

REGISTRATION RECEIPT – 2018-2019

GRASS LAKE SCHOOL

I will be applying for a Fee Waiver for the 2018-2019 Registration fees. Yes ___ No ___

(*Fee waivers does not exempt a student from charges for lost and damaged books, locks, materials, supplies (PE suits) and/or equipment (tech fees). Milk fees for PreK are not waived.

CHILD'S NAME _____

ADDRESS _____

GRADE ___ BUS RIDER ___ WALKER ___

INSTRUCTIONS

- Enter the amount paid next to the appropriate fee or fees you select.
- If paying by check or money order, please make payable to Grass Lake School.
- Complete one form for each child.

For Office Use Only	
Please Do Not Fill In	
Total Amount \$ _____	Check No. _____
Date Paid _____	Cash _____
	Recorded By _____
Physical -	Yes ___ No ___
Dental -	Yes ___ No ___
Eye Exam -	Yes ___ No ___
Birth Certificate -	Yes ___ No ___
Proof of Residency -	Yes ___ No ___
Due Date for Raffle: (only for returning students registration)	

Grades	School Fees	Amount Paid
Kindergarten Registration (incl. Tech Fee of \$35*)	\$170.00	
Grades 1-5 Registration (incl. Tech Fee of \$35*)	\$170.00	
P.E. Uniform Fee* (5th Grade)	\$20.00	
Grades 6-7-8 Registration (incl. Tech Fee of \$35*)	\$170.00	
P.E. Uniform Fee*	\$ 20.00	
Pre-K Registration		
In District Boundaries	\$135.00	
Milk Fee (Optional)*	\$50.00	
Out of District (\$500 for Trimester 1, 2 and 3)	\$1500.00	
Milk Fee (Optional)*	\$50.00	

GRASS LAKE SCHOOL DISTRICT #36 REGISTRATION AND TRANSPORTATION FORM
For the 2018-2019 School Year

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Gender _____ Grade Level _____ Entry Date _____ Preferred Name _____

Mark One Ethnic Identity:

Hispanic/Latino
 Not Hispanic/Latino

Mark One Or More Racial Identities:

American Indian/Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Primary language spoken at home _____

Birth Date: ___/___/____ Place of Birth _____
Mo Day Year City State Country

Medicaid Number _____

Has your child received any special education services? If so, what services? _____

Has your child received extra support in school? If so, what support? _____
 (Reading, Social Work, Math, Homework Help)

FAMILY INFORMATION

Child resides with: Parents Mother Father Other(_____)

Mailings should be addressed to: Parents Mother Father Other(_____)

Please explain any legal custodial restrictions: _____

Please attach any legal documents that are in effect for the current school year.

Father

Mother

Last Name _____

Last Name _____

First Name, Middle I. _____

First Name, Middle I. _____

Address _____

Address _____

Town, Zip _____

Town, Zip _____

Home Phone _____

Home Phone _____

Other Phone (Cell) _____

Other Phone (Cell) _____

Work Phone _____

Work Phone _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Email Address _____

Email Address _____

To receive school newsletters, reminders & PTO info

To receive school newsletters, reminders & PTO info

Brothers/Sisters (Indicate names and ages) _____

Other members of the household _____

Parent or Guardian who is a member of a branch of the armed forces of the U.S. _____

Deployed to active duty _____ Expects to be deployed to active duty during the school year _____

PARENT-STUDENT HANDBOOK: I understand that the handbook will be delivered to students on the first day of school, Wednesday, August 23, 2017 and will return the handbook receipt to my student's homeroom teacher upon my review of the handbook. _____ Yes _____ No

PARENTAL PERMISSION FOR FIELD TRIPS FOR SCHOOL YEAR

I understand that during the course of the school year my child may, from time to time, take field trips from school. I further understand that I will be notified in advance through notes from the teacher as to the date and activities of such field trips. If I have questions regarding a specific field trip, I will contact the classroom teacher. I understand that most field trips use buses for transportation.

All Students

Per Public Act 96-1524, we are required to teach all students that every child has the right to be safe, respectful, and responsible with regard for their body.

PARENTAL PERMISSION FOR PUBERTY DISCUSSIONS FOR 4TH & 5TH GRADES

I understand that during the school year an age appropriate discussion on puberty will be held with the 4th and 5th grade students. Boys and girls will be separated into two different classrooms. Notification will be provided in advance as to the date of the discussion.

- _____ I give permission for my child to participate in this puberty discussion.
- _____ I do not give permission for my child to participate in this puberty discussion.

PARENTAL PERMISSION FOR SEXUAL REPRODUCTION & HUMAN ANATOMY DISCUSSION FOR JUNIOR HIGH STUDENTS

I understand that during the school year an age appropriate discussion on sexual reproduction and human anatomy will be held with the Junior High students. Notification will be provided in advance as to the date of the discussion.

- _____ I give permission for my child to participate in this sexual reproduction & human anatomy discussion.
- _____ I do not give permission for my child to participate in this sexual reproduction & human anatomy discussion.

SCHOOL NEWSLETTER, WEB PAGE, NEWSPAPERS

- _____ I give permission to have photos of my child in the newsletters, newspapers, and web page.
- _____ I do not give permission to have photos of my child in the newsletters, newspapers, and web page.

LANGUAGE USE SURVEY

- 1. Which language did your son or daughter learn when he/she first began to speak? English _____ Other(Specify) _____
- 2. What language does your son or daughter most frequently use at home? English _____ Other(Specify) _____
- 3. What language do you use most frequently to speak to your son or daughter? English _____ Other(Specify) _____
- 4. Name the language most often spoken by adults at home. English _____ Other(Specify) _____
- 5. Which language does the student use most often when speaking to friends? English _____ Other(Specify) _____
- 6. Which language does the parent read in the home? English _____ Other(Specify) _____

EARLY DISMISSAL

In emergency situations (loss of heat or electricity, severe weather conditions, etc.) it may be necessary to dismiss school early. In that event, I have instructed my child to:

- _____ Come directly home.
- _____ Go directly to the alternate home listed below. **(We are unable to transport children outside our District)**
- _____ Go to the alternate home only if we are not home.

Alternate Home: Person's Name _____
Address _____
Phone Number _____

**Grass Lake School District 36
26177 W. Grass Lake Road
Antioch, IL 60002**

Transportation Release

I give permission for my child _____
to walk home from Grass Lake School. I understand that
my child will be walking on the side of Grass Lake Road,
which has been determined a hazardous roadway by the
State of Illinois. Additionally, I understand that Grass
Lake Road does not have sidewalks.

Parent's Signature

Date

**GRASS LAKE SCHOOL DISTRICT 36
EMERGENCY AND MEDICAL INFORMATION
For the 2018-2019 School Year**

EMERGENCY NUMBERS: Please list responsible persons who may be called in the event of an emergency or illness who could come to pick up your child when you cannot be reached.

Name _____ Relationship _____

Phone Numbers:
(H) _____ (W) _____ (Cell) _____

=====

Name _____ Relationship _____

Phone Numbers:
(H) _____ (W) _____ (Cell) _____

=====

Doctor's Name _____ Phone Number _____

Hospital of Choice _____

PLEASE COMPLETE THE FOLLOWING MEDICAL INFORMATION ABOUT YOUR CHILD

ALLERGIES _____

Describe reactions: _____

List any operations, injuries, hospitalizations, with dates _____

List any prescription medications your child takes at home _____

Does your child require medication/limited physical activity at school? (If yes, forms from Doctor must be provided)
_____ Yes _____ No

MEDICAL HISTORY (Please check the ones that apply to your child)

____ Asthma ____ Seizures ____ Diabetes ____ Bleeding ____ Cancer ____ Hearing
____ Speech ____ Fainting ____ Headaches ____ Color Blindness ____ Wears Glasses/Contacts
____ Nose Bleeds ____ Heart Disease ____ Kidney Disease ____ Bone Disease

If it is necessary to transport a child for emergency services, we would use only the hospitals serviced by the Antioch Rescue Squad. Please provide additional information pertinent to the emergency care of this child, religious or constitutional rights that would affect health care, and special health problems or concerns.

EMERGENCY AUTHORIZATION

In case my child becomes ill or is injured at school and needs emergency medical care and it is not possible to contact me, the school may authorize treatment. I agree to assume the responsibility of any expenses incurred in the handling of his/her emergency care.

Your signature at the bottom of this page indicates your acceptance/understanding of this registration and transportation form.

Signature of Parent or Guardian

Date

TO BE SUBMITTED TO THE SUPERINTENDENT

APPLICATION FOR FEE WAIVER

Name of Student: _____

School: _____

Purpose of Fee: _____

Amount of Fee: _____

I, the undersigned parent/guardian of _____, hereby request that the School Board of School District #36 waive the above-mentioned school fee pursuant to Illinois Revised Statutes, Ch. 122, para. 10-20.13.

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 is currently receiving aid under Article IV of the Illinois Public Aide Code (Aid to Families with Dependent Children (AFDC) and I am enclosing evidence of participation in AFDC;

_____ The above-named student is currently eligible for Free or Reduced Price Meals pursuant to Ill. Rev. Stat., ch. 122, para. 712.1 et seq.;

_____ While none of the above two statements is true and accurate, there are other reasons why I am unable to afford the school fee assessed to the above-named student. These other reasons are described in detail:

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

Signature: _____

Name of Parent/Guardian: _____
(PLEASE PRINT)

Address: _____

Date: _____