



**Hillsboro Community
Unit School District #3**

1311 Vandalia Road
Hillsboro, IL 62049

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Homeschooling Verification Procedures for Extra-Curricular Participation

Parents of homeschooled students wanting to participate in extra-curricular activities in the Hillsboro Community Unit School District must meet the following guidelines:

1. Student must enroll at HJHS or HHS before participation begins.
2. Student must regularly attend and maintain a passing grade in at least one course taught at HJHS or HHS. Student must be enrolled during the semester(s) in which a sport takes place
3. Applicant must submit the Homeschool Student Extra-Curricular Participation Application which is available at the district office and on our website.
4. The application must be submitted to the school district 60 days prior to the start of the extra-curricular activity in which the student(s) wish to participate.
5. Application must provide verification and documentation that all required subjects are to be taught:
 - a. Illinois requires an “adequate course of instruction” for every child covering the following branches of education:
 - Language arts
 - Math
 - Biological and physical sciences
 - Social sciences
 - Fine arts
 - Physical development and healthThe State Board of Education treats biological and physical science as one combined branch of instruction, and physical development and health as another combined branch.
6. Instruction must be in English.
7. Application should explain how letter grades will be established to meet the minimum requirements set forth by IHSA and/or IESA.
8. Applicants agree to submit current letter grades in each course to the building principal weekly using a district approved format and timeline.
9. The applicant agrees to comply with school district requests for documentation of completed course work.
10. The applicant agrees to comply with school district requests to directly conduct student interviews and/or assessments to verify that academic progress is consistent with grade reporting.
11. The application must be approved and all fees paid before student will be able to participate in the extra-curricular activity.

Revised 3-16-23

The Hillsboro Community School District fosters a student-centered culture with high expectations for each student to reach his or her full potential.

Hillsboro CUSD 3

Homeschool Student Extra-Curricular Participation Application

Student's Name

Date

Application Procedures

- Student Enrollment Form Completed
- Homeschool Student Extra-Curricular Participation Application Completed
 - Application is received 60 days prior to the start of the extra-curricular activity in which the student wishes to participate (waived for the winter 2022-2023 season)
- Fees Paid

Student receives instruction in the following branches of education:

Attach documentation that all required subjects are taught.

- | | |
|---|--|
| <input type="checkbox"/> Language arts | <input type="checkbox"/> Social sciences |
| <input type="checkbox"/> Math | <input type="checkbox"/> Fine arts |
| <input type="checkbox"/> Biological and physical sciences | <input type="checkbox"/> Physical development and health |

Instruction
is in English

- YES
 NO

Applicant agrees to comply with school district requests for
documentation of completed coursework.

- YES
 NO

How are letter grades established to meet the minimum requirements set forth by IHSA and/or ISBE?

The applicant has communicated with the principal regarding the weekly submission format and timeline for letter grades.

- YES
 NO

The applicant agrees to comply with school district requests to directly conduct student interviews and/or assessments to verify that academic progress is consistent with grade reporting.

- YES
 NO

I am responsible for reading and understanding the current school handbook. I know that I am responsible for following the school rules and procedures outlined in the handbook.

- YES
 NO

Student Signature

Parent Signature

Today's Date : ____/____/____

HCUSD #3 STUDENT ENROLLMENT FORM

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

Sex: Male Female Birthdate: _____ Birth Certificate: _____ (County/State) _____ 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
ACTIVE DUTY MILITARY? (REQUIRED) 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