____ **Time to be given in school:** _____

Date of Order _____ **Date of Prescription** _____ **Discontinuation Date** _____

Diagnosis requiring medication: _____

Intended effect of this medication: _____

Expected side effects, if any: _____

Must this medication be administered during the school day in order to allow the child to attend school or to address the student's medical condition? _____

May student self-administer the medication with supervision? YES _____ **NO** _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Physician's Name – (print)

Physician's Name (signature) date

Address

Office Phone

Emergency Phone

**After A Bus Accident
Parent Request**

Child (Children) _____

The school bus incident policy from the Illinois Department of Public Health allows for not transporting all passengers to the hospital after a bus incident. In the event of a school bus accident the Emergency Medical Service (EMS) personnel will determine by the seriousness of the accident and injury if a person should be transported to an appropriate hospital. The District shall abide by the judgment of the appropriate EMS personnel, and will not transport uninjured students to the hospital, unless otherwise directed to do so in writing in advance, by a parent or guardian completing and signing the below form approved by the District. Any such transportation or services shall be at the expense of the parent or guardian.

_____ I agree to allow the District to abide by the judgment of the appropriate EMS personnel, and not transport my uninjured child (children) to the hospital. The district will notify me explaining that there was an incident and that my child was not sent to the hospital.

Parent / Guardian Signature _____ Date _____

OR

_____ Even though EMS personnel determined that my child (children) was (were) not injured and was (were) not to be sent to the hospital, I request that my child (children) be transported to the hospital to be checked. I further agree that my request to send my child (children) will be at my expense and not at the expense of the school district.

Parent / Guardian Signature _____

Please print name _____ Date _____

Address _____
Street City State

Phone # _____ Work # _____ Cell # _____

Deer Park Community Consolidated School District #82

2350 E. 1025th Road, Ottawa, IL 61350-9804

(815) 434-6930 / (815) 434-6942 fax

Mr. Michael Struna, Superintendent

To: Deer Park School Parents

Re: One Call Now

One Call Now is an automated Parent Notification Service that allows schools to contact thousands of parents within minutes. Deer Park has implemented One Call Now to substantially improve its ongoing communication with you. The partnership with One Call Now shows your school's commitment to you, and to your child's education and safety.

Please return the roster card below with *up to* 6 phone numbers and/or 5 email addresses to receive messages from the school. Do not include your workplace phone number unless you have an extension or permission to receive calls. **Remember all phone numbers listed will be called by the automated system.** An example of possible uses are weather related school closings and early dismissals. Also, this system may be used to remind parents of upcoming events or required information or items needed by the school.

Only one roster card per family is needed. Please return to the school office as soon as possible.

Roster Card

Name of Student(s) _____

Home () _____

Cell () _____ Name _____

Work () _____ ext. _____ Name _____

Other () _____ Name _____

Email _____ Name _____

Email _____ Name _____

By returning this form you give permission to receive calls from Deer Park School.

TO BE SUBMITTED TO SCHOOL PRINCIPAL

APPLICATION FOR FEE WAIVER

Name of Students: _____

Book Rental Fee: _____

Amount of Fee: _____

I, the undersigned parent(s)/guardian(s) of _____
hereby request that the School Board of School District #82 waive the above-mentioned school
fee.

I further state, in support of this waiver request, that one of the following statements is true and
accurate (please check at least one box):

_____ The above-named student (or student's family) is currently receiving aid under Article IV
of the Illinois Public Aid Code (Aid to Families with Dependent Children (AFCD) and evidence of
participation is enclosed;

_____ The above-named student is currently eligible for free/reduce meals pursuant to 105
ILCS 125/1 et seq. (Ill. Rev. Stat., ch. 122,712.1 et seq.);

_____ While none of the above two statements is true, there are other reasons why I am
unable to afford the school fee assessed to the above-named student(s) which are (describe in
detail):

I have reviewed the District's policy and am specifically aware that supplying false information to
obtain a fee waiver is a Class 4 felony (720 OLCS 5/17-6 (Ill. Rev. Stat. ch.38, 17-6)). I attest
that the statements made herein are true and correct.

Signature: _____

Date: _____

Deer Park Community Consolidated Elementary School District #82

2350 E. 1025th Road, Ottawa, IL 61350
Phone: 815-434-6930 Fax: 815-434-6942

Date

TO WHOM IT MAY CONCERN:

_____ has recently enrolled in the _____ grade of our school. Please send the cumulative folder, which would include (1) intelligence and achievement test scores, (2) health records, (3) attendance records, (4) academic grades, (5) special education IEP, and (6) any other information which would be pertinent in pupil placement.

Thank you for your immediate attention to this matter.

Sincerely,

Superintendent/Principal
Deer Park CC School, Dist. #82
2350 E. 1025th Road
Ottawa, IL 61350

