



ADDITIONAL New Student Registration Packet 2019-2020

Note: One additional student registration packet for families with more than 1 child.

Woodland KINDERGARTEN Student Survey

Please help us place your student in the best classroom to meet their abilities and needs by completing this sheet and handing it in with your registration materials.

Thank You - The Primary Faculty and Staff

Child's Name: _____ Birth Date: _____
Last Name First Name Middle Name

Did your child go to Preschool? Yes No

Preschool name: _____

How many days a week? _____

Please circle the best answer for each question.

Does your child play and do activities without adult guidance?

Rarely Sometimes Frequently

Can your child sit through an entire story?

Rarely Sometimes Frequently

Does your child take turns and share with peers?

Rarely Sometimes Frequently

When your child speaks to non-family members do they understand him or her?

Rarely Sometimes Frequently

Does your child dress him or herself (i.e. clothes, coat, shoes)?

Rarely Sometimes Frequently

Is your child able to use the washroom independently?

Rarely Sometimes Frequently

Can your child recognize his/her first name?

Rarely Sometimes Frequently

Can your child identify letters in the alphabet?

Rarely Sometimes Frequently

Can your child print his/her first name?

Rarely Sometimes Frequently

Is your child able to identify basic colors?

Rarely Sometimes Frequently

Can your child count to 10?

Rarely Sometimes Frequently



Office Use Only	Start Date:	School Entity:	Building Division:	Grad Year:	Other ID #:
	Language:	Ethnicity/Race:	Immigrant/Country		SIS #:
	HS Path:	Legal Name Docs On File: Birth Cert. Passport	Other Legal Docs on File:		Entry From:
Student Information	Legal Last Name		Legal First Name		Legal Middle Name
	Birthdate (mm/dd/yy):	Gender: Female Male	Grade:	Birth City & State or Country:	Nickname:
Primary/Residential Family Information	Student Resides with (circle all that apply for this household): Mother Father Step-Parent Guardian Other:				
	Address:		City	Zip Code:	Check if students primary address <input type="checkbox"/>
	Relationship to Student:	Last, First Name	Primary Phone Number:		Legal Custody of Student: Yes No
	Work Phone Number:	Other Phone Number:		Email:	
	Relationship to Student:	Last, First Name	Primary Phone Number:		Legal Custody of Student: Yes No
If applicable only: Secondary Family Information - Joint Custody	Address:		City	Zip Code:	Check if student's primary address <input type="checkbox"/>
	Relationship to Student:	Last, First Name	Primary Phone Number:		Legal Custody of Student: Yes No
	Work Phone Number:	Other Phone Number:		Email:	
	Relationship to Student:	Last, First Name	Primary Phone Number:		Legal Custody of Student: Yes No
	Work Phone Number:	Other Phone Number:		Email:	
Emergency Contacts	<i>If parents are not available, please list a person we may contact. ONLY those listed will be permitted to sign the student out.</i>				
	Name:	Relationship to student:	Primary Phone Number:	Secondary Phone Number:	
	Name:	Relationship to student:	Primary Phone Number:	Secondary Phone Number:	
Questionnaire	Has student attended Woodland School District before? No Yes Date of attendance (mm/yy-mm/yy):				
	Has student attended school in the United States before? No Yes Date first enrolled in US school (mm/yy):				
	Is student part of a Military Family? No Yes		Currently Deployed? No Yes		Will they be deployed for active duty during the school year? No Yes
	Has the student ever been or received any of the following services? <i>(Please circle all that apply)</i>				
	Special Education (IEP)	504 Plan	Speech	ESL	Social Work Spanish Lang. Inst. Dual Lang. Ed.
	Was student ever retained a grade? No Yes Grade:			Was student ever advanced a grade? No Yes Grade:	
Has student ever been previously suspended? No Yes -Expelled? No Yes School:					
Other Children in household	Name:	DOB:	Gender:	Grade:	
	Name:	DOB:	Gender:	Grade:	
	Name:	DOB:	Gender:	Grade:	



Illinois State Board of Education
New U. S. Department of Education Race and Ethnicity Data Standards

Note: The student's parents or guardians should respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.

Student's Name: _____

INSTRUCTIONS: 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.

Part A. Is this student Hispanic/Latino?

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Choose 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 or 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, and 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 of Europe, the Middle East, or North Africa.)

Parent Signature: _____ Date: _____

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.



ATTENTION PARENTS: SCHOOL HEALTH REQUIREMENTS

Dear Parents/ Guardians of _____:

Student name

The state of Illinois requires the following of students entering an Illinois State School:

- **Physical examination:** for all students entering Woodland Early Learning Experience (WELE), Early Childhood, Kindergarten, 6th grade or transferring from out of state.
 - On a standard Illinois physical examination form or comparable form
 - Dated no more than one year prior to entry
 - Due by the 1st week of October
 - Student exclusion on October 15th if not turned in, according to Illinois School Code

MUST INCLUDE all three sections:

 - a) Health History-completed and **signed** by parent/guardian
 - b) Immunization Record-completed and **signed** by physician or nurse
 - c) Physical Exam-completed and **signed** by physician
- **Vision Exam:** for all students entering kindergarten or entering an Illinois School for the first time.
 - On a standard Illinois vision form
 - Signed and dated by an eye care specialist, ophthalmologist or optometrist
 - Dated no more that one year prior to entry
 - Due by the 1st week of October
- **Dental Exam:** for all students entering kindergarten, 2nd and 6th grade.
 - On a standard Illinois dental form
 - Signed and dated by a dentist
 - Dated no more than 18 months prior to the May deadline
 - Due by the beginning of May

Physical/Immunization records NOT received by **October 15th** will result in your child being excluded from school according to the School Code. Those who register during the school year must submit physical/immunization records within 30 days of beginning school. The Lake County Health Department offers physical exams, immunizations, and dental services. For more information or to make an appointment call 847-377-8400.

I hereby acknowledge I have read the above information at the time I registered the above named Child and, to the best of my knowledge, he/she has had the immunizations and physical examination required by the Illinois State Law. I also acknowledge that by signing this letter, I give permission to my child's physicians to release his/her health records to Woodland School District 50 upon request.

Parent/Guardian Signature

Date

Physician's Name (PLEASE PRINT)

Phone Number



Please inform the school of any changes during the school year.

Student's Last Name: _____ First: _____ Middle: _____

Address: _____ Apt #: _____ City: _____

Date of Birth: _____ 2019-2020 Grade: _____ Gender: Female Male

Family Information:

Father/ Guardian Name: _____ Primary Phone #: _____

Work Phone #: _____ Other Phone #: _____

Mother/ Guardian Name: _____ Primary Phone #: _____

Work Phone #: _____ Other Phone #: _____

Joint Custody Information/Second Family

Name: _____ Relationship to student: _____

Primary Phone #: _____ Other Phone #: _____

Address: _____ Apt #: _____ City: _____

Emergency Contact Information:

Name: _____ Relationship to Student: _____

Primary Number: _____ Other Number: _____

Name: _____ Relationship to Student: _____

Primary Number: _____ Other Number: _____

Health Problems:

Concern	Yes	No	Explanation & Comments
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Food: _____ Other: _____
Benadryl/EpiPen	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Inhaler/Nebulizer during school hrs	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Diastat/Seizure Medications	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Insulin/Diabetes Medications	<input type="checkbox"/>	<input type="checkbox"/>	
Ear/Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wears Hearing Aid
Eye/Vision Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wears glasses
Other Medications	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>	
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide Asthma Action Plan, Food Allergy Action Plan, or Medication Authorization.

All medications, prescriptions and over the counter, require both a physician and parent signature.

Doctor's Name: _____ Doctor's Phone #: _____

Woodland School District 50

1105 N. Hunt Club Road

Gurnee, Illinois 60031

Phone: (847) 596-5600

Fax: (847) 856-0311

Authorization to Release/Exchange Student Record Information

Student's Name

Date of Birth

I, the parent/guardian of the above-named student, authorize and request the release of the following records/information regarding my child:

- Individualized Education Plans (IEP)
- Grade Reports
- Disciplinary Reports
- Social Histories
- Other: Physical/Immunization Records/ Physician Statement of Immunity with Medical Opinion
- Therapeutic Summaries
- Progress Reports
- Psychological Evaluations
- Legal/Court Reports
- Attendance Reports
- Psychiatric Reports
- Discharge Summaries
- Medical/Physical Forms
- Hearing/Vision Reports
- All School Student Records

★ This information will be released from:
(name, address, phone and fax of doctor)

Phone: _____
FAX: _____

This information will be released to:

Woodland School District 50
1105 N Hunt Club Road
Gurnee, Illinois 60031
Phone: (847) 596-5600
Fax: (847) 856-0311
Attention:

This information will be released from:

Woodland School District 50
1105 N. Hunt Club Road
Gurnee, Illinois 60031
Phone: (847) 596-5600
Fax: (847) 856-0311

★ This information will be released to:
(name, address, phone and fax of doctor)

Phone: _____
FAX: _____

These disclosures are authorized by me pursuant to 20 U.S.C. § 1232g, 105 ILCS 10/1 et seq., and 740 ILCS 110/1 et seq., and are to be made for the purpose of:

- Educational planning
- Obtaining private services
- Continuity of care
- Obtaining social security benefits
- Legal proceedings
- Other: IDPH review of the physician statement and supporting documents

I understand that this authorization will be valid for one year from the date of signature. However, I understand I have the right to revoke this authorization in writing at any time. I understand that this authorization is limited only to the information listed above, which will only be released from/to the individuals, agencies and/or schools named above. I also understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I understand that my refusal to consent to the release of the information specified above will prevent disclosure of such material to the individual(s), agencies, and/or school(s) named herein, with the potential consequence of impeding the purpose stated above.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student (if 12 years or older and records contain mental health and/or developmental disability information): _____ Date: _____

Witness (age 18 or older): _____ Date: _____



Student Name(s)-

Nombre de Estudiante(s):

Concussion Acknowledgment 2019-2020

Woodland School District 50 has provided a link for the following: Concussion Management Protocol, Concussion Information Sheet, and Post-Concussion Consent Form.

<https://www.dist50.net/forms>

District 50 has prepared these materials, in compliance with the Illinois Youth Sports Concussion Act, for the purpose of providing you with information about how to recognize when a concussion and when students who have suffered a concussion may resume attending classes and participating in activities.

By your signature, you acknowledge that you have received, reviewed, and understand the information contained in these materials.

Acknowledgment: YES NO

Signature: _____ Date: _____

Reconocimiento de la Concusión 2019-2020

Distrito Escolar de Woodland 50 ha proporcionado un enlace para lo siguiente: Protocolo de Manejo de la Conmoción Cerebral, Hoja Informativa de Conmoción Cerebral, y Formulario de Consentimiento después de la concusión.

<https://www.dist50.net/forms>

El Distrito 50 ha preparado estos materiales, de acuerdo con la Ley de Concusión de Deportes Juveniles de Illinois (Illinois Youth Sports Concussion Act), con el propósito de proporcionarle información sobre cómo reconocer cuando una concusión y cuando los estudiantes que han sufrido una concusión pueden reanudar las clases y participar en actividades. Mediante su firma, usted reconoce que ha recibido, revisado y entendido la información contenida en estos materiales.

Reconocimiento: SI NO

Firma: _____ Fecha: _____

Family ID# _____

Student ID# _____

Woodland Bus Information 2019-2020

CHANGES TAKE A MINIMUM OF 3 WORKING DAYS TO PROCESS

PLEASE NOTE: When a PERMANENT change needs to be made, a REVISED bus information sheet must be completed and returned to the school office, or emailed to Transportation at trans@dist50.net, or you may fill out a new bus sheet online at www.dist50.net.

- PRIMARY
 ELEMENTARY
 INTERMEDIATE
 MIDDLE SCHOOL

STUDENT INFORMATION (PLEASE PRINT NEATLY; PLEASE FILL OUT COMPLETELY; 1 STUDENT PER FORM)

LAST NAME		FIRST		MI	
ADDRESS		APT #	CITY	ZIP CODE	
HOME PHONE	AGE	GRADE	BIRTH DATE	SEX	
CHILD LIVES WITH (CIRCLE): PARENTS MOTHER ONLY FATHER ONLY STEP/GUARDIAN OTHER _____					
FATHER/GUARDIAN NAME			MOTHER/GUARDIAN NAME		
FATHER/GUARDIAN WK #		ALTERNATE #	MOTHER/GUARDIAN WORK #		ALTERNATE #
FATHER/GUARDIAN EMAIL			MOTHER/GUARDIAN EMAIL		

PLEASE PROVIDE INFO FOR SOMEONE OTHER THAN YOURSELF

NAME & RELATIONSHIP: _____

EMERGENCY PHONE #: _____

YOUR CHILD WILL BE ASSIGNED ONE STOP FOR PICK UP AND ONE FOR DROP OFF

PLEASE CHECK HERE IF YOU WANT THE STOP CLOSEST TO HOME

<u>ALTERNATE LOCATION</u>					
<u>BEFORE SCHOOL:</u>	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> H	<input type="checkbox"/> F
	NAME: _____				
	ADDRESS: _____				
PHONE #: _____					
<u>AFTER SCHOOL:</u>	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> H	<input type="checkbox"/> F
	NAME: _____				
	ADDRESS: _____				
PHONE #: _____					
IF YOUR START DATE EXCEEDS THE CUSTOMARY 3 DAYS PLEASE LIST YOUR DESIRED START DATE HERE					
					_____ <small>DESIRED START DATE</small>

****DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT THE BUS DRIVER SHOULD KNOW?***** (THESE WILL BE KEPT STRICTLY CONFIDENTIAL)

PARENT / GUARDIAN SIGNATURE

DATE

DISTRICT USE ONLY	
NEW _____	REVISED _____
SCHOOL RECEIVED DATE: _____	
TRANSPORTATION START DATE: _____	
DATE PARENT NOTIFIED: _____	

POR RECEIVED : _____

Don't forget to sign up for our Emergency "REMIND" Alerts at



WOODLAND SCHOOL DISTRICT 50

Transportation Department
Delivering the Future Safely

Phone (847) 856-3644

Dear Parents,

The safety of your child is our number one priority. Please help us by taking a moment to answer the following question about your kindergarten student.

At the end of the school day –

Student's Name: _____

Please make **one** choice:

- My child can walk home by themselves.
- A parent/guardian **only**, will always be there for my child.
- The following person/s are authorized to be at the bus stop to meet my kindergarten student:

If you are not at the stop and you do not want us to release your child without you being there, it is our policy to bring your child back to their school.

Thank you for your help.

Parent's Signature

Date

WOODLAND PARENT/STUDENT HANDBOOK 2019-2020

Frequently parents have questions about programs and services offered by the district and what they can do to help. The information in this Handbook will answer many of these questions. Further, we encourage you to read this document and review with your child those parts that are relevant to his/her success in school. We work very hard to continually inform and assist our school community in understanding what our district has to offer and how we address the needs of all students.

The **Discipline Section: Behavioral Infractions and Consequences** is a very important one to discuss with your child. We stress positive behaviors through our Positive Behavior Interventions and Support (PBIS) program in helping our students stay safe and feel safe while in school. If a student makes a poor choice the consequences for his/her behavior are identified in this section.

If you have any questions regarding our practices please call the Principal or Assistant Principal of the school your child attends.

After you have reviewed the Handbook with your child please read and **COMPLETE** the SIGN-Off below and **RETURN IT TO SCHOOL** with your child **as soon as possible**.

I have read and reviewed with my child, _____

The following:

*Behavioral Infractions and Consequences Section

*Acceptable Use Guidelines: District Information Network Systems

Student Commitment:

As a user of Woodland's Information Network System, I agree to comply with Board Policy 6:235 (Access to Electronic Networks) and the Acceptable Use Guidelines. I fully understand that use of the Network is a privilege and a violation may result in a loss of access to the network as well as other disciplinary or legal action.

Parent Commitment:

As the parent or legal guardian of this student, I authorize him or her to access the District Information Network Systems. I understand and acknowledge that my child and I are responsible for using the Network in an approved and appropriate manner as outlined in the Woodland School District 50 Acceptable Use Guidelines.

Date

Parent Signature

Homeroom Teacher

Woodland Community Consolidated School District #50
Parent/Guardian Permission Form

This form remains in effect for the students' duration at Woodland until rescinded by the student's parents.

STUDENT NAME: _____ **SCHOOL:** _____ **GRADE:** _____

Required: Student Permission Questions

I give permission for my child to participate in all school sponsored field trips during the current school year. I understand I will receive specific information prior to each field trip.

Yes

No

In the event of an emergency at school or a school related event, including field trips, or in the event that I cannot be contacted, I authorize and grant permission to School District 50 staff to provide such first aid, medical or emergency care/treatment to my child as they deem necessary, including but not limited to taking my child to the nearest hospital or health care facility, and providing or authorizing the provision of such first aid, medical or emergency care/treatments the attending medical service provider(s) deems necessary for my child's well-being.

Yes

No

Parent/Guardian Signature _____ **Date:** _____

Woodland School District #50 provides student accident insurance for medical and/or dental injuries for students injured only in accidents on school premises and during sponsored and supervised activities. Additional applications for optional 24-hour medical and dental student accident insurance coverage are available to the parent and/or legal guardians upon request

Optional: Student Image Opt-Out

Photos, digital images or videos of a student participating in school or school-sponsored activities may be released to the public for informational or news-related purposes without consent from the student's parents. This includes student photos/digital images in school publications, such as the school yearbook, newspaper, or website or social media.

If you do **NOT** want your child's photos/digital images released to the public for these reasons, please complete the following information below as an electronic acknowledgement or submit a printed copy to your child's school.

This form notifies Woodland School District 50 of a parent/guardian request to **DENY** use of their child's images for use in electronic and/or print informational materials and tools.

Terms of Agreement

- I understand that the District is only able to protect image access to my child during school hours and during "closed" after-hours events.
- I understand that District 50 is not responsible for images of my child taken during events open to the public by individuals and/or organizations (such as a local newspaper) that may then appear in print or electronic materials.
- I understand that if my child participates in events/performances/activities that occur in a public setting (a concert at a local mall, a play performance), photographs/video may be taken of the group as a whole - or of the audience -- and removing my child's images from this group/audience is not practical. No names will be used without the express permission of a parent/guardian.
- I understand that students may still be visible as background images in photos/videos that feature other elements of their school or classmates. Efforts will be made to ensure your child is not identifiable by their image.

By signing this form, I acknowledge I do NOT want my child's photos/digital images in school publications such as the school yearbook, newspaper, or website or social media.

Parent/Guardian Signature _____ **Date:** _____