

Today's Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

**HCUSD #3 STUDENT ENROLLMENT FORM**

**Student's:** Last Name  First Name  Middle Name  Preferred or Nick Name

Sex:  Birthdate:  Birth Certificate: (County/State)  Social Security:  Has this child attended a Hillsboro School before? YES  NO

Grade \_\_\_\_\_  
Teacher \_\_\_\_\_  
School Bus # \_\_\_\_\_

Please indicate who the student is living with:  
1-father & mother   
2-father   
3-mother   
4-guardian   
5-other

**Parent/Guardian Information:**  
Name \_\_\_\_\_  
Street: \_\_\_\_\_ P.O. Box \_\_\_\_\_  
City & Zip \_\_\_\_\_, IL \_\_\_\_\_  
Home Phone: \_\_\_\_\_   
Cell Phone: \_\_\_\_\_   
Email address: \_\_\_\_\_

Does this student have an Individualized Education Plan? YES  NO

Mother's Name  Mother's Occupation & Place of Employment  Mother's Work Phone Number

Father's Name  Father's Occupation & Place of Employment  Father's Work Phone Number

*Please check the box next to any above phone number you DO NOT wish to have called as part of the Instant Messaging phone system.*

**Emergency Information:** In order to safeguard your child in case of early dismissal, illness, or accident: If you do not have a phone or cannot be reached, whom shall we contact and where shall we send your child?

Relative/Friend #1 : Name:  Relationship:  Phone:   
Relative/Friend #2 : Name:  Relationship:  Phone:

Doctor's Info : Doctor:  Doctor's Phone:   
Hospital's Info: Hospital's Name:  Hospital's Phone:

Child covered by: (Mark one)  Insurance  Medical Card  All Kids  Not covered

Health History	Yes	No
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Glasses	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid	<input type="checkbox"/>	<input type="checkbox"/>

Allergies (food or medicine): \_\_\_\_\_  
\_\_\_\_\_  
Please state all medications being taken:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Ethnic Code: (Check one)  
Asian  Hispanic   
Black  White   
American Indian  Multi-Racial   
Other: \_\_\_\_\_

Is a language other than English spoken in the student's home? Yes  No   
If yes, which language? \_\_\_\_\_  
Does the student speak a language other than English? Yes  No   
If yes, which language? \_\_\_\_\_

ADDITIONAL COMMENTS:

Consent of Parent/Guardian: I agree to the release of health information on my child to appropriate school or health authorities and to Medicaid as needed for reimbursement.

Signature: \_\_\_\_\_ X Date: \_\_\_\_\_ X

**AFFIDAVIT OF RESIDENCE**

We, \_\_\_\_\_ having first been sworn upon our oath depose and say as follows:

That we the parents, foster parents, or court ordered legal guardians of \_\_\_\_\_, Age \_\_\_\_\_, and that his/her residence is \_\_\_\_\_ (street address), City of \_\_\_\_\_, Montgomery County, IL. Within the territorial boundaries of Hillsboro Community Unit School District #3, Montgomery County, IL. That the said child’s residence within the said school district has not been established solely for the purpose of attending the schools thereof. That the following facts are sworn to in order to permit the said school district to enroll the said child in the schools of said district as a resident.

Length of time child has resided at the above address \_\_\_\_\_  
The said child eats meals regularly at said residence Yes \_\_\_\_\_ No \_\_\_\_\_  
The said child sleeps regularly at said residence Yes \_\_\_\_\_ No \_\_\_\_\_  
The said child spends weekends regularly at said residence Yes \_\_\_\_\_ No \_\_\_\_\_  
The said child spends summers regularly at said residence Yes \_\_\_\_\_ No \_\_\_\_\_  
Child provides \_\_\_\_\_% of his/her support

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_  
Address

**A PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS TO THE SCHOOL DISTRICT ANY FALSE INFORMATION REGARDING THE RESIDENCY OF A STUDENT FOR THE PURPOSE OF ENABLING THAT STUDENT TO ATTEND ANY SCHOOL IN THAT DISTRICT IS GUILTY OF A CLASS C MISDEMEANOR.**

Dear Parent(s)/Guardian(s),

We now have the ability to enhance your child's education through the use of the Internet. The Internet offers vast, diverse, and unique resources. The District's goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication. Your authorization is needed before your child may use this resource.

The Internet electronically connects thousands of computers throughout the world and millions of individual subscribers. Students and teachers may have access to:

- Limited electronic mail communication with people all over the world
- Information from government sources, research institutions, and other sources
- Discussion groups
- Many libraries, including the catalog to the Library of Congress, and the Educational Resources Information Clearinghouses (ERIC).

With this informational opportunity also comes responsibility. You and your child should read the enclosed **Authorization for Internet Access** and discuss it together. The use of inappropriate material or language, or violation of copyright laws, may result in the loss of the privilege to use this resource. Remember that you are legally responsible for your child's actions.

The District takes precautions to prevent access to materials that may be defamatory, inaccurate, offensive, or otherwise inappropriate in the school setting. On an unregulated network, however, it is impossible to control all material and a user may discover inappropriate material. Ultimately, parent(s)/guardian(s) are responsible for setting and conveying the standards that their child or ward should follow. To that end, the School District supports and respects each family's right to decide whether or not to authorize Internet access.

Please read and discuss the **Authorization for Internet Access** with your child. If you agree to allow your child to have an Internet account, sign the **Authorization** form and return it to your school.

*Adopted 2/13/96*

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**006.235-E2  
INSTRUCTION**

**AUTHORIZATION FOR INTERNET 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 Internet 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 proscribed behavior by users. However, some specific examples are provided. The failure of any user to follow the terms of the **Authorization for Internet Access** will result in the loss of

privileges, disciplinary action, and/or appropriate legal action. The signature(s) at the end of this document is legally binding and indicates the party who signed has read the terms and conditions carefully and understands their significance.

### Terms and Conditions

1. **Acceptable Use**—Access to the District’s Internet must be for the purpose of education or research, and be consistent with the educational objectives of the District.
2. **Privileges**—The use of the District’s Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The Building Principal will make all decisions regarding whether or not a user has violated this **Authorization** and may deny, revoke, or suspend access at any time.
3. **Unacceptable Use**—You are responsible for your actions and activities involving the network. Some examples of unacceptable use are:
  - a. Using the network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any U.S. or State regulation;
  - b. Unauthorized downloading of software, regardless of whether it is copyrighted or devirused;
  - 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;
  - f. Gaining unauthorized access to resources or entities;
  - g. Invading the privacy of individuals;
  - h. Using another user’s account or password;
  - i. Posting material authored or created by another without his/her consent;
  - j. Post anonymous messages;
  - k. Using the network for commercial or private advertising;
  - l. Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abuse, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material; and
  - m. Using the network while access privileges are suspended or revoked.
4. **Network Etiquette.** You are expected to abide by 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 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 means.
  - f. Consider all communications and information accessible via the network to be private property.

5. 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 you suffer. This includes loss of data resulting from delays, non-deliveries, missed-deliveries, or service interruptions caused by its negligence or your errors or omissions.
6. 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 breach of this **Authorization**.
7. Security—Network security is a high priority. If you can identify a security problem on the Internet, 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 Internet 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.
8. 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.
9. 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.

Students, parent(s)/guardian(s), and teachers need only sign this **Authorization for Internet Access** once while enrolled in the School District.

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I understand and will abide by the above **Authorization for Electronic Network Access**. I understand that the District and/or its agents may access and monitor my use of the Internet, including my 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 liability to use the Internet.

DATE \_\_\_\_\_ X

\_\_\_\_\_ X

*User Signature:*  
*(Required if the user is a student)*

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 have discussed the terms of this **Authorization** with my child. I hereby request that my child be allowed access to the District's Internet.

DATE \_\_\_\_\_ X

\_\_\_\_\_ X

*Parent/Guardian Name (Please PRINT)*

\_\_\_\_\_ X

*Signature*

08/24/99

**Using a Photograph or Videotape of a Student**

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

Pictures of Named Students. Many times, however, the school will want to identify a student in a school picture. School officials want to acknowledge those students who participate in a school activity or deserve special recognition.

In order for the school to publish a picture with a student identified by name, one of the student’s parents or guardians must sign a consent form. Please complete and sign this form to allow the school to publish and otherwise use photographs and videotapes, with your child or ward identified, while he or she is enrolled in this school.

**I grant consent to Hillsboro School District to identify a picture of my Child or ward, by full name and/or the school he or she attends, in any School sponsored material, publication, videotape, or website. This consent is valid for the entire time my child or ward is enrolled in \_\_\_\_\_ School. I may revoke this consent at any time by notifying the Building Principal.**

\_\_\_\_\_  
*Signed Parent/Guardian’s Name*

\_\_\_\_\_  
*Printed Parent/Guardian’s Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Child or Ward’s Name*

Pictures of Students Taken by Non-School Agencies. While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student. School staff members will not, however, identify a student for an outside photographer.

## Biometric Finger ID System

Dear Parent/Guardian,

The Hillsboro School District has implemented a Biometric Finger ID System. This system will be used to identify your child in lieu of ID cards or passwords. The Finger ID System does not store your student's finger print, it analyzes specific characteristics of each finger and matches them to the specific student's record.

The Biometric Finger ID System is totally secure and the finger ID that is stored in the system cannot be reproduced at any time or in any way. By using this service, your child will not have to remember a PIN number or have an ID card that could be stolen or borrowed by others.

In order for your student to begin using the Finger ID System, you will need to sign and return the attached permission form. By signing and returning the attached form, you are authorizing the Hillsboro School District to scan your student's finger so that your child can be added to the system. To reiterate, once your student has been entered in to this new system, there is no way for their finger ID information to be passed on to anyone else or have their finger ID reproduced.

We know that the Biometric Finger ID System will help make identifying students fast, easy, and secure. If you have any questions or concerns, please contact Mrs. Tracy Collins, Food Service Director at 532-2338 or [tracycollins@hillsboroschools.net](mailto:tracycollins@hillsboroschools.net).

Sincerely,



Tracy L. Collins  
Food Service Director

# Biometric Finger ID System

Please fill in the appropriate Information below so that ID information can be generated. Your child will be asked to scan their fingerprint in order to set up ID information. However, once an ID number is generated, the scanned fingerprint will be discarded for privacy purposes. The scanner then detects only certain characteristics of the finger print for identification.

Please fill out a separate form for each child. If you have questions or concerns, please contact Tracy Collins, Food Service Director at [tracycollins@hillsboroschools.net](mailto:tracycollins@hillsboroschools.net) or call 532-2338.

Name \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_ I elect to participate in the finger ID system service

Signature \_\_\_\_\_ X Date \_\_\_\_\_ X

# TRANSPORTATION INFORMATION

STUDENT \_\_\_\_\_ TEACHER \_\_\_\_\_

\_\_\_\_\_ Will be picked up or walk

\_\_\_\_\_ Will ride bus home      Bus # \_\_\_\_\_

\_\_\_\_\_ Will ride bus to: \_\_\_\_\_ Bus # \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Will go to A.S.K. (Circle Days)    M    T    W    Th    F

SPECIAL INSTRUCTIONS: