

# 2021-2022 School Year

Grades 1-8

New student registration is accepted by appointment only at

**District Office**

**Old Quarry Middle School  
16100 W 127<sup>th</sup> Street, Lemont.**

To schedule an appointment  
contact Patti at

[pmcdonald@sd113a.org](mailto:pmcdonald@sd113a.org) or

630/257-2286 extension 4617.

**Registration packet and required documents are below.**



## Lemont-Bromberek Combined School District 113A New Student Registration

Registration is accepted at the District Office (Old Quarry Middle School, 16100 W 127th Street, Lemont). Contact Patti McDonald at (630) 257-2286 extension 4617 or [pmcdonald@sd113a.org](mailto:pmcdonald@sd113a.org) to schedule an appointment. Please provide the required forms/documents during your registration appointment.

**REQUIRED:**

- ORIGINAL Certified Birth Certificate
- Student Transfer Form (for students who previously attended an Illinois public school)
- Completed Registration Forms
- Proof of Residency

Student's Name \_\_\_\_\_ Grade Level: \_\_\_\_\_

### PROOF OF RESIDENCY

As initial proof of residency, the person with legal custody of the student and with whom the student lives in Lemont-Bromberek CSD 113A must provide **ONE** document from Category A and **TWO** documents from Category B. Documents must show Your Name, Address (within District 113A boundaries) and Current Month or Year.

Do you:  Own  Rent  Live in another's household\*  
 Are you currently living in the house which you are proving residency?  Yes  No  
 If No, please explain: \_\_\_\_\_

CATEGORY A (ONE document required)	AND	CATEGORY B (TWO documents required)
<input type="checkbox"/> Current real estate tax (property tax) bill showing you as the taxpayer at your Lemont address <input type="checkbox"/> Current home closing documents with proof of closing date (within 3 months AFTER closing) <input type="checkbox"/> Current mortgage statement <input type="checkbox"/> Lease/rental contract with signatures, dates and address PLUS current paid rent receipt (current, NOT EXPIRED) <input type="checkbox"/> Letter of residence form in lieu of lease <input type="checkbox"/> *Letter of residence (Affidavit) – when the person seeking to enroll a student is living with a District resident (along with proof of residency) <input type="checkbox"/> Housing letter (military)	AND	<input type="checkbox"/> Driver's license/State identification (current) <input type="checkbox"/> Bank statement (current month) <input type="checkbox"/> Cable/internet bill (current month) <input type="checkbox"/> Cancelled check with imprinted name and address <input type="checkbox"/> Credit card statement (current month) <input type="checkbox"/> Homeowners/rental insurance (current year) <input type="checkbox"/> Library card with name and address <input type="checkbox"/> Paycheck or pay stub with imprinted name and address <input type="checkbox"/> Public aid card <input type="checkbox"/> Utility bill: electric, gas, phone or water ( <b>can only use 1 from this category</b> ) <input type="checkbox"/> Vehicle registration (current year) <input type="checkbox"/> Voter registration (current year)
<input type="checkbox"/> None of the documents in Categories A or B above is applicable because the student is homeless and eligible for enrollment under the Illinois Education for Homeless Children Act and/or McKinney-Vento Act.		

### GROUNDS FOR LEGAL CUSTODY

Check one of the following as applicable. If none is applicable, check one of the "Exceptions".

- Custody is exercised by a natural or an adoptive parent with whom the student resides.
- Custody has been granted by court order to a person with whom the student resides for reasons other than to have access to the educational programs of the District (attach copy of court order).
- Custody is exercised under a court approved short-term guardianship (attach copy of court order).
- Custody is exercised by a caretaker adult relative who is receiving aid under the Illinois Public Aid Code for the student who resides with that caretaker for purposes other than to have access to the educational programs of this District (attach copy of Public Aid documents).
- Custody is exercised by an adult who demonstrates that, in fact, he or she has assumed and exercises legal responsibility for the student and provides the student with a regular fixed nighttime dwelling for purposes other than to have access to the educational programs of this District (attach Evidence of Non-Parent's Custody, Control and Responsibility of a Student form).

### EXCEPTIONS

- The student is homeless.
- The student is a foreign exchange student.
- The student has been placed with a foster parent or childcare facility by the Department of Children and Family Services outside the District, but the DCFS has determined it to be in the best interests of the student to maintain attendance in the District (attach copy of DCFS determination).

\_\_\_\_\_ I understand that knowingly and willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school of the district without payment of nonresident tuition is a crime; a Class C misdemeanor 105ILCS5/10-20.12b. The 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, a civil lawsuit may be initiated by the District.

\_\_\_\_\_ I understand that any student found to have been fraudulently registered will be immediately withdrawn from the district and the parent/guardian will be assessed the current per capita tuition for the time the student had been enrolled with District 113A.

\_\_\_\_\_ I affirm that I live within the boundaries of Lemont-Bromberek CSD 113A, unless one of the exceptions above applies, and that the information presented in the Affidavit and in connection with any investigation of my residency or the residency of the student is true, complete and accurate and that I understand the penalties for fraudulent registration.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



# Lemont-Bromberek Combined School District 113A Enrollment Form

Grade \_\_\_\_\_  
Student ID \_\_\_\_\_  
SID \_\_\_\_\_  
Fees \_\_\_\_\_

### STUDENT INFORMATION – Please Print

LAST Name of Student	FIRST Name of Student
MIDDLE Name	SUFFIX
GRADE	BIRTHDATE / /
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTH COUNTRY
The State of Illinois requires for any student born outside the United States the district has to enter in the date of their first enrollment in a U.S. school. If your child was born outside the United States, is this the first time enrolling them at a school district inside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If NO, what was the date of their first enrollment at a U.S. school? Date: / /	

### 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.

What is the child's native language? \_\_\_\_\_

Is a language other than English spoken in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, what language? _____	If YES, what language? _____

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

### ETHNICITY AND RACE

This information is to be filled out by the student's parents or guardians and both questions must be answered. The first question asks about the student's ethnicity and the second asks about the student's race. If you decline to answer either question, the school district is required to provide the missing information by observer identification.

<b>Part A: Is student Hispanic or Latino? (must check one)</b> <input type="checkbox"/> No, Not Hispanic or Latino <input type="checkbox"/> Yes, Hispanic or Latino	<b>Part B: What is the student's race? (check one or more)</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native
Parent/Guardian Signature _____	Date / / _____

### PREVIOUS SCHOOL ATTENDED

Full School Name	
City	State

### STUDENT SERVICES

This information is collected for students new to the district who may have had special services provided to them from a previous school district.

Did your child have an Individualized Education Plan (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did your child have a 504 Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did your child receive English Language Learner Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did your child receive Math Intervention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did your child receive Reading Intervention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



## Lemont-Bromberek Combined School District 113A Parent/Guardian/Emergency Information

### PARENT 1/GUARDIAN 1 – Primary Contact

FIRST and LAST Name of Parent/Guardian				
Address (including "Street", "Drive", etc.)	Apt. #/Unit #	City	State	Zip
Phone Number Cell Phone (____) _____ - _____		Does the child reside with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Phone (____) _____ - _____		Is this parent/guardian currently serving in active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home (____) _____ - _____				
E-mail Address		Relationship to student		

Parent/Guardian Status  
 Married    Divorced    Other  
 Indicate any restrictions on release of the child to the non-custodial parent, as authorized in an Order of Protection, a legible copy of which must be submitted. NOTE: a divorce decree is NOT an Order of Protection.

### PARENT 2/GUARDIAN 2 – Secondary Contact

FIRST and LAST Name of Parent/Guardian				
Address (including "Street", "Drive", etc.) <i>If different from parent/guardian 1</i>		City	State	Zip
PHONE NUMBER Cell Phone (____) _____ - _____		Does the child reside with this parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Phone (____) _____ - _____		Is this parent/guardian currently serving in active duty in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home (____) _____ - _____				
E-mail Address		Relationship to student		

### ADDITIONAL EMERGENCY CONTACT/STUDENT RELEASE

List additional emergency contacts who would have permission to pick your child up and assume temporary care of your child if you cannot be reached during an emergency. These contacts cannot be the same as the parents or guardians listed above.

FIRST and LAST Name of Emergency Contact	Phone Number (____) _____ - _____
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Relationship to student

### ADDITIONAL EMERGENCY CONTACT/STUDENT RELEASE

FIRST and LAST Name of Emergency Contact	Phone Number (____) _____ - _____
--	--------------------------------------

Relationship to student

### CHILDREN UNDER 18

Please list all children 18 years of age and under living in the household.

Name _____	Birthdate ____/____/____	Age ____
Name _____	Birthdate ____/____/____	Age ____
Name _____	Birthdate ____/____/____	Age ____
Name _____	Birthdate ____/____/____	Age ____



Lemont-Bromberek Combined School District 113A  
RECORDS RELEASE FOR INCOMING STUDENTS

Student's Name (please print): \_\_\_\_\_

I give permission to Lemont-Bromberek Combined School District 113A to obtain my child's cumulative records, scholastic records, achievement and other test results, attendance records, health records, accident reports and special education records and testing from his/her previous school.

Parent/Guardian Name (please print): \_\_\_\_\_

Name of School (student is leaving) **please print**

Address of School (student is leaving) City State Zip

Phone Number of School (student is leaving) Fax Number of School (student is leaving)  
( ) -

**Please send records to:**

- Oakwood School (Grades K-2)  
1130 Kim Place  
Lemont, Illinois 60439  
Phone (630) 257-2286 ext. 1100  
Fax (630) 243-3006
- River Valley School (Grades 3-5)  
15425 E 127<sup>th</sup> Street  
Lemont, Illinois 60439  
Phone (630) 257-2286 ext. 2100  
Fax (630) 243-3007

- Old Quarry Middle School (Grades 6-8)  
16100 W 127<sup>th</sup> Street  
Lemont, Illinois 60439  
Phone (630) 257-2286 ext. 4100  
Fax (630) 243-3004

Type name here for digital signature Date

For Office Use Only:

Date faxed/mailed: \_\_\_\_\_ Initials: \_\_\_\_\_  
Date records received: \_\_\_\_\_ Initials: \_\_\_\_\_



# Lemont-Bromberek Combined School District 113A Health Form

Student's Name (please print) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

This questionnaire is designed to aid school staff in anticipating any health concerns that might affect your child's safety or learning.

**Have you ever been told by a physician or health care professional that your child has:**

- ADD/ADHD    Asthma    Bleeding disorder    Bone/muscle problems    Diabetes    Ear/hearing problems.
- Eye/vision problems    Heart condition    Hospitalizations    Learning disability    Mental health condition (i.e., anxiety, depression, eating problems)    Pans/Pandas    Physical restrictions    Serious injuries    Seizures
- Skin condition    Surgery

Other \_\_\_\_\_

Does your child use an inhaler or nebulizer?  Yes    No

**Does your child experience any of the following?**

- Emotional concerns    Fainting spells    Frequent headaches    Frequent stomach aches    Nose bleeds
- Physical disability    Poor appetite    Tires easily

Other \_\_\_\_\_

Will any of the above condition(s) limit/affect your child at school? \_\_\_\_\_

**Does your child have a life-threatening health condition?**

Yes    No    Describe: \_\_\_\_\_

**Allergies**

- Animals    Bees    Food    Medications    Mold    Plants

Other \_\_\_\_\_

Are any of the allergies life-threatening?  Yes    No   Has your child been prescribed an Epi-Pen?  Yes    No

Please describe the allergic reaction and the treatment of each checked allergy:

**Does your child take any medication(s)?**

Yes\*    No

If yes, name of medication(s): \_\_\_\_\_

Purpose: \_\_\_\_\_

Will medication be needed at school?  Yes\*\*    No   Does your child wear hearing aids?  Yes    No

\* If yes, a district nurse will contact you for further information if needed.

\*\* If your child needs to take medication at school, please contact the school nurse for the necessary authorization form. This form must be completed prior to any medication being brought to school.

Oakwood – Mrs. Earnest (630) 257-2286 ext. 1102

River Valley – Mrs. Dellaportas (630) 257-2286 ext. 2102

Old Quarry – Mrs. Iazzetto (630) 257-2286 ext. 4102

**My child has no health conditions at this time.**

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

### STATUS OF PHYSICAL AND IMMUNIZATION, DENTAL AND VISION RECORDS FOR NEW STUDENTS

I understand that my child is being admitted to school on a temporary basis awaiting the completion of his/her health file. Physical and immunization records along with dental and vision records must be provided by the previous school attended or by the parent/guardian. Thirty calendar days from the enrollment date (first day child starts school), he/she must have a physical, dental and vision exam and complete record of immunizations on file at school in order to remain in attendance (Illinois School Code, 5/27-8:1; District 113A Policy 7:100). I also understand that it is my responsibility to check with school authorities to determine what, if anything, may be required to bring my son's or daughter's records into compliance. Forms can be found at [www.sd113a.org](http://www.sd113a.org) - Parents – Health Services.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_



## Lemont-Bromberек Combined School District 113A Transportation Form

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level \_\_\_\_\_

A transportation form must be completed for each student. Students that live 1.5 miles or further from their school will be eligible for free bus service. If a student lives within 1.5 miles from school parents should contact Pat Crean, Director of Operations, at [pcrean@sd113a.org](mailto:pcrean@sd113a.org) or (630) 257-2286 extension 2803 to inquire if they qualify for bus service.

- District 113A School:     Oakwood School (Early Childhood)             Oakwood School (Grades K-2)  
     River Valley School (Grades 3-5)                     Old Quarry Middle School (Grades 6-8)
- Non-Public School:     St. Al/St. Pat             SS Cyril             Everest

LAST Name of Student	FIRST Name of Student
GRADE	BIRTHDATE ____/____/____
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	PHONE NUMBER
ADDRESS (including "Street", "Drive", etc.)	CITY                                  STATE                                  ZIP

If eligible, will your child require bus service for the school year?

Yes     No

If yes, please complete the sections below.

Parent/Guardian Name	Email Address
Emergency Contact Name	Emergency Contact Phone Number

**If the morning pickup location or afternoon drop off location is different from your home address complete the section below. Transportation services will be provided to one address only 5 days a week.**

Daycare/Babysitter Address: \_\_\_\_\_

**BUS ASSIGNMENTS WILL BE MAILED IN EARLY AUGUST  
ALL REQUESTS SHOULD BE MADE BY EMAIL TO [pcrean@sd113a.org](mailto:pcrean@sd113a.org)**

**\*\*\*WE WILL NOT ACCEPT ADDITIONS OR CHANGES ONE WEEK PRIOR TO AND THREE WEEKS AFTER THE BEGINNING OF THE SCHOOL YEAR\*\*\***

*Office Use Only*

New Student     Address Change

EC-AM     EC-PM     K-AM     K-PM

Student Start Date \_\_\_\_\_

Student ID \_\_\_\_\_

Sent/Emailed to Transportation \_\_\_\_\_