



Welcome new East Aurora families!

This packet contains your child's registration materials for the 2016-2017 school year. Please complete all enclosed forms and return them to:

East Aurora Welcome Center, 1480 Reckinger Rd., Aurora, IL 60505

Open: Monday – Thursday, 9 a.m. to 2 p.m. No appointment necessary before 2 p.m.

After 2 p.m. by appointment only.

How to enroll a new student

Step 1: What to bring to the Welcome Center:

- ☐ **Birth Certificate** – Original or certified copy
- ☐ **Parent/guardian's driver's license or photo ID**
- ☐ **Affidavit of guardianship** – If you are not the student's parent or legal guardian and have assumed responsibility for a student for reasons other than access to the educational programs of the school district.
- ☐ **Proof of residency** - You must provide **three (3)** documents in parent/guardian's name, see examples listed below:
 - Title evidence, mortgage papers, or lease agreement
 - Utility bill for current months: (i.e. Nicor Gas, Com Ed, Comcast, city water)
 - Medical card with current address
 - Green Card/Matriculate Card with current address
 - Affidavit of residency (if applicable)

If you are experiencing a temporary housing or lack of housing situation, please contact the Welcome Center at (630) 299-7302.

Step 2: What to bring to your child's new school:

- ☐ **Illinois State Board of Education Transfer Form** –This document must be provided by the previous school if transferring from a public school within the State of Illinois.
- ☐ **Unofficial transcript (high school only)** - This document must be provided by the previous school.
- ☐ **State of Illinois Health Physical/Immunizations Exam, Dental & Vision Exams**
 - **Health Physical/Immunizations Exam** - All preschool, kindergarten, 6th, 9th, grade students.
 - **Dental Exam** - All kindergarten, 2nd and 6th grade students.
 - **Visions/Eye Exam** – All kindergarten students.
- ☐ **Current IEP or any other special education records** - If student was receiving services at previous school (if applicable)
- ☐ **School fees** will be collected after the first day of school in the 16 – 17 school year.

Feel free to contact the Centralized Registration Office with any questions at (630) 299-7302.

Thank you,
East Aurora Centralized Registration

**STUDENT ENROLLMENT FORM**

Student ID # _____

Student Information

School _____

Grade _____

Gender ☐ M ☐ FName _____
(First name) (Middle) (Last name) (Suffix)

Birth city, state, country _____ Mother's maiden name _____

Last school attended: _____ Has the student ever attended District 131? ☐ Yes ☐ NoHas your child received any special education IEP services or medical 504 plans? ☐ Yes ☐ No**Parent/Guardian Household Information**

Household Phone Number: _____

Student lives with: ☐ Both parents ☐ Mother only ☐ Father only ☐ Legal guardian
☐ Mother/stepfather ☐ Father/stepmother ☐ Foster parent ☐ Self

Address: _____ Apt. _____ City _____ Zip Code _____

Guardian #1 Name _____ Relationship to student _____

Cell phone _____ Work phone _____ Email _____

Preferred Language: ☐ English ☐ Spanish

Guardian #2 Name _____ Relationship to student _____

Cell phone _____ Work phone _____ Email _____

Preferred Language: ☐ English ☐ Spanish**Siblings (Students who live in the main household and attend an East Aurora school)**

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Name _____ Birthdate _____ School _____

Secondary Household Information (parent/guardian who doesn't live in primary household listed above)

Guardian name _____ Relationship to student _____

Cell phone _____ Work phone _____ Email _____

Address _____ Apt. _____ City _____ State _____ Zip Code _____

Do you want this person to have access to the Student Portal or receive District mail (i.e. report cards)? ☐ Yes ☐ No**Emergency Contact (other than parents or guardians)**

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Military Part A: Is either parent/guardian in the armed forces? ☐ Yes ☐ No If yes, answer Part B**Military Part B:** Is either parent/guardian currently deployed to active duty or will be in the next 12 months? ☐ Yes ☐ No****All information on this form is correct to the best of my knowledge. Knowingly falsifying any information on this form is a Class C Misdemeanor.****

Parent/guardian signature _____ Date _____

OFFICE USE ONLY

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Address Verification	<input type="checkbox"/> Boundary Verification	<input type="checkbox"/> Health Survey	<input type="checkbox"/> Home Language Survey	Date Entered US
Date Emailed	Docs Uploaded	Records Req. Sent	Packet Flagged Date	IC Updated	





Student name _____

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 District is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? CHOOSE 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 the student's race to be.

Part B. What is the student's race? CHOOSE ONE OR MORE☐ **American Indian/Alaska Native***A person having family origins from:*

- Mexico
- Puerto Rico
- South America
- Central America
- North America
- Tribal Affiliation

☐ **Asian***A person having family origins from:*

- Far East
- Asia/India
- Cambodia, Philippines, Pakistan
- China, Japan, Korea, Thailand, Vietnam

☐ **Black/African-American***A person having family origins from:*

- Black racial groups of Africa

☐ **Hawaii Native/Pacific Islander***A person having family origins from:*

- Hawaii
- Guam
- Samoa
- Pacific Islands

☐ **White***A person having family origins from:*

- Europe
- Middle East/North Africa

Parent/guardian signature _____ Date: _____



ANNUAL STUDENT HEALTH INFORMATION SURVEY

School Name: _____

Name:	ID:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Parent/Guardian: (person completing this form)		Home Phone:		Date:
		Cell Phone:		

Does your child have any of the following conditions?	YES	NO	If Yes, please explain and include date:
Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other
Bee Sting Allergy <input type="checkbox"/> Breathing Difficulty <input type="checkbox"/> Rash <input type="checkbox"/> Swelling (sting site only) <input type="checkbox"/> Itching <input type="checkbox"/> Swelling (all over body) <input type="checkbox"/> Swelling (face only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Anaphylaxis Action Plan provided to health office <input type="checkbox"/> Epinephrine Auto-Injector (EPI-PEN) Required May self-carry <input type="checkbox"/> No <input type="checkbox"/> Yes
Food Allergy Type: _____ <input type="checkbox"/> Breathing Difficulty <input type="checkbox"/> Rash <input type="checkbox"/> Swelling (all over body) <input type="checkbox"/> Itching <input type="checkbox"/> Swelling (face only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Epinephrine Auto-Injector (EPI-PEN) Required May self-carry <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Food Allergy Action Plan provided to health office <input type="checkbox"/> Physician Statement for Food Substitution provided to health office
Asthma Does student carry inhaler with him/her: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inhaler provided to health office <input type="checkbox"/> Asthma Care Plan provided to health office
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diabetic Care Plan provided to health office
Convulsion/Seizure Disorder Date of Last Seizure: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Seizure Care Plan provided to health office
Vision problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts
Hearing problem or condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hearing aid <input type="checkbox"/> Cochlear implant

CHECK ALL THAT APPLY TO YOUR CHILD:

- | | | |
|---|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Urinary Condition |
| <input type="checkbox"/> Asthma/trouble breathing | <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Mental Health Condition |
| <input type="checkbox"/> Autism/Asperger | <input type="checkbox"/> High Blood Pressure | (depression, eating disorder, |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Single Organ (<input type="checkbox"/> kidney, <input type="checkbox"/> testicle) | anxiety, OCD, ODD, etc.) |
| <input type="checkbox"/> GI Conditions (ulcer, reflux, IBS) | <input type="checkbox"/> Skin Condition: _____ | |

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	<input type="checkbox"/>	<input type="checkbox"/>	
Taken at home	<input type="checkbox"/>	<input type="checkbox"/>	
ASSISTIVE EQUIPMENT	YES	NO	Please check all that apply
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> AFOs <input type="checkbox"/> Other:
TREATMENTS	YES	NO	
During or outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

Is your child currently under medical treatment/care for a long-term or chronic condition? ☐ No ☐ Yes

If YES, please explain: _____

Does your child have any special needs or necessary precautions while in school? ☐ No ☐ Yes

If yes, please explain: _____

HEALTH INFORMATION MAY BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL

Parent/guardian signature _____

Relationship to student _____

Date _____



Student name _____ Grade _____

AUTHORIZATION FOR FIELD TRIPS

Classrooms today extend beyond the physical building. Teachers recognize the values of taking students on field trips or excursions. Among other educational benefits, children get to see and hear things which cannot be brought into the classroom. On some field trips, children take school buses. On others, they walk or use other means of transportation.

If you sign the space below, your child will be allowed to join in these field trips during the current school year. However, he/she will still be given information to take home before each field trip – by note, by a school’s monthly calendar, or by some other means – to let you know the place to be visited and the date of the field trip. At that time, you may refuse to give your permission for your child to go on a specific field trip. You should know that East Aurora School District 131 is not necessarily responsible for every injury sustained by a pupil.

I have read the above information and consent to my child being taken on field trips during the school year and give my permission for my child to receive emergency medical treatment in the event I cannot be reached.

Signature of parent/guardian _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, as parent or legal guardian of student whose name is listed on this page, hereby authorize and consent to emergency medical treatment for my child. Specifically, I authorize East Aurora School District 131 employees and agents to administer any emergency medical treatment necessary for the health and welfare of my child, and/or to arrange for emergency medical treatment by a health care provider. In addition, I authorize the health care provider to provide emergency treatment that he/she deems appropriate to treat any injury sustained by my child.

I agree to hold harmless and indemnify East Aurora School District 131, its Board of Education, and the Board’s members, employees and agents, from and against any and all claims, demands, injuries, damages or causes of action, including reasonable attorneys’ fees and costs in the defense thereof, resulting from or arising out of the provision of emergency medical treatment by school personnel or a health care provider.

Signature of parent/guardian _____ Date _____

AUTHORIZATION TO RELEASE HEALTH RECORDS TO DISTRICT

I hereby authorize my child’s health care provider and previous school to release my child’s most recent physical and immunization information to East Aurora School District 131 for completion of student health records. This authorization is valid while the student is enrolled in East Aurora School District 131.

Signature of parent/guardian _____ Date _____

PESTICIDE NOTIFICATION REQUEST

East Aurora School District 131 practices Integrated Pest Management, a program that combines preventive techniques, non-chemical pest control methods, and the appropriate use of pesticides with a preference for products that are the least harmful to human health and the environment. The term “pesticide” includes insecticides, herbicides, rodenticides, and fungicides. If you have any questions or comments, please contact, Buildings and Grounds, at (630) 299-8379. The District has established a registry of people who wish to be notified **prior** to pesticide applications. To be included in the registry, check YES.

- ☐ **Yes, I would like to be notified two days before the use of pesticides at the school.**
- ☐ **No, I do NOT need to be notified before the use of pesticides at the school.**

I understand if there is a threat to health or property that requires immediate treatment, notification can be sent as soon as practical.

Signature of parent/guardian _____ Date _____



PUBLICATION OF STUDENT NAMES/IMAGES OPT-OUT NOTIFICATION

East Aurora School District 131 draws its strength from the citizens who live and work in the District. The quality of school programs depends on the public understanding what is happening in their schools.

East Aurora School District 131 is proud to highlight the accomplishments, daily work and extracurricular achievements of our students in various internal and external publications. Sharing school news benefits the students, staff, school, the District and our community.

Accordingly, from time to time, your student's name or picture may appear in various publications, including: newsletters, Web sites, newspapers, calendars, communications to parents, textbooks or videos.

The District also issues positive news releases and distributes photos to outside media outlets, which may want to interview, photograph or videotape students under the supervision of District personnel.

The District does not control the publication of students' names or photos in public areas, including outside of schools, Board of Education meetings, extracurricular activities or other areas populated by the general public.

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Parents or guardians who do not wish to have their child's name or image identified in publications must notify East Aurora School District 131 in writing by Sept. 15 of the current school year.

All requests to exclude students can be mailed to:

East Aurora School District 131 Community Relations
417 Fifth Street
Aurora, IL 60505

Or, an exclusion request can be emailed to: info@d131.org.

Exclusion requests must include: student's full name, the name of the school they attend, and a parent signature.

A list of children who cannot be photographed will be maintained at each school.

Exclusion requests will NOT remove your student from having their photo and name published in a yearbook, or having their picture taken at extracurricular events outside the school day.



NOTIFICATION OF RECEIVING AUTOMATICALLY DIALED CALLS

East Aurora School District 131 values regular communication with parents and guardians so that families can stay involved in the educational life of their students. The District regularly shares important information through brief phone messages and/or emails. These messages often include information about: emergency closings, schedule changes, upcoming events, grades, important deadlines, and student activities. These calls are an important part of staying informed about your student's school life, and ensuring they have a successful educational experience.

Parents or guardians who do not wish to receive automatically dialed phone calls from their student's school or East Aurora School District 131, must notify the District by August 15, 2016. Removing your phone number from the automatic dialing means you will not receive emergency calls, including information about school closings or safety issues at the school.

All requests to exclude students can be mailed to:

Lisa Morales
East Aurora School District 131
417 Fifth Street
Aurora, IL 60505

Exclusion requests must include: student's full name, the name of the school they attend, the telephone number that should be excluded, and a parent signature.



All use of the Internet must be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. This Agreement Form does not attempt to state all required or proscribed behavior by users. However, some specific examples are provided. **Students will be subject to loss of privileges, disciplinary action, and/or appropriate legal action for any violation of this Agreement or Board Policy 6:235, or for any inappropriate use of the Internet or network.** The signatures below are legally binding and indicate that the student and the student's parent/guardian have read this Agreement carefully and understand its significance.

By signing this document, guardians and students indicate they understand and will abide by the Agreement and Permission for Internet Access. They further understand that if the student commits any violation, the student's access privileges may be revoked, and the student will be subject to disciplinary action and/or appropriate legal action. In consideration for using the District's Internet connection and having access to public networks, guardians and students hereby release East Aurora School District 131 and its Board of Education members, employees, and agents from any claims and damages arising from use of, or inability to use, the Internet.

Although East Aurora School District 131 provides and operates a technology protection measure (filtering) with respect to any of its computers with Internet access, by signing this document guardians and students recognize that it is impossible to fully eliminate or restrict access to all controversial or inappropriate material. Parents and students also understand that the District cannot guarantee that "filtering" software will be totally effective or that a student will not have access to materials that may be defamatory, inaccurate, offensive, or otherwise inappropriate in the school setting. Guardians and students will hold harmless East Aurora School District 131, its employees, agents, and Board of Education members, for any harm caused by materials or software obtained via the network. Guardians accept full responsibility for supervision if and when my child's use is not in a school setting. The undersigned have discussed the terms of this Agreement.

Students will not be allowed to use the District's internet until signed permission is given to school.

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SELECT ONE:

- ☐ We request that the student be allowed access to the District's Internet.
- ☐ We do NOT wish the student to have access to the District's Internet

Date _____

Student ID _____

Student name (Please print): _____

Guardian name (Please print): _____

Guardian signature _____



East Aurora Schools

District 131

Administrative Service Center

231 E. Indian Trail • Aurora, Illinois 60505 • Telephone (630) 299-7255 • Fax (630) 299-7287

Home Language Survey

The Illinois School Code requires that each school district administers a Home Language Survey to every student entering the district's schools. This information is used to report to the state the number of students whose families speak a language other than English. It also helps to identify the need for English Language Learning services in the schools. Please note: If the answer to either question 1 or 2 (or both) is yes, the law requires the school to assess your child's English language proficiency. Your cooperation in helping us meet this important legal requirement is appreciated.

Student First Name _____ Student Last Name _____

Grade _____ Country of Birth _____ Birthdate (month/day/year) _____

1. Does anyone living in your home speak a language other than English?

☐ Yes (What language? _____) ☐ No

2. Does your child speak a language other than English?

☐ Yes (What language? _____) ☐ No

If you answered yes to either or both questions 1 and 2, please answer all of the questions in the box below.

If you answered no to BOTH questions 1 and 2, please skip the questions in the box and only fill out the information at the bottom of this page.

Please mark (✓) English, Spanish or Other Language(s) for each question.

	English	Spanish	Other Language(s)
What language did your child learn when he or she first began to talk?			
What language does the family speak at home most of the time?			
What language does the parent(s) speak to his/her child most of the time?			
What language does the child speak to his/her parent(s) most of the time?			
What language does the child hear and understand in the home?			
What language does the child speak to his/her siblings most of the time?			
What language does the child speak to his/her friends most of the time?			
Has your child ever been in a Bilingual or ELL/ESL program?			
<input type="checkbox"/> Yes – What grade (s)? _____ Where? What school/city? _____			
<input type="checkbox"/> No			

Print First and Last Name of Person Completing Survey _____

Person Completing Survey: ☐ Mother ☐ Father ☐ Legal Guardian

Parent/Guardian Signature

Phone Number

Date



To ensure good health for all students, the State of Illinois has mandated certain health requirements for school entrance and grade progression. This means that students will not be able to attend school until these items are presented to the school. The following is a list of these requirements.

1. **Pre-School:** Must present new child health examination on the appropriate state form and proof of updated immunizations. It is recommended that children be screened for lead and TB. Please have your health care provider review your immunization records to ensure that they met current requirements for school attendance.
2. **Kindergarten:** Must present new child health examination physical and comprehensive eye exam on appropriate state forms. Proof of updated immunizations. It is recommended that children be screened for lead and TB. Please have your health care provider review your immunizations records to ensure that they are current.
3. **First Grade:** If the student cannot submit documentation of the child health examination, proof of immunizations or comprehensive eye exam in the prior school year, the child health examination along with proof of immunizations and comprehensive eye examination are required for school attendance for this school year.
4. **Sixth Grade:** Proof of New child health examination on the appropriate state form and proof of updated immunizations. Please have your health care provider review your immunization records to ensure that they meet current requirements.
5. **Ninth Grade:** New physical on the appropriate state form and proof of updated immunizations to records to ensure that they meet requirements.
6. **Twelfth Grade:** Must show proof of 2 doses of meningococcal vaccine (one dose being at or after the age of 16).
7. **In-State Transfer Student:** Must present proof of child health examination and updated immunizations upon enrollment
8. **Out of State Transfer:** Must present proof of required state of Illinois child health examination upon enrollment. Must present proof of updated immunizations within 30 days of registration.
9. **Dental Examination:** Required for all students entering kindergarten, second, and sixth grade prior to May 15th of the academic year.
10. **Vision Examination:** Required of all students entering kindergarten or enrolling in an Illinois public school for the first time.

Students participating in sports need to have a yearly sports physical (IHSA forms are available from the coach, school nurse or your doctor). The sports physical is **not** acceptable as the required child health examination form required for enrollment.

We ask that you please take care of this as soon as possible and return the information to school so that your child's education will not be interrupted. If you have any questions, please phone your school for information. Thank you for your cooperation with this important matter.

If you need resources, please contact your student's school nurse.