



RIVERSIDE PUBLIC SCHOOL DISTRICT 96

2010-11 REGISTRATION FORM – RETURNING STUDENT

Check here if your address, phone number or email address has changed.

Date:		School:	
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STUDENT and FAMILY INFORMATION

1.	Student's Name			
	Last	First	Middle	
2.	Grade:	3.	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
4.	Student's Address	City	Zip	
5a.	Primary Phone Number	5b.	Secondary Phone Number	
6a.	Primary Email Address	6b.	Secondary Email Address	
7.	Birth Date	Birth Place	Birth Certificate No.	
8.	Student Living with: (check one) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other			

Note: Fraudulent Residency. A person who knowingly or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. Parents or guardians making a fraudulent registration will be subject to the payment of retroactive tuition. **Your residency will be electronically validated by National Investigations, Inc.**

COMPLETE THIS BOX ONLY IF (1) IT REFLECTS YOUR CHILD'S CURRENT LIVING SITUATION; OR (2) YOU ARE A YOUTH NOT LIVING WITH A PARENT OR GUARDIAN. (Your answer will help school staff with school enrollment and may enable the student to receive additional services) **Check one box if you are living:**
 In a shelter With relatives or others due to lack of housing At a train or bus station, park, or car In a motel/hotel, camping ground, or other similar situations due to the lack of alternative, adequate housing In an abandoned apartment/building Temporarily housed in a shelter awaiting a DCFS permanent foster care placement.
School Principal: if any box is checked, see the Homeless Education Policy and refer to Liaison.

9.	Is this a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Case Worker Name	Phone
10.	Is this student receiving special services? <input type="checkbox"/> Special Education <input type="checkbox"/> Speech <input type="checkbox"/> Reading <input type="checkbox"/> ESL/Bilingual		
	<input type="checkbox"/> Other		
11.	Is either parent/guardian or child receiving any form of assistance (i.e.; ADC, Medicaid, unemployment, disability, etc.)? The school district may be eligible for special funding, based on the information you provide. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:		

12. Parent/Guardian Information

Last Name	First Name	Relationship	√ If Legal Guardian
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

13. Brothers/Sisters

Last Name	First Name	Birth Date	School Attending

14.	Is there a need to send duplicate school information (report cards, conference notices, etc.) to a parent not living in the home? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please indicate to whom and where:		
	Name	Relationship	
	Address	City	State Zip
15.	I have reviewed the 2010-2011 <u>School Discipline Code and Parent Handbook</u> on-line: www.district96.org <input type="checkbox"/> Yes <input type="checkbox"/> No		
16.	Occasionally students are photographed or filmed for school publications, local media, or the District website. Check appropriate box/boxes only if you object to either or both: <input type="checkbox"/> photographing child <input type="checkbox"/> filming		

Parent/Guardian Signature _____

Date _____

EMERGENCY/BUILDING CLOSURE CONTACTS

Student's Name:	Grade:	Teacher:
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Please read this form in its entirety. The purpose of this form is to identify the contacts your child's school will make in the event any of the following situations occur:

- A. Sick Child Contact** - PARENTS (Guardians) WILL BE CALLED FIRST UNLESS OTHERWISE NOTED. The adult(s) authorized to be contacted and/or pick-up your child from school for illness, appointments and/or personal emergencies.
- B. School Emergency** - PARENTS (Guardians) WILL BE CALLED FIRST UNLESS OTHERWISE NOTED. The adult(s) listed will be contacted to pick up your child where prompt dismissal of students is necessary. The school will only dismiss children to adults you have designated. Please list those who live near the school and can be relied on to pick up your child in minimal time
- C*** An automated communication system (**School Reach**) will call to inform you if an early or mid-day school closure occurs at any of our District 96 schools. This will be used if an emergency or unplanned event such as a lengthy electrical outage, heating outage, water main break, etc. necessitates a school building closure before starting or before ending the school day.

***The system will call up to three phone numbers: Student's Home Phone, Mother's Day/Cell, Father's Day/Cell.**

PLEASE CALL:		Phone Numbers:
FATHER: (or guardian)	Name:	*Home
		*Day/Cell
	Workplace:	Work
MOTHER: (or guardian)	Name:	Home
		*Day/Cell
	Workplace:	Work
EMERGENCY CONTACT: <input type="checkbox"/> A. Sick Child Contact <input type="checkbox"/> B. School Emergency	Name:	*Home
		*Day/Cell
	Relationship:	Work:
EMERGENCY CONTACT: <input type="checkbox"/> A. Sick Child Contact <input type="checkbox"/> B. School Emergency	Name:	Home:
		Cell:
	Relationship:	Work:
EMERGENCY CONTACT: <input type="checkbox"/> A. Sick Child Contact <input type="checkbox"/> B. School Emergency	Name:	Home:
		Cell:
	Relationship:	Work:
EMERGENCY CONTACT: <input type="checkbox"/> A. Sick Child Contact <input type="checkbox"/> B. School Emergency	Name:	Home:
		Cell:
	Relationship:	Work:
EMERGENCY CONTACT: <input type="checkbox"/> A. Sick Child Contact <input type="checkbox"/> B. School Emergency	Name:	Home:
		Cell:
	Relationship:	Work:

***Phone numbers are for emergency use only and will not be distributed or published. **Please update any changes during the school year.**

Note: We will continue to report District 96's **ALL-SCHOOL** (district-wide) closing due to weather (snow days) using the Emergency Closing Center Website: www.emergencyclosing.com and its media outlets (WGN Radio 720 AM, Ch 2, Ch 5, Ch 7, WGN 9, WBBM Radio 780, CLTV, Fox News).

Parent/Guardian Signature _____

Date: _____

Riverside Public School District 96

STUDENT EMERGENCY MEDICAL INFORMATION

Student's Name:		Grade:	
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1. **Parental Consent Form for Emergency Medical Treatment.**

Physician Name		Phone Number	
Office Address			

Authorization is given to have the above named physician, or any physician in his or her group practice, on my behalf to administer emergency medical assistance to my child during school or a school-sponsored activity. In the event my child's physician or any physician in his or her group practice is not available, or contact with my child's physician is not practical under the circumstances, I hereby authorize School District No. 96, its employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized school personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I further waive any claims against School District No. 96, the members of the Board of Education, its employees and agents arising out of the provision of or arrangement for emergency medical assistance to my child and agree to hold harmless and indemnify School District No. 96, the members of its Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the provision of or arrangement for emergency medical treatment. **NOTE:** If consent for the above emergency medical treatment is not given, please provide the school, **in writing**, with alternate instructions.

2. **Student Medical Concerns.** Help us care for your child, while at school, by alerting us to his/her medical conditions. Be as specific as possible. If none, write "NA".

- a. Chronic Medical/Behavioral Concerns (asthma, diabetes, attention deficit disorder, heart condition, seizures, etc)

- b. Medications Taken at School (Doctor's Prescription Required).

- c. Medications Not Taken at School (For Our Awareness of Side Effects)

- d. Allergies (Bee Stings, Medications, Peanuts, etc.)

Parent/Guardian Signature _____

Date _____