

Current Date _____ **DIXON PUBLIC SCHOOLS REGISTRATION INFORMATION**

For Office Staff Only	
<input type="checkbox"/> New Family	<input type="checkbox"/> Proof of Residency

School _____ Starting Date _____

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

Birth Date _____ Grade _____ Gender _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Unlisted? Cell Phone _____

Ethnicity: Hispanic OR If Non-Hispanic please choose one of the following: White Black or African American
 2 or more races Asian American Indian or Alaskan Native Other Pacific Islander

Are you living with friends or relatives because of your financial situation or are you homeless? Yes No

Has this student ever attended Dixon Public Schools? No If yes, what school _____

IF TRANSFERRING, Name of Previous School _____

Address/City/State _____

HOME LANGUAGE SURVEY:

Is a language other than English spoken in your home? No If yes, what language _____

Is this the primary language in the home? No Yes

Does your child speak a language other than English? If yes, what language? _____

**If you answered yes to the above language questions, the law requires to test your child's English Language proficiency. The school will measure your child's listening, speaking, reading, & writing skills.*

Is this child a Foster Child? Yes Placed by _____ (please supply our office with documentation)

If yes, does the biological parent live in the Dixon School District? Yes No

SPECIAL SERVICES:

Is this student receiving Special Education Services or have a current IEP? Yes No

Type of Service

Does the child have any known: Speech/Language Needs Hearing Problems Vision Problems Advanced Skills Disabilities

Does this student have at least one Parent or Guardian who is an active member of the Army, Navy, Air Force, Marine Corps, or Coast Guard that is full-time in the military service of the United States? Yes No

GUARDIAN INFORMATION:

Mother's Last Name _____ First Name _____ Lives with Student

If you do not live with the student, what is your address? _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Email address _____ Is this person a CONVICTED CHILD SEX OFFENDER? Yes No

Do you have sole custody: Yes (If yes, please supply our office with documentation) No Joint Custody?

Father's Last Name _____ First Name _____ Lives with Student

If you don't live with the student, what is your address? _____

Home Phone _____ Cell Phone _____

Employer: _____ Work Phone _____

Email address _____ Is this person a CONVICTED CHILD SEX OFFENDER? Yes No

Do you have sole custody: Yes (If yes, please supply our office with documentation) No Joint Custody?

Step Mother's Last Name _____ First Name _____ Lives with Student
Address _____ Employer _____
Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Is this person a CONVICTED CHILD SEX OFFENDER? Yes No

Step Father's Last Name _____ First Name _____ Lives with Student
Address _____ Employer _____
Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Is this person a CONVICTED CHILD SEX OFFENDER? Yes No

Other Legal Guardian's Last Name _____ First Name _____ Lives with Student
Address _____ Employer _____
Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Is this person a CONVICTED CHILD SEX OFFENDER? Yes No

Emergency Information: Please list in order, who should be called if we need to contact you about your child during the day for illness, etc... (List yourself in the order you want to be notified, if you so desire)

1. Name _____ Relationship _____ Home Phone _____
Alternate Phone _____ Is this person a CONVICTED CHILD SEX OFFENDER? Yes No
2. Name _____ Relationship _____ Home Phone _____
Alternate Phone _____ Is this person a CONVICTED CHILD SEX OFFENDER? Yes No
3. Name _____ Relationship _____ Home Phone _____
Alternate Phone _____ Is this person a CONVICTED CHILD SEX OFFENDER? Yes No
4. Name _____ Relationship _____ Home Phone _____
Alternate Phone _____ Is this person a CONVICTED CHILD SEX OFFENDER? Yes No

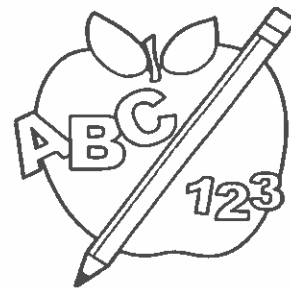
Physician _____ Office Phone _____

Daycare Provider _____ Phone _____

- List Name (s) of other children in your household:
- | | | | | |
|------------|--------------------|-----------------|-------------------------------|---------------------------------|
| Name _____ | Relationship _____ | Year Born _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Name _____ | Relationship _____ | Year Born _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Name _____ | Relationship _____ | Year Born _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Name _____ | Relationship _____ | Year Born _____ | <input type="checkbox"/> Male | <input type="checkbox"/> Female |

Please Sign: _____ **This form can only be signed by a parent or guardian**

Washington School Kindergarten Information Sheet



Child's Legal Name: _____

Last

First

Middle

Child's Name to be used at school. (This is the name they will learn to write): _____

Student's Age Entering Kindergarten: _____ Birth Date: _____

Does your child have any physical disabilities, or other disabilities, allergies, or any medical history that you feel would affect his/her school career? If so describe fully: _____

Do you have any special problems with your child at home, such as fears, temper tantrums, lack of respect for authority, etc.? _____

Parent/Guardian Communication:

Parent/Guardian Full Name: _____ Relationship to student: _____

Address: _____

Home phone# _____ Cell # _____ Work # _____

Place of Employment: _____

Email: _____ (For class updates, photos, etc)

Lives with Student

Parent/Guardian Full Name: _____ Relationship to student: _____

Address: _____

Home phone# _____ Cell # _____ Work # _____

Place of Employment: _____

Email: _____ (For class updates, photos, etc)

Lives with student

How will your child get home from school?

Bus _____ **OR** Car _____

If Car who will pick up at school _____

Are there any activities or holidays that your child is not allowed to take part in? If yes, please list: _____

Can I take your child's picture to put in class books and use in school related activities?

YES

NO

(OVER)

Number of children living in student's home: siblings.

Student is number out of

Other siblings attending Dixon Public Schools:

_____ Grade: _____ Grade: _____

_____ Grade: _____ Grade: _____

Student has attended preschool: no yes Where: _____

Student has previously or is currently receiving special services: IEP Speech Counseling

Physical Therapy Occupational Therapy Other: _____

Developmental Skills: Please choose the response that best fits your child.

	Hasn't tried yet / avoids	Is currently working on	Does all the time on own
Writes first name with an uppercase at the beginning (Rest is lowercase)			
Cuts with scissors on lines			
Counts 4-10 objects correctly			
Pretends to read by looking at pictures			
Draws a person (without help) with all body parts (head, body, arms, legs, facial features)			
Recognizes first name in print			
Ties shoes			

Social Skills: Please choose the response that best fits your child.

	Hasn't tried yet / avoids	Is currently working on	Does all the time on own
Chooses to verbally express both positive and negative feelings			
Plays well with others			
Seeks the attention of others in appropriate manner			
Does things for him/herself (dress self, tidies belongings, and takes care of own toilet needs)			
Follows through when you give directions			
Attempts new tasks, acknowledging it's okay to make mistakes			

Comments:

DIXON PUBLIC SCHOOLS
AUTHORIZATION SHEET

Rev. July, 2012

STUDENT'S NAME _____ GRADE _____

(Please Print)

FIELD TRIPS:

Please allow the above student to participate in scheduled field trips. _____ Please initial

HANDBOOK:

I acknowledge that the Student/Parent Handbook is available to view on the DPS Website. _____ Please initial

Notice to Parents Student Pictures/Images/Publications

I give permission for the above student to have their photo printed in a school yearbook and class photo.

Yes No Check One

I grant consent to the Dixon School District to identify a picture of the above student, by full name and/or the school he or she attends, in any school sponsored material, publication, videotape, or web site. This consent is valid for the entire time the above student is enrolled in Dixon Public Schools. I may revoke this consent at any time by notifying the building Principal.

Yes No Check One _____ Please initial

INTERNET/ACCELERATED READER: Both you and your child must sign this agreement:

Electronic Network Access Acceptable Use Policy Agreement

I understand and will abide by the Authorization for Electronic Network Access. I further understand that should I commit any violation, my access privileges will 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 District and its School Board members, employees, and agents from any claims and damages arising from my use, or inability to use the district's electronic network access. I acknowledge that I have read and understand the Student's Acceptable Use Policy on the District's Website.

Date _____ Student Signature _____

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 of Education members, for any harm caused by materials or software obtained via the electronic network. I accept full responsibility for supervision if and when my child's use is not in the school setting. I have discussed the terms of this Authorization with my child. I hereby request that my child be allowed access to the District's electronic network connection. *The entire Acceptable Use Policy can be viewed on our website under the "Parents" link, Registration Forms. I acknowledge that I have read and understand the Student's Acceptable Use Policy on the District's Website.

Parent/Guardian Signature _____

Empty box for additional notes or signatures.

DIXON PUBLIC SCHOOLS #170
PARENT MEDICATION CONSENT FORM

Student Name: _____ Birthdate: _____ Grade: _____

I consent for my child to take **Tylenol** at school

_____ Yes or No - Please select one

I consent for my child to take **Ibuprofen** at school

_____ Yes or No - Please select one

Concerns you would like us to be aware of (allergies, asthma, health restrictions, etc.) - PLEASE check mark all that apply:

Asthma (Please provide nurse with Asthma Action Plan from doctor). Diabetes Seizures

Allergies-Please list - _____

Other concerns: _____

If your child has any of these conditions - Asthma, Seizures, Food Allergies, or Diabetes, an action plan form will need to be completed by a physician and given to the school nurse. You can access these forms on our website - <http://www.dps170.org/departments/health-services>.

I would like my child's Emergent (inhaler, epi-pen) medication to be:

Stored in the Nurse's Office Carried on Self

Name of medication: _____

By Signing Below, I Agree:

1. I hereby authorize District Public Schools and its employees on my behalf to allow my child to self administer medication while under the direct supervision of an employee of District Public Schools. I acknowledge that it may be necessary for the supervision of administration to my child be performed by an individual other than a school nurse, and specifically consent to such practice.
2. To indemnify and hold harmless District Public Schools and its employees against any claims, except a claim based on willful and wanton conduct, arising out of the self administration of medication by the child.
3. Agree that the above information may be shared with appropriate personnel for health and educational purposes.
4. I consent to any x-ray, examination, anesthetic, medical and or surgical diagnosis, medical treatment or hospital care, to be rendered to the minor child under the general or special supervision and on the advise of any physician or surgeon licensed to practice in the State when need for such treatment is immediate. This will be used only when reasonable effort to contact me or the emergency contact person(s) is unsuccessful.

Guardian/Parent Signature

Date

* Complete only if there are concerns *

Academic

Parental Concerns

Emotional

Behavioral

Student's Name: _____ Parent/Guardian Name: _____

Grade Level: _____

Concerns:

Please share the above information with the following people:

- | | |
|-------------------------------------------|------------------------------------|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> All of the above | |

Please mark the appropriate response:

Has your child received counseling services? Yes / No Where did counseling occur? _____

Please sign to show you have read the information on this form.

Parent Signature: _____

DIXON PUBLIC SCHOOLS #170

“A Place to Grow”

www.dixonschools.org

1335 Franklin Grove Road Phone:
Dixon, Illinois 61021

(815) 284-7722
Fax: (815) 284-8576

NOTICE

RE: NOTIFICATION REQUIREMENT FOR INTEGRATED PEST MANAGEMENT (IPM) PROGRAM

Public Act 91-0525 (Senate Bill #529-which Gov. Ryan signed on Aug. 13, 1999 with an effective date of Aug. 1, 2000) IPM in Schools requires schools to adopt Integrated Pest Management (IPM) indoors and to notify parents, guardians, and school employees two business days prior to indoor pesticide applications. Dixon Public Schools District #170 has employed the services of Pest Control Consultants to perform the inspections and pesticide applications in each of the District's buildings.

Applications will take place as follows:

ALL buildings will be done the 3rd Thursday of each month.

Public Act 91-0099 (Senate Bill #527) Parents Right-to-Know requires schools to notify parents and guardians two business days prior to pesticide applications outdoors. At this time there are no outdoor applications planned.

Anyone interested in examining the Integrated Pest Management (IPM) policy, or have any questions, should direct their request to:

Designated Official: Mr. Kevin Schultz Phone: 815/284-7722
Business Address: 1335 Franklin Grove Rd. Dixon, IL 61021

IPM places emphasis on inspection and communication with the school administration. The focus of the program is to identify and eliminate conditions in the school which could cause pests to be a problem. Application of pest control materials are made only when necessary to eliminate a pest problem. Regular spraying is not part of the program.

If it becomes necessary to use any pest control products other than traps or bait, notice will be posted two business days prior to the application. The only exception to the two day notice would be if there is an immediate threat to health or property. If you would like to receive written notification prior to the application of any pest control materials subject to the notification requirements, please complete the form below and return it to the school. -----

****PLEASE DETACH THIS PORTION AND RETURN TO SCHOOL OFFICE****

NO, I do not wish to receive this IPM notification. I understand that the applications take each month, and that I will be notified if this day changes.

YES, I wish to continue receiving this IPM notification EACH month. By marking "Yes", you will receive a notice EVERY month!

Parent/Guardian Signature _____ Date _____

Student's Name: _____ Grade: _____ School: _____

Address: _____

Email address _____ (Preferred method)



Student Transportation Form

Transportation questions please call 815-284-8600

(STUDENTS CAN ONLY HAVE A MAXIMUM OF 2 ADDRESSES FOR BUSSING - A.M. AND P.M. ADDRESS.)

Student name: _____ School _____ Grade _____

(MORNING PICK UP WILL BE BASED ON THIS ADDRESS:)

Home Address: _____

Parent/Guardian Name: _____

Emergency/Alternate Contact Name:

Home Phone: _____ Cell Phone: _____ Work Phone: _____

How will the student typically get to school?

Bus# Walk Private Vehicle Other

How will the student typically get home from school?

Bus# Walk Private Vehicle
 Sitter (Please provide information below):

Sitter Name _____ Sitter Address _____

Sitter Phone Number(s): _____

A 24 to 48 hour notice must be given to the Bus Company when changing route information.

Call 815-284-8600 for questions.

*****FOR ILLINOIS CENTRAL BUS CO. OFFICE USE ONLY - ROUTING INFORMATION*****

AM		PM	
Route	Time	Route	Time

Route #: _____

Route Shuttle: _____

Comments: _____

Safety First/Quality Always



1335 Franklin Grove Road
Dixon, IL 61021

www.illinois-central.com

Office: 815-284-8600
Fax: 815-284-8611

Dear Parent /Guardian

When we are dropping off Kindergarten Students we must see an adult before we will let them off the bus. This is for the safety of the students. If you would like for your student to get off the bus with a sibling or without an adult present, please fill out the form below. If you have any questions, please don't hesitate to give our office a call.

I give permission for my Kindergarten student: _____
Name

to get off with their sibling: _____
Name

I give permission for my Kindergarten Student: _____
Name

to get off the bus without seeing an adult.

Date: ____/____/____

Parent / Guardian Name: _____
Print

Parent / Guardian Signature: _____
Signature

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www.dps170.org

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Dixon, Illinois 61021

Phone: (815) 284-7722
Fax: (815) 284-8576

Schoolwide Title I School-Parent Compact 2018-2019

Dear Parents,

We, the Title I School community of Washington and Jefferson Elementary, establish this School-Parent Compact for Reading in order to foster the improvement of reading and to support the success of our students, so all may read well and independently. We believe this can be done with the planned partnership of parents, families, students, teachers, and principals.

PARENT/ GUARDIAN RESPONSIBILITIES

1. Read To and With my child and encourage my child to read Independently;
2. Make reading a priority in my home, allowing at least 15 minutes a day;
3. Monitor my child's progress by attending parent-teacher conferences and communicate with my child's teacher;
4. Monitor attendance, homework, and television viewing;
5. Praise my child often for the good things she/he does.

STUDENT RESPONSIBILITIES

1. Read at home at least 15 minutes a day, NO ARGUMENTS!;
2. Make an effort to read books independently;
3. Pay attention to my teachers and family and ask questions when I need help;
4. Have confidence in myself and believe I can become a better reader;
5. Practice what I have learned in reading both in the classroom and at home;
6. Share the responsibility to improve my academic achievement and achieve the State's high standards.

TEACHER/SCHOOL RESPONSIBILITIES

1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards;
2. Inform parents about reading activities and student's progress;
3. Participate in parent-teacher meetings and/or conferences during which this compact will be discussed as it relates to the individual child's achievement;
4. Individualize instruction based on information gained through periodic assessment to determine their appropriate reading level and progress in meeting the Illinois Learning Standards;
5. Provide assistance to parents on understanding the Illinois Learning Standards for reading;
6. Set high standards in reading by providing a challenging curriculum;
7. Allocate resources to ensure that high standards are being met;
8. Report publicly the school-wide reading data, and help teachers and parents to understand how adopting high standards can lead to the improvement of scores;
9. Provide parents reasonable access to staff and respond to parents' questions and concerns in a timely manner;
10. Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities.

Principal's Signature & Date

Parent's Signature & Date

Teacher's Signature & Date

Student's Signature & Date

