



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

District 69 Pre-K Registration Checklist

Welcome to District 69! Below is a checklist of items that are required by the District to complete the registration process.

If at any point you have any questions or need any assistance in completing the process, please contact a member of the Pre-K team:

Pre-K: PreSchoolInfo@Skokie69.net, 847-675-7666

Checklist of Forms for District 69 Pre-K Students

- ☐ School District 69 Registration Form
- ☐ Skokie – Morton Grove School District 69 Home Language Survey
- ☐ Verification of Residency Form(s)
- ☐ Data Collection Form (ISBE)
- ☐ Authorization for Electronic Network Access Form
- ☐ Use of Student Photo, Video, and Information Authorization Form
- ☐ Physical Exam Form
- ☐ Permission for Release of Information Form
- ☐ Student COVID-19 Self-Certification and Verification Form
- ☐ Family History Form
- ☐ Proof of Income Form
- ☐ Child Information Form
- ☐ Pre-K Screening Form
- ☐ Enrollment Preference Form





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School District 69 Registration Form

PLEASE PRINT USING BLACK INK							
Student Last Name		First Name		Middle Name	Gender	Birth Certificate No. Or Passport No.	
Street Address			City	State	Zip Code	Telephone Number ()	
Date Of Birth		Place of Birth					Who does the student live with? <input type="checkbox"/> Both Parents in home <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Lives with an adult other than guardian <input type="checkbox"/> Youth in care <input type="checkbox"/> Parents have joint custody
Parent/Caregiver One Last Name		Parent/Caregiver One First Name		Date of Birth	Relationship to Student		
Parent/Caregiver One Business Phone		Name of Employer					
Parent/Caregiver One Cell Phone Number		Parent/Caregiver One E-Mail Address					
Parent/Caregiver Two Last Name		Parent/Caregiver Two First Name		Date of Birth	Relationship to Student		
Parent/Caregiver Two Business Phone		Name of Employer					
Parent/Caregiver Two Cell Phone Number		Parent/Caregiver Two E-Mail Address					
If there are custody restrictions, please describe and present legal documents for the student's file.							
If student does not live with either parent, identify with whom the student lives:							
What is your preferred mode of communication? <input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> Text Message <input type="checkbox"/> Mobile App Notification							
List Members of Household		Relationship		Birth Date		If Student, Name of School	
Emergency Information (List names other than parents/guardians)				Relationship to Student		Daytime Telephone Number	
<input type="checkbox"/> Emergency Only <input type="checkbox"/> Drop Off & Pick Up Only <input type="checkbox"/> Both							
<input type="checkbox"/> Emergency Only <input type="checkbox"/> Drop Off & Pick Up Only <input type="checkbox"/> Both							

Updated 12/21

Madison Elementary School
5100 Madison St
Skokie, IL 60077

Edison Elementary School
8200 Gross Point Rd
Morton Grove, IL 60053

Lincoln Jr High School
7839 Lincoln Ave
Skokie, IL 60077



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Date Family Moved to District 69:		Is Student a U.S Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, provide date student first entered a US school:	
Doctor's Name			Hospital of Birth:		Doctor's Telephone Number
Dentist Name				Dentist Phone Number	
Has the student ever received any transitional language service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ESL (English as a Second Language) <input type="checkbox"/> Bilingual Education <input type="checkbox"/> Currently in a program at this time <input type="checkbox"/> Released from program					
Has student ever received any special education or early intervention services or attended a development screening? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type of service(s):					
Does student currently have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No Does student currently have a 504? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list medical problems or food restrictions, if any including life threatening food allergies:					
Previous Day Care / Preschool Experience					
0-3 Years Old		3 Years Old		4 Years Old	
<input type="checkbox"/> Family Child Care <input type="checkbox"/> Center Based <input type="checkbox"/> Preschool / Day Care Facility Name: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day # Days per week		<input type="checkbox"/> Family Child Care <input type="checkbox"/> Center Based <input type="checkbox"/> Preschool / Day Care Facility Name: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day # Days per week		<input type="checkbox"/> Family Child Care <input type="checkbox"/> Center Based <input type="checkbox"/> Preschool / Day Care Facility Name: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day # Days per week	
5 Years Old					
<input type="checkbox"/> Family Child Care <input type="checkbox"/> Center Based <input type="checkbox"/> Preschool / Day Care Facility Name: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day # Days per week					
Previous school(s) student has attended: (START WITH KINDERGARTEN)					
School and District Name			City/State/Country		Grades Attended



Skokie – Morton Grove School District 69 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 and may be eligible for English Learner services.

Student Name: _____

English

1. Is a language other than English spoken in your home?

☐ No ☐ Yes _____ (language)

2. Does the student speak a language other than English?

☐ No ☐ Yes _____ (language)

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

Spanish/Español

1. ¿Se habla algún otro idioma que no sea Inglés en su hogar?

☐ No ☐ Sí _____ (Idioma)

2. ¿Habla el estudiante algún otro idioma que no sea Inglés?

☐ No ☐ Sí (Idioma)

Si la respuesta a cualquiera de las preguntas es “SÍ”, la ley requiere que la escuela evalúe la habilidad de su niño en Inglés.

Tagalog

1. May iba pa bang lengguwahe bukod sa Ingles na ginagamit sa iyang tahanan?

☐ Hindi ☐ Oo _____ (Lengguwahe)

2. May ginagamit ba na ibang lengguwahe ang mag- aaral bukod sa Ingles?

☐ Hindi ☐ Oo (Lengguwahe)

Ayon sa batas, kung “Oo” ang sagot sa parehong tanong, kailangan suriin ng paaralan ang kakayahan at kaalaman na mag- aaral sa wikang Ingles.

Urdu

1. کیا آپ کے گھر میں انگریزی کے علاوہ کوئی دوسری زبان بولی جاتی ہے؟

☐ نہیں ☐ ہاں _____ (زبان)

2. کیا طالب علم انگریزی کے علاوہ کوئی دوسری زبان بول سکتا ہے ؟

☐ نہیں ☐ ہاں (زبان) _____

اگر کسی بھی سوال کا جواب ہاں میں ہے تو ، قانون کے تحت اسکول

سے آپ کے بچے کی انگریزی زبان کی مہارت کا اندازہ لگانا پڑتا ہے۔

Assyrian

ന. താമര, നീർ, നീർ, നീർ. ന.
ന. നീർ, നീർ, നീർ, നീർ.

() -----  ☐  ☐

د. سید رفیع ہاشمی صاحب مدظلہ العالی سے ملنے کا موقع ملے گا۔

(\overline{M}^p) ----- \overline{M}^p ☐ \overline{M}^p ☐

[illegible]

Arabic

1. هل تستخدم لغة أخرى غير اللغة الإنجليزية في منزلك؟

☐ لا ☐ نعم _____ (اللغة)

2. هل يتحدث الطالب لغة أخرى غير اللغة الإنجليزية؟

□ لا □ نعم (اللغة)

إذا كانت الإجابة على أى من السؤالين نعم ، فإن القانون

يُتَطَلَبُ مِنَ الْمَدْرَسَةِ تَقْيِيمَ إِتْقَانِ طِفْلِكَ لِللُّغَةِ الْإِنْجَلِيزِيَّةِ.

**** If the answer is "yes" to questions 1 and/or 2, the law requires the school to assess your child's English language proficiency ****

Parent/Guardian Name

Parent/Guardian Signature _____

Date _____



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Verification of Residency

You must provide documentation showing you **live at** the address included in your registration. Please bring the following documents to register your child at District 69. You must provide at least **one document from Category 1** and **two documents from Category 2**. To guard your security, please block out account and social security numbers on the documents before you present them.

All documents must be current (within the last 30 days) and show your name and address. Check the boxes for the documentation you are providing and include the documentation with this completed form. To guard your security, please block out account and social security numbers on the documents before you present them.

Category 1 – provide at least one (1)	Category 2 – provide at least two (2)		
<input type="checkbox"/> Property tax bill–(most recent for current year) <input type="checkbox"/> Signed lease <input type="checkbox"/> Mortgage document or payment <input type="checkbox"/> Military housing letter <input type="checkbox"/> Section 8 letter <input type="checkbox"/> Other*: _____	<table border="0"><tr><td><input type="checkbox"/> Gas bill <input type="checkbox"/> Electric bill <input type="checkbox"/> Water/sewer bill <input type="checkbox"/> Phone bill (not mobile phone) <input type="checkbox"/> Cable bill <input type="checkbox"/> Vehicle registration <input type="checkbox"/> Bank statement</td><td><input type="checkbox"/> Public aid card <input type="checkbox"/> Credit card statement <input type="checkbox"/> Paycheck stub <input type="checkbox"/> City sticker receipt <input type="checkbox"/> Other*: _____</td></tr></table>	<input type="checkbox"/> Gas bill <input type="checkbox"/> Electric bill <input type="checkbox"/> Water/sewer bill <input type="checkbox"/> Phone bill (not mobile phone) <input type="checkbox"/> Cable bill <input type="checkbox"/> Vehicle registration <input type="checkbox"/> Bank statement	<input type="checkbox"/> Public aid card <input type="checkbox"/> Credit card statement <input type="checkbox"/> Paycheck stub <input type="checkbox"/> City sticker receipt <input type="checkbox"/> Other*: _____
<input type="checkbox"/> Gas bill <input type="checkbox"/> Electric bill <input type="checkbox"/> Water/sewer bill <input type="checkbox"/> Phone bill (not mobile phone) <input type="checkbox"/> Cable bill <input type="checkbox"/> Vehicle registration <input type="checkbox"/> Bank statement	<input type="checkbox"/> Public aid card <input type="checkbox"/> Credit card statement <input type="checkbox"/> Paycheck stub <input type="checkbox"/> City sticker receipt <input type="checkbox"/> Other*: _____		

Living with another person or family (Homeowner)

- If you are living in a home that is owned by another person or family member you must complete **Affidavit A and B**.

Living with another person or family (Renter)

- If you are living in a home that is rented by another person or family member you must complete **Affidavit A, B and C**.

Please contact the District's McKinney-Vento Liaison at (847) 675-7666 if you:

- Do not have a permanent residence;
- Are living in a shelter, hotel, campground, train/bus station, or other similar situation; or
- Are sharing housing with others due to loss of housing, economic hardship, or similar reason



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Affidavit of Residence - No Evidence (Document A)

(District Resident)

I, _____ hereby state that I live at _____
(resident) (Street Address)

In the Village of _____, Illinois.

_____ and _____ have lived with me since _____
(parent/caregiver name) (child name)

For the following reasons (state any and all reasons):

Number of rooms in residence: _____ Number of bedrooms: _____

Total number of adults living in residence: _____ Children: _____

	Yes	No
The student and parent/legal guardian eat meals regularly at the residence listed above.	<input type="checkbox"/>	<input type="checkbox"/>
The student and parent/legal guardian sleep regularly at the residence listed above.	<input type="checkbox"/>	<input type="checkbox"/>
The student and parent/legal guardian spend weekends regularly at the residence listed above.	<input type="checkbox"/>	<input type="checkbox"/>
The student and parent/legal guardian spend summers regularly at the residence listed above.	<input type="checkbox"/>	<input type="checkbox"/>

_____ I hereby swear that the information given is true and correct. I affirm that this residency arrangement is due
(initial) to unique family or personal reasons and not to qualify the child as a student eligible to attend Skokie School District 69. I understand that I may be subject to criminal prosecution for perjury and I may be liable for annual tuition charges in the amount of \$15,474.00 if I have given false information.

Name of Resident

Signature of Resident

Date

Subscribed and sworn on before me on this _____ day
of _____, 20_____.

Notary Public



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Affidavit of Residence - No Evidence (Document B) (Parent/Guardian Living with District Resident)

I, _____ hereby state that I live at _____
(resident) (street address)

In the Village of _____, Illinois.

My former address is _____, _____, _____.
(street address) (city) (state)

I have lived with _____ since _____.
(district resident)

For the following reasons (state any and all reasons):

	Yes	No
The student and parent/legal guardian eat meals regularly at the residence listed above.	<input type="checkbox"/>	<input type="checkbox"/>
The student and parent/legal guardian sleep regularly at the residence listed above.	<input type="checkbox"/>	<input type="checkbox"/>
The student and parent/legal guardian spend weekends regularly at the residence listed above.	<input type="checkbox"/>	<input type="checkbox"/>
The student and parent/legal guardian spend summers regularly at the residence listed above.	<input type="checkbox"/>	<input type="checkbox"/>

_____ I hereby swear that the information given is true and correct. I affirm that this residency arrangement is due
(initial) to unique family or personal reasons and not to qualify the child as a student eligible to attend Skokie School District 69. I understand that I may be subject to criminal prosecution for perjury and I may be liable for annual tuition charges in the amount of \$15,474.00 if I have given false information.

Name of Resident

Signature of Resident

Date

Subscribed and sworn on before me on this _____ day
of _____, 20_____.

Notary Public



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Affidavit of Residence - No Evidence (Document C) (Landlord)

I, _____, hereby state that I live at _____,
(landlord) (street address)

I am the landlord of the building located at _____, in the Village of _____, IL.
(street address)

I verify that _____ and _____
(parent/caregiver name) (child name)

Have resided at _____ since _____ and to the best of my knowledge,
(street address) (lease/arrangement start date)

said lease/arrangement will expire on _____.
(anticipated end date)

Number of rooms in residence: _____ Number of bedrooms: _____

Total number of adults living in residence: _____ Children: _____

(1) _____ I issued a new lease.

(2) _____ I have added this person to the lease.

_____ I did not issue a new lease.

_____ I have not added this person to the lease.

_____ I hereby swear that the information given is true and correct. I affirm that this residency arrangement is due
(initial) to unique family or personal reasons and not to qualify the child as a student eligible to attend Skokie School District 69. I understand that I may be subject to criminal prosecution for perjury and I may be liable for annual tuition charges in the amount of \$15,474.00 if I have given false information.

Name of Landlord

Signature of Landlord

Phone Number

Email Address

Date

Subscribed and sworn on before me on this _____ day
of _____, 20____.

Notary Public

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

Student's Name: _____
(pre-printed by school district)

SIS ID: _____
(pre-printed by school district)

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. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

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

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.



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Dear Parents/Guardians:

Our School District has the ability to enhance your child's education through the use of electronic networks, including the Internet. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication.

The District filters access to materials that may be defamatory, inaccurate, offensive, or otherwise inappropriate in the school setting. If a filter has been disabled or malfunctions it is impossible to control all material and a user may discover inappropriate material. Ultimately, parents/guardians are responsible for setting and conveying the standards that their child or ward should follow, and the School District respects each family's right to decide whether or not to authorize Internet access.

With this educational opportunity also comes responsibility. The use of inappropriate material or language, or violation of copyright laws, may result in the loss of the privilege to use this resource. Remember that you are legally responsible for your child's actions. If you agree to allow your child to have an Internet account, sign the Authorization form on the back and return it to your school office. Students in Grades 3-8 must also sign the form.

If you have any questions about Internet access, please feel free to contact me at millerc@skokie69.net.

Sincerely,

Chris Miller
Director of Technology



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Authorization for Electronic Network Access Form

Students must have a parent/guardian read and agree to the following before being granted unsupervised access:

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. **The failure of any user to follow the terms of the *Acceptable Use of Electronic Networks* will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

I have read this *Authorization* form. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the *Acceptable Use of Electronic Networks* with my child. I hereby request that my child be allowed access to the District's electronic network, including the Internet.

Parent/Guardian Name (*please print*)

Parent/Guardian Signature

Date

GRADES 3-8 STUDENTS MUST ALSO SIGN

Students must also read and agree to the following before being granted unsupervised access:

I understand and will abide by the above *Authorization for Electronic Network Access*. I understand that the District and/or its agents may access and monitor my use of the Internet, including my email and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use of, or inability to use the District's electronic network, including the Internet.

Student Name (*please print*)

Student Signature

Date



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Use of Student Photo, Video, and Information

Student photos, videos, or work samples are used by District 69 in publications, on its website, for presentations, or with school social media. In addition, print/broadcast/online media and approved 069 partners may visit District schools to photograph or video students involved in activities. In both cases, first names of students may be used to identify their work.

No names will be posted with photographs, except in yearbooks and/or school/class composites, without parent/guardian notification.

By signing this form, I hereby give permission and consent for District 69 and its approved partners to use my child's photograph and projects as described above. This agreement will be valid for the duration of your child's enrollment in District 69 unless you revoke it by submitting a Do Not Use Student Photo or Information Form. Please contact your building principal to obtain this form.

Please note that it may not be possible for District 69 to identify all students in the background of photographs or videos so completion of this form may not prevent a student from appearing in a non-identifiable way.

Student Name *(please print)*

Parent/Guardian Name *(please print)*

Parent/Guardian Signature

Date



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Dear Parent/Guardian of a New Student:

According to Illinois state law, all children must have a physical examination and an up-to-date immunization record upon entrance to school and at the beginning of 6th grade. Failure to comply with this state law is cause for the exclusion of your child from school on October 15, 2022.

The physical exam and immunization record must be completed on the State of Illinois Certificate of Child Health Examination form and signed by a physician, nurse practitioner, or physician assistant. Forms dated on or after August 29, 2021, will be accepted. A chart from the Illinois Department of Public Health listing in detail what immunizations your child needs for school entry is enclosed.

An eye exam is also required for any child enrolling in kindergarten or students that are new to Illinois schools. The eye exam must be turned into school no later than October 15, 2022. An Illinois Eye Exam Report has been included in this packet.

Additionally, a dental exam is required for all Kindergarten, 2nd grade and 6th-grade students. Examinations must be performed by a licensed dentist and they must sign the State of Illinois Proof of School Dental Examination Form. Forms are due by May 15, 2023, and dental examinations must have been completed within the 18 months prior to the May 15 deadline.

The necessary forms are enclosed with this letter. Please return them to your school office as soon as possible. If you have any questions about these forms, please contact your school nurse:

During the School Year

Madison School: Keyla Pagan at pagank@skokie69.net or 847-675-3048 ext. 1115

Edison School: Mary Pius at piusm@skokie69.net or 847-966-6210 ext. 1211

Lincoln School: Jenn Cherko at cherkoj@skokie69.net or 847-676-3545 ext. 1317

During the Summer

Madison School: madisoninfo@skokie69.net

Edison School: edisoninfo@skokie69.net

Lincoln School: lincolninfo@skokie69.net

Thank you,

Kristine Joaquin Schubert
Director of Special Services



State of Illinois Certificate of Child Health Examination

Student's Name				Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#	
Last First Middle				Month/Day/Year				
Address Street City Zip Code				Parent/Guardian Telephone # Home Work				
IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for <u>every</u> dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.								
REQUIRED Vaccine / Dose	DOSE 1		DOSE 2		DOSE 3		DOSE 4	
	MO	DA	YR	MO	DA	YR	MO	DA
DTP or DTaP								
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV		<input type="checkbox"/> IPV <input type="checkbox"/> OPV	
Hib Haemophilus influenza type b								
Pneumococcal Conjugate								
Hepatitis B								
MMR Measles Mumps. Rubella							Comments:	
Varicella (Chickenpox)								
Meningococcal conjugate (MCV4)								
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose								
Hepatitis A								
HPV								
Influenza								
Other: Specify Immunization Administered/Dates								
Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.								
Signature				Title		Date		
Signature				Title		Date		
ALTERNATIVE PROOF OF IMMUNITY								
1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result. *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR								
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease. Date of Disease Signature Title								
3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/> Measles* <input type="checkbox"/> Mumps** <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella Attach copy of lab result. *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence. **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.								
Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____ Physician Statements of Immunity MUST be submitted to IDPH for review.								

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

Last First Middle			Birth Date Month/Day/ Year		Sex	School	Grade Level/ ID
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER							
ALLERGIES (Food, drug, insect, other)		Yes No	List:		MEDICATION (Prescribed or taken on a regular basis.)		Yes No
Diagnosis of asthma?		Yes	No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)		Yes No
Child wakes during night coughing?		Yes	No		Hospitalizations?		Yes No
Birth defects?		Yes	No		When? What for?		
Developmental delay?		Yes	No		Surgery? (List all.)		Yes No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.		Yes	No		When? What for?		
Diabetes?		Yes	No		Serious injury or illness?		Yes No
Head injury/Concussion/Passed out?		Yes	No		TB skin test positive (past/present)?		Yes* No
Seizures? What are they like?		Yes	No		TB disease (past or present)?		Yes* No
Heart problem/Shortness of breath?		Yes	No		Tobacco use (type, frequency)?		Yes No
Heart murmur/High blood pressure?		Yes	No		Alcohol/Drug use?		Yes No
Dizziness or chest pain with exercise?		Yes	No		Family history of sudden death before age 50? (Cause?)		Yes No
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____				Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other			
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Information may be shared with appropriate personnel for health and educational purposes.			
Ear/Hearing problems?		Yes	No		Parent/Guardian		
Bone/Joint problem/injury/scoliosis?		Yes	No		Signature		
					Date		
PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA							
HEAD CIRCUMFERENCE if < 2-3 years old		HEIGHT		WEIGHT		BMI	BMI PERCENTILE
							B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>							
LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)							
Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date Result							
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm .							
No test needed <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported / / Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____							
LAB TESTS (Recommended)		Date	Results		Date		Results
Hemoglobin or Hematocrit					Sickle Cell (when indicated)		
Urinalysis					Developmental Screening Tool		
SYSTEM REVIEW	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs		
Skin				Endocrine			
Ears		Screening Result:		Gastrointestinal			
Eyes		Screening Result:		Genito-Urinary	LMP		
Nose				Neurological			
Throat				Musculoskeletal			
Mouth/Dental				Spinal Exam			
Cardiovascular/HTN				Nutritional status			
Respiratory		<input type="checkbox"/> Diagnosis of Asthma		Mental Health			
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)				Other			
NEEDS/MODIFICATIONS required in the school setting				DIETARY Needs/Restrictions			
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup							
MENTAL HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal							
EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.							
On the basis of the examination on this day, I approve this child's participation in (If No or Modified please attach explanation.) PHYSICAL EDUCATION Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> INTERSCHOLASTIC SPORTS Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>							
Print Name		(MD,DO, APN, PA)		Signature		Date	
Address				Phone			



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

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PERMISSION FOR RELEASE OF INFORMATION

The undersigned authorizes

Former School/Physician/Agency

Address

To release all permanent and temporary records, including special education files of *

Full name of Student

Date of Birth

Please send records to:

- ☐ Madison School, 5100 Madison Street, Skokie, IL 60077
(847) 675-3048 (phone) (847) 675-1691 (fax)
madisoninfo@skokie69.net
- ☐ Edison School, 8200 Gross Point Road, Morton Grove, IL 60053
(847) 966-6210 (phone) (847) 966-6236 (fax)
edisoninfo@skokie69.net
- ☐ Lincoln Jr. High School, 7839 Lincoln Ave, Skokie, IL 60077
(847) 676-3545 (phone) (847) 676-3595 (fax)
lincolninfo@skokie69.net

Parent/Legal Guardian Signature

Date

*A regulation of the Illinois State Board of Education provides parents with the opportunity to inspect, challenge and copy information contained in the pupil's records at the time they are transferred to another school.

OFFICE USE ONLY:

Records request sent on: _____

Reports received from: _____

Date received: _____

Madison Elementary School
5100 Madison St
Skokie, IL 60077

Edison Elementary School
8200 Gross Point Rd
Morton Grove, IL 60053

Lincoln Jr High School
7839 Lincoln Ave
Skokie, IL 60077



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Student COVID-19 Self-Certification and Verification Form

***Must be Signed by Parent/Guardian prior to Student's First Day of School Attendance**

In response to the COVID-19 pandemic and in order to ensure a safe and healthy environment for our school community, Joint Guidance from the Illinois State Board of Education and the Illinois Department of Public Health requires that every student undergo a daily symptom screening prior to utilizing School District transportation or entering any School District building.

Parents/Guardians will be conducting this daily symptom screening prior to their student departing for school and reporting consistent with the parameters outlined below. This form must be signed and returned to the School District prior to your child returning to District 69 buildings for In-Person Learning.

Name of Student: _____ **Date of Birth:** _____

School: _____ **Grade Level:** _____

Certification and Verification of Daily Symptom Screening

I verify that prior to utilizing District transportation and/or entering a District building, my student will receive a daily symptom screening at home by an adult caregiver to determine if my student is experiencing any of the following COVID-19 symptoms:

- Temperature of 100.4 (or greater) degrees Fahrenheit/38 degrees Celsius;
- Cough;
- Shortness of breath or difficulty breathing;
- Chills;
- Fatigue;
- Muscle and body aches;
- Headache;
- Sore throat;
- New loss of taste or smell;
- Congestion or runny nose;
- Nausea and/or vomiting;
- Diarrhea; or
- Any other COVID-19 symptoms identified by the CDC or IDPH.

By sending my student on District transportation and/or to school on any given day, I am certifying and verifying that my student has received a daily symptom screening and is not experiencing any COVID-19 symptoms.



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If my student is experiencing any of the above symptoms at the time of the daily screening, I will notify the school in writing of my student's absence by sending an email to the appropriate email address or calling the Attendance line as listed below, and indicating which of the above symptoms that my student is experiencing.

Attendance lines:

- Madison Attendance Line: 224-470-6291
- Edison Attendance Line: 224-470-6292
- Lincoln Attendance Line: 224-470-6293

Email:

- Madison: MadisonInfo@Skokie69.net
- Edison: EdisonInfo@Skokie69.net
- Lincoln: LincolnInfo@Skokie69.net

If District staff contacts me to gather additional information related to the results of my student's daily screening, I will provide the necessary information as requested.

Certification and Verification of Other COVID-19 Related Exposures

I will notify the school that my student will be absent pending further direction from the District if: (1) my student receives a diagnosis of COVID-19 or has a pending COVID-19 test (waiting for results); (2) my student is suspected of having COVID-19; (3) my student comes in close contact (definition below) with an individual who tested positive for COVID-19 or is suspected of having COVID-19; or (4) my student traveled internationally. If the District staff contacts me to gather additional information related to the reason(s) for my student's absence, I will provide the necessary information as requested.

By sending my student on District transportation and/or to school on any given day, I am certifying and verifying that my student is not subject to an isolation or quarantine protocol related to COVID-19.

For COVID-19, the CDC defines a "[close contact](#)" as "any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated."

Parent/Guardian Signature

Date



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Family History Form

Student Name: _____

Parent/Guardian Name: _____

Please put an "X" next to all items below that apply to your child and/or family:

- _____ Child has not previously participated in a formal early learning program
- _____ Primary caregiver did not complete high school (i.e. no GED)
- _____ Teen parent at birth of first child
- _____ Single parent family and/or blended family
- _____ Refugee family
- _____ History of domestic violence
- _____ DCFS involvement
- _____ Chronic or terminal illness of child or immediate family member
- _____ A family member has a developmental delay or mental health need
- _____ Parent is incarcerated
- _____ Active duty military family
- _____ Child was born outside of the United States or has one or more parent(s) or caregiver(s) born outside of the United States
- _____ Child has received Early Intervention services and is not eligible for special education
- _____ History of alcohol/drug abuse in family
- _____ Parents unemployed or have multiple jobs
- _____ Family is living in a home which does not have basic utilities (power/water)
- _____ Family lives in isolation without a support system (family, friends, medical, faith based)
- _____ High mobility and/or transience
- _____ Child had a premature birth
- _____ Child behavior concerns
- _____ Child will enter kindergarten in the upcoming school year

_____ Family affected by Covid-19 pandemic

Explain: _____

_____ Child experiencing or experienced trauma

Explain: _____

_____ Child has been served by another at-risk program and/or from community resources

Explain: _____



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Student Last Name: _____

Student's First Name: _____

Name of Parent/Guardian: _____

Telephone: _____

- ☐ The above-named student's family qualifies for food stamps or "Supplemental Nutrition Assistance Program" (SNAP) or "Temporary Assistance for Needy Families" (TANF). Case Number: _____

IF CHECKED, A CURRENT LETTER FROM THE DEPARTMENT OF HUMAN SERVICES WHICH INCLUDES THIS CASE NUMBER MUST BE ATTACHED.

- ☐ The above-named student is qualified as a foster child, and his/her monthly personal-use income amount is: _____

IF CHECKED, A COPY OF A STATEMENT FROM THE AGENCY THAT PROVIDES THIS PERSONAL-USE INCOME, SHOWING MONTHLY AMOUNT RECEIVED, MUST BE ATTACHED.

IF NONE OF THE ABOVE APPLY, PLEASE COMPLETE THE FOLLOWING SECTION:

Please list names of all household members (including children), and the **gross** income they receive (before deductions), and how often it is received, or check box if no income for that person (if more space is needed, please attach additional sheets of paper):

1. Names (LIST EVERYONE IN HOUSEHOLD)	2. GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Ex: \$100/month; \$100/twice a month; \$100/every other week; \$100/week)				3. Check if NO Income
	Earnings from Work GROSS- (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Workers' Comp, Unemployment, SSI, Etc. (All Other Income)	
A.					<input type="checkbox"/>
B.					<input type="checkbox"/>
C.					<input type="checkbox"/>
D.					<input type="checkbox"/>
E.					<input type="checkbox"/>
F.					<input type="checkbox"/>

Please Note: Proof of EACH income amount listed above **MUST** be attached to this application. A list of suitable forms of documentation is given on the reverse side of this application.



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Acceptable documentation includes:

- Pay stubs (two most recent, consecutive)
- Proof of WIC benefit
- Proof of Supplemental Nutrition Assistance Program (SNAP) benefit
- Proof of Temporary Assistance for Needy Families (TANF) enrollment
- Proof of Supplemental Security Income (SSI) benefit
- Proof the family receives Child Care Assistance Program (CCAP)
- Tax return (most recent)
- Wages and tax statement (most recent W-2)
- Verification/letter from employer
- Proof that parent is enrolled in Medicaid (a medical card with the child's name does not prove income eligibility).
- Signed written statement from the family (provide form for families with no income). This is only an option when families have no income sources.

I attest that the statements made herein are true and correct.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

**Any questions regarding this form should be directed to
(847) 675-7666 or PreSchoolInfo@Skokie69.net**

Following is to be completed by Preschool office only:

Total Number in Household: _____

Total Gross Income: _____ per (circle one)

Weekly Bi-Weekly Every 2 Weeks Monthly Yearly

Income Amount(s) Verified: ____ Yes ____ No

Valid SNAP/TANF Case Number Verified: ____ Yes ____ No



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Tell Us About Your Child

Student Name: _____

What is your child's eating / snack schedule?

What is your child's sleeping / nap schedule?

What are your child's favorite things to do?

Is your child afraid of anything?

Please indicate where your child is in the toilet training process (will not impact enrollment).

☐ My Child is toilet trained ☐ We are working on it ☐ My child is not toilet trained

Please tell us more:

Describe any special information or instructions you would like the program staff to be aware of:

Please provide any other information that will help us serve you and your family better:

When speaking to your child, do you speak:

☐ Primarily English ☐ Primarily Home Language ☐ Both English and Home Language Equally

What language does your child use when speaking to family members in the home?

☐ Primarily English ☐ Primarily Home Language ☐ Both English and Home Language Equally



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Parent/Guardian Consent for Preschool Screening 2022-2023

Student's Name _____

Please place an X in the box:

☐

I give consent for my child to be screened by School District 69 and I understand that participation in this screening process does not necessarily guarantee placement in the Pre-K program.

All screening results will be shared with the parent or guardian.

Parent / Guardian Name (Please Print)

Signature

Date

Relationship to Child

Revised 1/2022



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Pre-K Enrollment Preference Form

District 69 Pre-K is a play-based, pre-kindergarten readiness program for three and four year old children. It is a five day per week, half-day program with morning and afternoon sessions. Our classrooms are located across all three District 69 schools, including Madison School, Edison School, and Lincoln Junior High.

Pre-K Hours

Pre-K start and end time are staggered from the other buildings to allow our families to drop off and pick up their preschoolers in addition to older siblings who may be located at a different building. Unfortunately, we will not be able to change a student's placement because of a sibling's placement at a different school. With that said, please let us know if you have another child who is also enrolled in our Pre-K program.

We do our best to accommodate families' preferences, but, due to enrollment, we cannot guarantee all families will be given their preference.

Please select a session preference using the form below.

Child Name: _____

Pre-K Enrollment Options	
(Preferences cannot be guaranteed)	
Preferred Session	
<input type="checkbox"/> (AM) 8:35am – 11:20am*	<input type="checkbox"/> (PM) 12:40pm – 3:25pm*
Do you have another preschool aged child enrolled in D69 Pre-K?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Name: _____	
*Pre-K Hours are subject to change. Any changes to the hours will be communicated to families.	