# Dixon Public Schools

1335 Franklin Grove Road • Dixon IL 61021 • 815-284-7722
www.dixonschools.org

## CONSENT FOR RELEASE OF INFORMATION

Student Name: _____ Birthdate: _____ Grade Level: _____

Authorization for (Former School):

Name: _____

City / State: _____

**Send Records to:**

☐ Washington School (Pre-K-1)
703 E. Morgan St.
Dixon, IL 61021
(815) 284-7727
Fax: (815) 284-0440

☐ Jefferson School (2nd- 3rd)
800 Fourth Ave.
Dixon, IL 61021
(815) 284-7724
Fax: (815) 284-0435

☐ Madison School (4th & 5th)
618 Division Street
Dixon, IL 61021
(815) 284-7726
Fax: (815) 284-1305

☐ Reagan Middle School (6th-8th)
620 Division Street
Dixon, IL 61021
(815) 284-7725
Fax: (815) 284-1711

Please send the following records:

Cumulative Records - current grades, attendance, testing;
Health Records-physical, immunizations, dental;
Special Education Records – IEP, evaluations, psychological;
ISBE Student Transfer Form or "student in good standing" letter;
All prior records from other school districts.

- I certify that I am the parent or legal guardian of the above named student & have the authority to sign this release.
- I understand that this information may not be forwarded to another individual, agency or organization without my written consent.
- I have the right to inspect and obtain a copy of the records that have been disclosed.
- I understand that my refusal to consent to the release of the above mentioned information will prevent the disclosure of the information.
- I understand that I may revoke this authorization at any time. I understand if I revoke the authorization, I must do so in writing and present it to the Dixon Public Schools. I understand the revocation will not apply to information that has already been released in response to the authorization.
- This authorization will expire one year from date of authorization, unless otherwise revoked.

_____ _____

Signature of Parent or Guardian Date

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

**For Office Staff Only**
☒ New Family ☐ 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 _____ ☐ Male ☐ Female

Name _____ Relationship _____ Year Born _____ ☐ Male ☐ Female

Name _____ Relationship _____ Year Born _____ ☐ Male ☐ Female

Name _____ Relationship _____ Year Born _____ ☐ Male ☐ Female

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

# DIXON PUBLIC SCHOOLS #170

*"A Place to Grow"*

www.dps170.org

1335 Franklin Grove Road
Dixon, Illinois 61021

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

## Registration/Residency Guidelines

If you are registering your child with Dixon Public Schools for the first time, you will be asked to provide proof of residency. Examples of proof of residency include any of the following: utility bill, lease agreement, property tax statement, mortgage statement, vehicle title or registration card, pay check/pay stub, insurance policy, their person affidavit of residency (from landlord or dwelling owner), checking or savings account statement, etc.

Please determine which of one of the five situations most clearly reflects the reason the student lives within the boundaries of the Dixon Public Schools.

1. _____ The student lives with his or her natural or adoptive parents, the student is a resident of the school district in which his or her natural or adoptive parents live.

2. _____ If a court has granted custody, not guardianship, to an adult with whom the student lives, then the student is a resident of the district in which that adult lives, as long as the student is not living with the adult for access to the educational programs of the district.

3. _____ If an adult has been granted short-term guardianship by the court system, then the student is a resident of the district in which that adult lives, as long as the student is not living with the adult for access to the educational programs of the district. (*Please verify short-term guardianship)

4. _____ If a student lives with an adult relative caretaker receiving aid under the Illinois Public Aid Code for that student, then the student is a resident of the district in which that adult lives, as long as the student is not living with the adult for access to the educational programs of the district.

5. _____ If the student lives with an adult who has accepted responsibility for the student and provides a fixed nighttime abode for the student, then the student is a resident of the district in which that adult lives, as long as the student is not living with the adult for access to the educational programs of the district. (*Must complete Affidavit of Enrollment and Residency Form on the other side of this form.)

Student's Name: _____
(please print clearly)

| _____ | _____ | _____ |
|---|---|---|
| Date | Adult Name (print name clearly) | Adult Name (Signature) |

*Dixon Public Schools, in cooperation with the community, will provide students with a comprehensive educational program that produces well-educated, self-sufficient, and involved citizens.*

Illinois
State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

# AFFIDAVIT OF ENROLLMENT AND RESIDENCY

## REGULATORY SUPPORT & WELLNESS

This affidavit form may be used if you are an adult who has assumed responsibility for a pupil and provide the pupil with a fixed, night-time abode, **for reasons other than access to the educational programs of the school district**.

This form should *not* be used, however, if you are the natural or adoptive parent of the pupil, have been granted court-ordered custody or guardianship, or are receiving public aid on behalf of the pupil. For these situations, you are only required to provide documentation (such as a birth certificate or court order), without the need of an affidavit like this one.

This form is also *not* required for pupils who are sharing the housing of others due to lack of housing, economic hardship, or similar reason, or are otherwise homeless as defined in state and federal law. **Homeless pupils must be enrolled immediately.**

If you have ***any*** questions about residency, including homelessness, please contact the Illinois State Board of Education's Regulatory Support & Wellness Division at (217) 782-5270.

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I, _____ (*Name of Adult*), reside at _____ (*Address*),

which is located within the boundaries of _____ (*School District*).

***Provide the appropriate information and check each of the following:***

☐ I am at least 18 years of age.

☐ I have provided proof in the form(s) of _____ (*Proof of Residency*)

_____

that I am a resident of _____ (*School District*).

☐ I have assumed and exercise responsibility for _____ (*Name of Pupil*).

☐ I provide a fixed, night-time abode for _____ (*Name of Pupil*).

☐ _____ (*Name of Pupil*) is not living with me for the purpose of having access to the educational programs of the school district.

☐ I understand that knowingly or willfully providing false information to a school district regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of nonresident tuition is a Class C misdemeanor.

☐ I understand that knowingly enrolling or attempting to enroll a pupil in the school of a school district of a tuition free basis when I know that pupil to be nonresident of the school district, unless the nonresident pupil has a lawful right to attend, is a Class C misdemeanor.

| _____ | _____ | _____ |
|---|---|---|
| *Date* | *Signature of Adult* | *Adult (Print Name)* |
| _____ | _____ | _____ |
| *Date* | *School District Employee (Signature)* | *School District Employee (Print Name)* |

# DIXON PUBLIC SCHOOLS
# AUTHORIZATION SHEET

**STUDENT'S NAME**_____ **GRADE**_____
(Please Print)

## FIELD TRIPS:

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

## DISCIPLINE 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 - 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 purposed 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. I acknowledge that I have read and understand the Student's Acceptable Use Policy.

**Parent/Guardian Signature**_____

## DHS Student Technology Agreement (1 to 1) - DHS Parent/Students only

I acknowledge that I have read and understand the Chromebook Policies and Procedures of the DHS Student Technology agreement.

**Parent/Guardian Signature**_____ **Student Signature** _____

# 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 *

# Parental Concerns

Academic | Emotional | Behavioral

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

Grade Level: _____

Concerns:

_____

_____

_____

_____

Please share the above information with the following people:

☐ Counselor ☐ Principal
☐ Teacher ☐ Nurse
☐ 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: _____

(Rev. 06/2015)

Illinois Central School Bus

New Student _____ Change _____
Start Date: _____

**Please call your Student's School with any Transportation questions.**

## STUDENT TRANSPORTATION FORM 2019-2020

(Students can only have a maximum of 2 addresses for busing and they must be on a regular schedule

A 48 HOUR NOTICE MUST BE GIVEN TO THE BUS COMPANY WHEN CHANGING ROUTE INFORMATION

Student Last Name: _____ First Name: _____

School _____ Grade: _____

**Primary AM PICK UP Address:** _____

Scheduled Pick Up Days: Mon Tues Weds Thurs Fri _____

**Secondary AM PICK UP Address:** _____

Scheduled Pick Up Days: Mon Tues Weds Thurs Fri _____

**Primary PM DROP OFF Address:** _____

Scheduled Drop Off Days: Mon Tues Weds Thurs Fri _____

**Secondary PM DROP OFF Address:** _____

Scheduled Drop Off Days: Mon Tues Weds Thurs Fri _____

**Parent/Guardian Name:** _____

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

**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 Phone:** _____

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

| ICSB | Route AM | Time AM | Group Stop | Route PM | Time PM | Group Stop |
|---|---|---|---|---|---|---|
| Route Number: | | | | | | |
| Route Shuttle: | | | | | | |
| Comments | | | | | | |