



Hillsboro Junior High School

Home of the Dragons

909 Rountree Hillsboro IL 62049
(217) 532-3742



Dear Parents and Students of Hillsboro Junior High School:

The first day of student attendance for the 2009/2010 school year will be on Tuesday, August 18 with an early dismissal at 11:45 a.m. On August 19 students will be released at 2:20 pm from HJHS and school will not be in session on August 20-21 for the Old Settlers Celebration. All Jr. High and High School registration forms have been placed on the school district website www.hillsboroschools.net and can be filled out and printed at your convenience. You may bring these completed forms to registration to save you time or you may complete the forms at HJHS when you come to register your child(ren). Student supply lists are also posted on the website. Jr. High registration dates and times are as follows:

Wednesday, August 5	Noon-6:00 p.m.
Thursday, August 6	Noon- 6:00 p.m.
Friday, August 7	8:00 a.m. Noon

Have a great summer!

Mark Fenske
Principal
Hillsboro Jr. High School

On the following pages you will find:

- 2009-2010 Student Enrollment Form
- Affidavit of Residence
- Use of Photo Permission Form

These forms are interactive, meaning that you can fill them out on your computer and then print. The areas where you see the red X's are not interactive and you will need to sign and date in pen after printing. If you prefer not to fill them out on your computer you may print them and fill them out by hand.

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: _____
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

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		
Heart		
Seizures		
Asthma		
Diabetes		
Glasses		
Hearing aid		

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.

Students

Exhibit—Using a Photograph or Videotape of a Student

Distribute to parent(s)/guardian(s) at the time they register a child for school and/or annually at the beginning of the year.

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.