
New Student Enrollment Packet Instructions

- ◆ **Please call 815-544-0301 to schedule an enrollment appointment** once all forms have been completed and documentation is gathered.
 - ◆ Bring the completed New Student Enrollment Packet and all required documentation with you.
-

Required Enrollment Documentation: (Please bring to your appointment.)

- Original or Certified copy of your child's Birth Certificate
- Parent/Guardian Photo ID for identification purposes only
- Any legal custody documents that pertain to the student (if applicable)
- Three** current proof of residency documents which are addressed to the guardian and verifies the student's address.
 - Category A** (Choose **one** from this category):
 - ◆ Current Year Property Tax Bill
 - ◆ Current Lease-must be dated during the school year of registration. Lease must be signed by all parties including landlord's name and phone number.
 - Category B** (Choose **two** from this category): (Must be within past 60 days)
 - ◆ Electric Bill
 - ◆ Gas Bill
 - ◆ Water Bill
 - ◆ Refuse Bill

NOTE: All utilities must state the service address and the mailing address from the same location.

- State of Illinois Certificate of Child Health Examination Form (Required for PK, K, 6, 9 and any new students by October 15th or upon enrollment)
- Illinois Department of Public Health Proof of School Dental Examination Form (Grade K, 2, 6 only by May 15th)
- State of Illinois Eye Examination Report or Waiver Form (K and any new students to Illinois by October 15th)
- Washington Academy Application of Enrollment/Decline (if applicable)
- Dual Language (if applicable)

**Students are not officially enrolled until ALL forms and documentation have been submitted
Please call 815-544-0301 to schedule an enrollment appointment.**



For Office Use Only

Date Packet Submitted _____ Start Date _____ Student ID# _____ School Code _____
 Returning to District #100 Yes No Alternate School Reason _____ Geo School _____

NEW STUDENT DISTRICT ENROLLMENT FORM (To be completed by Parent/Guardian)

Student's Name: _____
(First Middle Last)

Date of Birth: _____ Gender: Female Male 2016-2017 Grade: _____

Place of Birth (City, State): _____ Mothers Maiden Name: _____
(as shown on student's birth certificate)

Please List All Children Living in the Home

Name	Gender	Date of Birth	Name	Gender	Date of Birth

Student lives with: (circle all that apply) Mother Father Step Parent Guardian(s) Please Specify: _____

Is Parent/Guardian a member of the Armed Forces? Yes No
 If yes, is Parent/Guardian currently or expected to be deployed during the current school year? Yes No

Father Name: _____ Primary Phone: _____
 _____ Cell Phone: _____
Street Address City State Zip

Email: _____ Work Phone: _____
 Mother Name: _____ Primary Phone: _____
 _____ Cell Phone: _____
Street Address City State Zip

Email: _____ Work Phone: _____
 Other Guardian: _____ Primary Phone: _____
Name/Relationship Street Address City State Zip
 Email: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Numbers—PLEASE LIST THREE—relative, friend or neighbor living within 15-20 minutes of the school.

1. Name: _____	Relationship: _____	Primary Phone: _____	Work/Other Phone: _____
2. Name: _____	Relationship: _____	Primary Phone: _____	Work/Other Phone: _____
3. Name: _____	Relationship: _____	Primary Phone: _____	Work/Other Phone: _____

BELVIDERE CUSD #100 HOME LANGUAGE SURVEY
The Illinois School Code and the Emergency Immigration Act, Title IV of the Education Amendment of 1984 (PL 93-511), requires that each school district Administer a home language survey to each and every student entering school for the first time. Your cooperation is needed to meet this information requirement.

1. Is a language other than English spoken in the home? Yes No
 If Yes, what language(s)? Spanish Other _____

2. Does your student speak a language other than English? Yes No
 If Yes, what language(s)? Spanish Other _____

If you answered YES to either question, the school will assess your child's English language proficiency.

STUDENT HISTORY

Student Name: _____

- 1) Has this student ever attended a Belvidere CUSD #100 School (Including Pre-School)? Yes No Date: _____
- 2) Has student ever been home schooled? Yes No If yes, please indicate corresponding grade level(s): _____
- 3) Last school attended: _____

<i>School Name</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Grade</i>	<i>Date</i>
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- 4) Special Programs Received: Yes No If yes, please circle all that apply below:
 Bilingual Dual Language English as a 2nd Language Special Education Gifted Other: _____
- 5) Is student a US Citizen? Yes No If No, Immigration Visa Number: _____
- 6) Circle what language you prefer for correspondence (emails, phone calls, letters)? English Spanish Other: _____
- 7) Has your child always lived in the United States? Yes No
 If no, what date did your child move to the United States? _____
- 8) Has your child always lived in Illinois? Yes No
 If no, what date did your child move to Illinois? _____
- 9) How many times has your child moved in the last three years? _____
- 10) What grade levels did your child complete outside the USA? (Circle all that apply)
 None Preschool: one year Preschool: two years K 1 2 3 4 5 6 7 8 9 10 11 12
- 11) What grade levels did your child complete within the USA? (Circle all that apply)
 None Preschool: one year Preschool: two years K 1 2 3 4 5 6 7 8 9 10 11 12
- 12) What languages are spoken in the following situations?

	English	Spanish	Other
Student speaks to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents speak to student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student speaks to siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student speaks to friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 13) Is there anybody in the home that speaks English? Yes No
- 14) In your opinion, how well does the student understand, speak, read, and write in English?

	Very well	A little	Not at all
Understands English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify the information provided on these forms are complete and accurate.

Parent/Guardian Signature: _____ Date: _____

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

Student's Name: _____
First
Middle
Last

Student ID#: _____ Grade/School: _____

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

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, if 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.

Parent/Guardian Signature: _____ Date: _____



Student:	Grade:	School:
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RELEASE OF STUDENT INFORMATION

Directory Information

The law and school district policy designate certain information as 'Directory Information'. Throughout the school year, the District may release directory information regarding students limited to: *student name, address, gender, grade level, birthdate and place, parent/guardian name and address, academic awards, degrees and honors, information regarding school-sponsored activities, organizations and athletics, major field of study, and period of attendance in school.*

A parent / guardian or eligible student may prohibit the release of any or all of the above information by delivering a written objection to the Building Principal.

Using a Photograph or Video of a Student

Students may occasionally appear in photographs and videos taken by school staff members or other individuals authorized by the Building Principal. The district may use these pictures, without identifying the student, in various publications including the school yearbook, school newspaper, and District website. No consent or notice is needed or will be given before the District uses these pictures of unnamed students taken while they are at school or a school-related activity.

In order for the District to publish a picture with a student identified by name, a parent or guardian must give prior written permission.

District / Building Handbooks

The '*Belvidere Community Unit School District 100 Handbook*' for the 2016-2017 school year will be posted on the District website www.district100.com no later than the first day of the school year for your access in both English and Spanish. Individual school '*Student Handbook Addendums*' will be provided to students / families during the first week of the 2016-2017 school year either in print or on specific website locations at each student's respective school of attendance.

Families may request a print copy of the '*Belvidere Community Unit School District 100 Handbook*' by contacting the Central Office at 815-544-0301. Families may request a print copy of the school '*Student Handbook Addendums*' by contacting their student's respective school of attendance.

Military and Institutions of Higher Education – (Grades 9-12 only)

From time-to-time military recruiters and post-secondary educational institutions request the names, telephone numbers, and addresses of our secondary students. The school must provide this information unless the parent/guardian requests that this is not to be disclosed without their prior written consent.

Please respond to the statements below by placing a check in the 'Yes' or 'No' column and then sign in the space provided below.

Statement	Yes	No
I grant permission to have my child's name and picture in the school yearbook or other school-produced print and local media outlets.	<input type="checkbox"/>	<input type="checkbox"/>
I authorize release of my child's information to military recruiters. (Grades 9-12 only)	<input type="checkbox"/>	<input type="checkbox"/>
I authorize release of my child's information to institutions of higher education (Grades 9-12 only)	<input type="checkbox"/>	<input type="checkbox"/>

I certify that I reviewed all information provided on this form and understand that the Belvidere Community Unit School District 100 Handbook for 2016-2017 is made available on the District website: www.district100.com

Parent/Guardian Signature

Date



SCHOOL DISTRICT'S DUTIES REGARDING ENROLLMENT OF STUDENT

Public Act 84-1430 provides that a school district must take certain action regarding students first enrolled in a school and students transferring into the district.

In the case of the enrollment of a student for the first time in a particular elementary or secondary school, the school district must notify in writing the person enrolling the student that within thirty days that person must provide either:

- A. A certified copy of the student's birth certificate; or
- B. Other reliable proof, as determined by the Illinois Department of State Police, of the student's identity and age and an affidavit explaining the inability to produce a copy of the birth certificate. The state contemplates that other reliable proof shall include a passport, visa or other government documentation of the child's identity. However, if the affidavit presented appears to be inaccurate or suspicious in form or content, the school district must immediately report this suspicion to the Department of State Police.

Upon the expiration of the thirty day period, if no such documentation is delivered to the school district, they shall immediately notify the Department of State Police or the local law enforcement agency of such fact and shall notify the person enrolling the student in writing that he/she has ten additional days to provide the required documentation.

BIRTH CERTIFICATE VERIFICATION FORM

The following is a requirement in the fulfillment of Public Act 84-1430:

1. Child's Name: _____
 Child's Birth Date: _____
 City, State & Country of Birth: _____
 Mother's Maiden Name: _____
 Birth Certificate (include certified copy) State: _____ No: _____

2. If I am unable to provide a certified copy of the student's birth certificate, I will obtain and bring the original to the district office within 30 days from the date of registration.

Affidavit: I am unable to provide a certified copy of a birth certificate for:

_____ (Child's Name)
 Because: _____

Notification of Public Act 84-1430:
I have read the provisions of Public Act 84-1430.

Signature of Parent/Guardian _____ Date _____

BELVIDERE COMMUNITY UNIT SCHOOL DISTRICT #100

**STUDENT USER AGREEMENT AND PARENT PERMISSION FORM
INTERNET ACCESS UNDERSTANDING**

Please review the *Authorization for Electronic Network Access* with your child(ren). This form must be signed for your child(ren) to be granted computer access. Please sign and return this page with your registration materials.

Authorization for Electronic Network Access

Students and their parents/guardians need only sign this *Authorization for Electronic Network Access* once while the student is enrolled in the School District.

I understand and will abide by the attached *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 e-mail 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 appropriate 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 Network.

Student Name (<i>please print</i>)	Student Signature	Date
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Students are required to have a parent/guardian read and agree to the following:

I have read this *Authorization for Electronic Network Access*. 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 understand and my child will abide by the attached *Authorization for Electronic Network Access*. I understand that the District and/or its agents may access and monitor my child's use of the Internet, including my child's e-mail (if applicable) and downloaded material, without prior notice to me. I further understand that should my child commit any violation, my child's access privileges may be revoked, and school disciplinary action and/or appropriate 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 child's use of, or inability to use the Network. I have discussed the terms of this *Authorization* with my child. I hereby request that my child be allowed access to the District's Network.

Parent/Guardian Name (<i>please print</i>)	
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Parent/Guardian Signature	Date
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Authorization for Electronic Network Access

Each student and his or her parent(s)/guardian(s) must sign the Authorization before being granted unsupervised access. Please read this document carefully before signing.

All use of the Network shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. This *Authorization* does not attempt to state all required or proscribed behavior by users. However, some specific examples are provided. **The failure of any user to follow the terms of the *Authorization for Electronic Network Access* will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signatures are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

Terms and Conditions

Acceptable Use - Access to the District's electronic network must be: (a) for the purpose of education or research, and be consistent with the District's educational objectives, or (b) for a legitimate business use.

Privileges - The use of the District's electronic networks is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrator will make all decisions regarding whether or not a user has violated the terms of access privileges and may deny, revoke, or suspend access at any time. His or her decision is final.

Unacceptable Use - The user is responsible for his or her actions and activities involving the network. Some examples of unacceptable uses are:

- a. Using the network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any State or federal law;
- b. Unauthorized downloading of software, regardless of whether it is copyrighted or de-virused;
- c. Downloading copyrighted material for other than personal use;
- d. Using the network for private financial or commercial gain;
- e. Wastefully using resources, such as file space or bandwidth;
- f. Bypassing security or Internet filter mechanisms;
- g. Hacking or gaining unauthorized access to files, resources or entities;
- h. Invading the privacy of individuals, that includes the unauthorized disclosure, dissemination, and use of information about anyone that is of a personal nature, including a photograph;
- i. Using another user's account or password;
- j. Posting material authored or created by another without his/her consent;
- k. Posting anonymous messages;
- l. Using the network for commercial or private advertising;
- m. Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material;
- n. Using the network while access privileges are suspended or revoked;
- o. Disrupting the educational process, including use that is reasonably foreseeable to result in a disruption or interfere with the rights of others at anytime, either during the school day or after school hours;
- p. Disrupting or interfering with the system; and
- q. Send mass electronic mail to multiple users without prior authorization by the appropriate District Administrator.

Network Etiquette - You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

- a. Be polite. Do not become abusive in your messages to others.
- b. Use appropriate language. Do not swear, or use vulgarities or any other inappropriate language.
- c. Do not reveal the personal information, including the addresses or telephone numbers, of students or colleagues.
- d. Recognize that electronic mail (e-mail) is not private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
- e. Do not use the network in any way that would disrupt its use by other users.
- f. Consider all communications and information accessible via the network to be private property.

No Warranties - The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages the user suffers. This includes loss of data resulting from delays, non-deliveries, missed-deliveries, or service interruptions caused by its negligence or the user's errors or omissions. Use of any information obtained via the Network is at the users own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.

Indemnification - The user agrees to indemnify the School District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of, any violation of this *Authorization*.

Security - Network security is a high priority. If you can identify a security problem on the Network, you must notify the system administrator or Building Principal. Do not demonstrate the problem to other users. Keep your account and password confidential. Do not use another individual's account without written permission from that individual. Attempts to log-on to the Network as a system administrator will result in cancellation of user privileges. Any user identified as a security risk may be denied access to the network.

Vandalism - Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.

Telephone Charges - The District assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment or line costs.

Copyright Web Publishing Rules - Copyright law and District policy prohibit the re-publishing of text or graphics found on the Web or on District Web sites or file servers, without explicit written permission.

- a. For each re-publication (on a Web site or file server) of a graphic or a text file that was produced externally, there must be a notice at the bottom of the page crediting the original producer and noting how and when permission was granted. If possible, the notice should also include the Web address of the original source.
- b. Students and staff engaged in producing Web pages must provide computer lab assistants with e-mail or hard copy permissions before the Web pages are published. Printed evidence of the status of "public domain" documents must be provided.
- c. The absence of a copyright notice may not be interpreted as permission to copy the materials. Only the copyright owner may provide the permission. The manager of the Web site displaying the material may not be considered a source of permission.
- d. The "fair use" rules governing student reports in classrooms are less stringent and permit limited use of graphics and text.

Use of Electronic Mail - The District's electronic mail system, and its constituent software, hardware, and data files, are owned and controlled by the School District. The School District provides e-mail to aid students and staff members in fulfilling their duties and responsibilities, and as an education tool.

- a. The District reserves the right to access and disclose the contents of any account on its system, without prior notice or permission from the account's user. Unauthorized access by any student or staff member to an electronic mail account is strictly prohibited.
- b. Each person should use the same degree of care in drafting an electronic mail message as would be put into a written memorandum or document. Nothing should be transmitted in an e-mail message that would be inappropriate in a letter or memorandum.
- c. Electronic messages transmitted via the School District's Internet gateway carry with them an identification of the user's Internet "domain." This domain name is a registered domain name and identifies the author as being with the School District. Great care should be taken, therefore, in the composition of such messages and how such messages might reflect on the name and reputation of the School District. Users will be held personally responsible for the content of any and all electronic mail messages transmitted to external recipients.
- d. Any message received from an unknown sender via the Internet should either be immediately deleted or forwarded to the system administrator. Downloading any file attached to any Internet-based message is prohibited unless the user is certain of that message's authenticity and the nature of the file so transmitted.
- e. Use of the School District's electronic mail system constitutes consent to these regulations.

Internet Safety

Internet access is limited to only those "acceptable uses" as detailed in these procedures. Internet safety is almost assured if users will not engage in "unacceptable uses," as detailed in this *Authorization*, and otherwise follow this *Authorization*. Staff members shall supervise students while students are using District Internet access to ensure that the students abide by the Terms and Conditions for Internet access contained in this *Authorization*.

Each District computer with Internet access has a filtering device that blocks entry to visual depictions that are: (1) obscene, (2) pornographic, or (3) harmful or inappropriate for students, as defined by the Children's Internet Protection Act and as determined by the Superintendent or designee.

The system administrator and Building Principals shall monitor student Internet access.

Enter Name of School here

Residency Verification and Documentation Checklist
To be completed by Parent, Guardian or other Adult

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Parent/Guardian or other Adult: _____

Address (P.O. numbers not acceptable): _____

Home Telephone Number: _____

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I hereby certify that the information given above is a true and correct statement of my legal residence. Should my legal residence change while the above-listed student is enrolled in District #100, I will promptly notify the appropriate District officials. Further, I understand a child is not legally enrolled until this form is completed and signed by the parent, guardian or other adult with whom the child is living. I understand a child admitted under false information is not legally enrolled and is subject to penalty pursuant to 105 ILCS 5/10-20.12b (Class 3 misdemeanor) and reimbursement to District #100 for tuition.

(Signature of Parent/Guardian/Other Adult) Date: _____

=====

To be completed by District #100

_____ I. Documents provided to me by Parent/Guardian/Other Adult/Student

Category A: (Choose One)

- _____ Current Lease-must be dated during school year of registration. Lease must be signed by all parties including landlord's name and phone number.
- _____ Current Year Tax Bill/Housing letter (military personnel) **and**,

Category B: (Choose Two)

- _____ Electric Bill
- _____ Water Bill
- _____ Gas Bill
- _____ Refuse Bill

Note: All utilities must state the service address and the mailing address from the same location.

_____ II. Student is living with legal guardian and a certified copy of the Court Decree, or petition if pending, was received declaring the District resident to be the legal guardian of the student and further declaring that the guardianship was formed for a purpose other than establishing residency for District attendance purposes.

_____ III. Student is considered "homeless" as defined by the McKinney-Vento Homeless Education Act 42 U.S.C. 11435. Parent/guardian **must** fill out McKinney-Vento Student Residency Form as required by State Law.

(Representative, District # 100) Date: _____



**Washington K-8 Academy Application
For the 2016-2017 school year**

Directions:

1. Complete all sections and list information for **EACH** child that would be eligible for 2016-2017 school year
2. All applications **MUST** be signed by the child's parent or legal guardian to be processed
3. Return to Washington Academy Main Office at 1031 Fifth Avenue starting April 18th at 8:00 AM

*Failure to complete all sections will result in an incomplete application. All openings are first come, first serve with the exception of special services as indicated below**.*

Section 1: Personal Information (please print):

1st Student's Name _____ **DOB** _____
Last First MI

Gender: F ___ M ___ **Current School:** _____ **Grade for 2016-2017 school year:** ____

****Please Indicate if your child receives any of the following:** Special Education Bilingual Education 504 Plan

2nd Student's Name _____ **DOB** _____
Last First MI

Gender: F ___ M ___ **Current School:** _____ **Grade for 2016-2017 school year:** ____

****Please Indicate if your child receives any of the following:** Special Education Bilingual Education 504 Plan

3rd Student's Name _____ **DOB** _____
Last First MI

Gender: F ___ M ___ **Current School:** _____ **Grade for 2016-2017 school year:** ____

****Please Indicate if your child receives any of the following:** Special Education Bilingual Education 504 Plan

Section 2:

Home Address:

Daytime Phone:

Work Phone:

**** Please note students receiving these services will be reviewed for acceptance based on individual needs and class size regulations. Parents will be notified by Student Services Office with final determination.**

Section 3:

Parent/Guardian Signature(s) _____

For Office Use Only: Date Submitted: _____ Time Submitted: _____

BELVIDERE COMMUNITY UNIT SCHOOL DISTRICT #100



Washington K-8 Academy
Decline of Enrollment current Grades K-4 ONLY
2016-2017 school year

Directions:

- 1. Complete all sections and list information for EACH child that would be eligible for 2016-2017 school year.
2. All applications MUST be signed by the child's parent or legal guardian to be processed
3. Return to Washington Academy School Office at 1031 Fifth Avenue between April 11 - April 25
Completion of this form declines ALL rights to enrollment at the Washington Academy for the 2016-17 school year.

Section 1: Personal Information (please print):

1st Student's Name Last First MI DOB

Gender: F M Grade for 2016-2017 school year:

**Please indicate if your child receives any of the following: Special Education Bilingual Education 504 Plan

2nd Student's Name Last First MI DOB

Gender: F M Grade for 2016-2017 school year:

**Please indicate if your child receives any of the following: Special Education Bilingual Education 504 Plan

3rd Student's Name Last First MI DOB

Gender: F M Grade for 2016-2017 school year:

**Please indicate if your child receives any of the following: Special Education Bilingual Education 504 Plan

Section 2:

Home Address:

Daytime phone: Home phone:

** Please note students receiving these services will be reviewed based on individual needs and class size regulations. Parents will be notified by Student Services Office with final school placement for students during the 2016-2017 school year to best meet individual learning needs in special education, bilingual education, and 504 plans.

Section 3:

I do not wish for my child to attend Washington Academy and my signature below acknowledges my option to decline enrollment for the 2016-2017 school year. I understand I am responsible to provide transportation to Caledonia Elementary School OR Perry Elementary School, the current school offerings for WA decline.

I will receive confirmation no later than the week of August 1, 2016, of my child's placement for next year. I understand determinations will be made at district discretion based on space availability.

Parent/Guardian Signature: Date:

School Preference - Please Circle One:

Caledonia Elementary Perry Elementary

For office use only:

Date Submitted: Time:



Authorization for Release Exchange of Information

Name of Student: _____

Date of Birth: _____

I hereby authorize the exchange of communications and the release/exchange of information between Belvidere Community Unit School District #100 employees and _____.

Name of Previous School District, City, State

Special Education Records Please release/exchange the following records indicated below

- Most Recent Annual Review/IEP **AND** Initial Evaluation or IEP/Most recent Re-Evaluation including:
- Psychological Evaluation • Social History • Speech/Language Evaluation • Health History
 - Motor Assessment • IEP generated from the initial evaluation

FAX Records ATTN: Special Education Department to 815-544-4260

Mail Records ATTN: Special Education Department to 1201 Fifth Avenue, Belvidere, IL 61008

504 or Medical Services Plan Please release/exchange the following records indicated below:

- Most Recent 504 Plan or any Medical Services Plan for this student

FAX Records ATTN: Special Education Department to 815-544-4260

Mail Records ATTN: Special Education Department to 1201 Fifth Avenue, Belvidere, IL 61008

ELL Please release/exchange the following records indicated below:

- ACCESS W-APT Scores

FAX Records ATTN: ELL Department to 815-544-4260

Mail Records ATTN: ELL Department to 1201 Fifth Avenue, Belvidere, IL 61008

These disclosures are authorized pursuant to 20 U.S.C. Section 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 for the student named above. I 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 also understand that my refusal to consent to the exchange of records and communications could result in incomplete and/or inappropriate educational planning for my child. This consent expires one year from the date indicated below. However, I understand that I have the right to revoke this consent in writing at any time.

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____

(for mental health/developmental disability records, if student is age 12 or older)

Witness Signature: _____

Date: _____

(for mental health/developmental disability records)



BELVIDERE COMMUNITY UNIT SCHOOL DISTRICT #100
Request for Student Records

Date: _____

- Male
 Female

Student's Name: _____

Date of Birth: _____

Grade: _____

Records Requested:

- All cumulative records including health and immunization records, report cards, attendance records, standardized test scores / results, transcripts, Student Transfer Form (if transferring from a public school in Illinois)
- Special education records and psychological tests (if applicable, see *Authorization for Release/Exchange of Information* form) requested separately

This Student is Transferring From:

School District Name: _____

School Name: _____

Street Address: _____

City, State, Zip Code: _____

School Phone: _____

School Fax: _____

Parent's Permission:

I understand that my signature is not required for transfer of records between public schools as per §99.31 and 99.34 of the *Family Rights and Privacy Act of 1974*.

X _____
(Signature of parent, guardian, or student if over 18)

----- For Office Use Only -----

Please Send Records To:

<input type="checkbox"/> Caledonia Elementary School 2311 Randolph Street Caledonia, IL 61011 PH 815-547-1977 FAX 815-547-3566	<input type="checkbox"/> Lincoln Elementary School 1011 Bonus Avenue Belvidere, IL 61008 PH 815-544-2671 FAX 815-547-4222	<input type="checkbox"/> Meehan Elementary School 1401 East Sixth Street Belvidere, IL 61008 PH 815-547-3546 FAX 815-547-3946
<input type="checkbox"/> Perry Elementary School 633 West Perry Street Belvidere, IL 61008 PH 815-544-9274 FAX 815-544-1459	<input type="checkbox"/> Seth Whitman Elementary School 8989 Beloit Road Belvidere, IL 61008 PH 815-544-3357 FAX 815-547-7258	<input type="checkbox"/> Washington Academy 1031 Fifth Avenue Belvidere, IL 61008 PH 815-544-3124 FAX 815-544-4182
<input type="checkbox"/> Belvidere Central Middle School 8787 Beloit Road Belvidere, IL 61008 PH 815-544-0190 FAX 815-544-1128	<input type="checkbox"/> Belvidere South Middle School 919 East Sixth Street Belvidere, IL 61008 PH 815-544-3175 FAX 815-544-2780	<input type="checkbox"/> Please fax medical & immunization records to 815-544-4260 so we can get this student registered in our district. All other records can be faxed to the school checked above. Thank you. Celeste Mootrey
<input type="checkbox"/> Belvidere High School 1500 East Avenue Belvidere, IL 61008 PH 815-547-6345 FAX 815-547-7304	<input type="checkbox"/> Belvidere North High School 9393 Beloit Road Belvidere, IL 61008 PH 815-544-2636 FAX 815-547-2916	