HOUSD #3 STUDENT ENROLLMENT FORM

| | HCUSD #3 S | | |
|--|--|--|--|
| lame | First Name | Middle Name | Preferred or Nick Name |
| | | | |
| Birth Cer | rtificate: (County/State) | | Has this child attended a Hillsboro School before? |
| | / | | YESNO |
| | Please indicate who the | Parent/Guardian Inf | formation: |
| | student is living with: | Name | |
| | 2-father | Street: | P.O. Box |
| | 1 1 | City & Zin | , IL |
| Land Control of Contro | 5-other | | |
| ve an Individu | alized Education Plan? | Home Phone: | |
| | | Cell Phone: | |
| | | Email address: | |
| | | Employment | Mother's Work Phone Number |
| | | | |
| L | Father's Occupation & Place of En | mployment | Father's Work Phone Number |
| | | | |
| | - | | |
| Name: | Relation | ship: | Phone: |
| Name: | Relation: Relation: | | Phone: |
| | | ship: | |
| Name: | Relation | ship: | Phone: |
| Name: | Relation | ship: D H lical CardAll k | Phone: Doctor's Phone: Iospital's Phone: KidsNot covered |
| Name: Doctor: Hospital's N Mark one) | Relation Vame:InsuranceMed | ship: D H lical CardAll k Ethnic C Asian | Phone: Doctor's Phone: Hospital's Phone: |
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| Name: Doctor: Hospital's N Mark one) | Relation Vame:InsuranceMed | D H H | Phone: Doctor's Phone: Iospital's Phone: KidsNot covered Code: (Check one) Hispanic White can IndianMulti-Racial |
| Name: Doctor: Hospital's N Mark one) | Relation Vame:InsuranceMed | D H H | Phone: Poctor's Phone: Iospital's Phone: KidsNot covered Code: (Check one) Hispanic White |
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| Name: Doctor: Hospital's N Mark one) | Relation Name: Insurance Med Allergies (food or medicine): Please state all medications being taken: | Ship: Dical Card All k Ethnic C Asian Black Ameri Other: | Phone: Doctor's Phone: Lospital's Phone: Lospita |
| Name: Doctor: Hospital's N Mark one) | Relation Vame: InsuranceMed Allergies (food or medicine): Please state all medications being taken: | ship: D H Iical Card All k Ethnic C Asian Black Ameri Other: Is a la the stu If yes | Phone: Doctor's Phone: Hospital's Phone: Code: (Check one) Hispanic White can Indian Multi-Racial unguage other than English spoken in udent's home? Yes which language? |
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| Name: Doctor: Hospital's N Mark one | Relation Name: InsuranceMed Allergies (food or medicine): Please state all medications being taken: | Ship: Dical Card All k Ethnic C Asian Black Ameri Other: Is a la the stu If yes, Does than E | Phone: Doctor's Phone: Iospital's Phone: Code: (Check one) Hispanic White can IndianMulti-Racial_ Inguage other than English spoken in udent's home? YesNo which language? the student speak a language other English? YesNo |
| | Birth Ce we an Individu NO LIARY (REQ NO cox next to any tion: In order | Birth Certificate: (County/State) Please indicate who the student is living with: 1-father & mother 2-father 3-mother 4-guardian 5-other Ve an Individualized Education Plan? NO LIARY (REQUIRED) Mother's Occupation & Place of Education & Place & | Birth Certificate: (County/State) Please indicate who the student is living with: 1-father & mother 2-father 3-mother 4-guardian 5-other We an Individualized Education Plan? NO LIARY (REQUIRED) Parent/Guardian Inf Name Street: City & Zip Home Phone: Cell Phone: |

reimbursement.

Signature:___ Beckemeyer Elementary 532-6994

Coffeen Elementary 534-2314

Date:_ Hillsboro Junior High 532-3742

Hillsboro High School 532-2841



1035 Seymour Avenue, Hillsboro, Illinois 62049

Mr. Zach Frailey, Principal Mrs. Michelle Reeves, Assistant Principal 217-532-6994, Fax-217-532-5153 www.hillsboroschools.net

AUTHORIZATION FOR EXCHANGE OF CONFINDENTIAL RECORDS

Please release all records pertaining to student named below

| Name of School | | | |
|--------------------------|---------------------------------------|------------------------------|------------|
| Address | | | |
| School Records | | Any & All Medical Records | |
| I.E.P. | · · · · · · · · · · · · · · · · · · · | Social/Family History | |
| Psychological Reports | | Other | |
| Student Name | | | Birth Date |
| Address | | | |
| Signature of Parent | t or Guardian | | Date |

Send Records To:

Beckemeyer Elementary School 1035 Seymour Ave. Hillsboro, IL 62049

Phone: 217-532-6994 Fax: 217-532-5153

HILLSBORO COMMUNITY UNIT SCHOOL DISTRICT #3

McKinney-Vento Act

Student/Family Questionnaire

Your child may be eligible for additional services through the McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Presently, are you and/or your family in any of the following situations? CIRCLE YES OR NO

<u>YES / NO</u> Living with relatives or others due to lack of housing (doubled-up)
<u>YES / NO</u> Staying in a shelter

YES / NO Temporarily living in a Motel/hotel due to loss of housing, economic hardship or similar reason

YES / NO Living in a car, park, campground, abandoned building or similar substandard housing

YES / NO Unknown nightly residence (non-permanent)



IF YOU ANSWERED NO TO ALL OF THE ABOVE, <u>DO NOT</u> COMPLETE THE REMAINDER OF THIS FORM

Fill in the names of the students that the above information pertains to:

| Student Last Name | D.O.B. | Grade | School Name |
|-------------------|--------|-------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I certify that according to information provided above, the student(s) listed meet the definition of "Homeless" as stated in the McKinney-Vento Homeless Assistance Act.

| Print Parent/Guardian Name | Signature | Date |
|----------------------------|-----------|------|

Transportation Information

| Student | Teacher |
|-------------|--|
| | |
| | Will be picked up or walk (Circle Days) M T W Th F |
| | Will go to A.S.K. (Circle Days) M T W Th F |
| | Will Ride Bus (Circle Days) M T W Th F |
| | Primary Drop Off Address: |
| | |
| | Secondary Drop Off Address: |
| | |
| Special Inc | truction: |

Parents of students who normally ride the bus must designate one primary and on secondary drop off location. Students who do not normally ride a bus may designate one drop off location to be used as needed along an established route as long as there is room on the bus. **This form must be completed and on file in the school office before students can utilize their alternate bus stop.** When utilizing the alternate P.M. bus stop please notify the school office one hour prior dismissal.

Fee Waiver Request

| Stud | | Mo | ~~ | |
|-------|-----|------|-----|--|
| SILIC | eni | IVAL | me: | |

Families that receive SNAP and/or TANF benefits automatically qualify to have most school fees waived. If your family does not receive these benefits but has low/moderate income, you may still qualify for a fee waiver. For example, a family of 4 with a household income of less than \$39,000 per year qualifies for a fee waiver. If you think you may qualify, please review the chart and complete the form at the links below.

Automatic School Wavier

SNAP TANF Income Eligible Medicaid Foster Child Homeless

Yes, my child qualifies under at least one of the scenarios listed above.

Family Financial Chart

| Household Size | Annual Income | Monthly Income | Twice Per Month Income | Every Two Weeks Income | Weekly Income |
|--------------------------------|------------------|-------------------|------------------------------|------------------------------|------------------|
| 1 | \$27,861 | \$2,322 | \$1,161 | \$1,072 | \$536 |
| 2 | \$37,814 | \$3,152 | \$1,576 | \$1,455 | \$728 |
| 3 | \$47,767 | \$3,981 | \$1,991 | \$1,838 | \$919 |
| 4 | \$57,720 | \$5,640 | \$2,820 | \$2,603 | \$1,110 |
| 5 | \$67,673 | \$5,640 | \$2,820 | \$2,603 | \$1,302 |
| 6 | \$77,626 | \$6,469 | \$3,235 | \$2,986 | \$1,493 |
| 7 | \$87,579 | \$7,299 | \$3,650 | \$3,369 | \$1,685 |
| 8 | \$97,532 | \$8,128 | \$4,064 | \$3,752 | \$1,876 |
| For each add family member add | \$9,953 | \$830 | \$415 | \$383 | \$192 |

| - | Signature | Date |
|---|----------------------|---|
| | | |
| | | |
| | No, my child does no | ot qualify for a school fee waiver under these circumstances. |
| | | |
| | Income form and retu | arn it to the school office for consideration of a fee waiver. |
| | | above. I will click here to fill out the district's Household and |
| | My child does not qu | alify under the automatic waiver but may qualify under the family |



1035 Seymour Avenue, Hillsboro, Illinois 62049 Mr. Zach Frailey, Principal Mrs. Michelle Reeves, Assistant Principal 217-532-6994, Fax-217-532-5153 <u>www.hillsboroschools.net</u>

STUDENT AGENDA AND HANDBOOKS

Agenda books are provided for each student at an initial fee of \$7 per student. This fee is included in the school fees that are collected during registration. If an agenda book is lost, it must be replaced within three (3) days with a replacement fee of \$7.

I acknowledge being offered a hard copy and provided electronic access to the Student/Parent Handbook and School Board policy on student behavior.

I understand that the Student/Parent Handbook and School District policies may be amended during the year and that such changes are available on the School District website or in the school office.

I understand that my failure to return this acknowledgment will not relieve me or my child from being responsible for knowing or complying with School and School District rules, policies, and procedures.

| | | - | |
|---------------------------|--|------|--|
| Parent/Guardian Signature | | Date | |
| | | | |



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| Student's Name: |
|--|
| |
| |
| Biometric Collection |
| The school district collects biometric information from its students only for identification and/or fraud prevention purposes. The district will collect a fingerprint from your child that will be linked to his or her food service account. This information will not be shared with any company or agency outside of the school district. If you wish to read the entire policy it can be found on the district's website. |
| Parent/Guardian Signature |
| |
| Internet Use Agreement |
| All use of electronic networks shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. The failure of any user to follow district-approved procedures will result in the loss of privileges, disciplinary action, and/or legal action. If you wish to read the entire Acceptable Use Policy it can be found on the district's website. |
| Parent/Guardian Signature |

Field Trip Permission

| I give permission for my child to participate in all local | field trips taken by |
|--|------------------------------|
| Beckemeyer School during the 2024-2025 school year. | Prior notification of events |
| will be given to parents and guardians by the classroom | teacher. |

Parent/Guardian Signature

Using a Photograph or Videotape of a Student

Students may occasionally appear in photographs and video recordings taken by school staff members, other students, or other individuals authorized by the building principal. Sometimes the school may want to identify a student in a school picture by name. While the school limits access to school buildings by outside photographers, it has no control over local media or other entities that publish a picture of a named or unnamed student. To see the full photograph and videotape policy please read the student handbook.

Parent/Guardian Signature



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Your child's regular attendance is extremely important for academic success. Most of what elementary students learn is from what they see and hear in class, interaction with peers in group settings, and with hands-on materials, and technology in the classroom. Students who have poor attendance are at a serious academic disadvantage. Consistent absences and tardiness set life-long habits for poor work ethic later in life!

Hillsboro District #3 Elementary Schools will be strictly enforcing the attendance policy outlined in your elementary student's handbook. The following procedures will be followed for fairness and consistency in enforcing that policy.

- 1. Parents/guardians are responsible for making a phone call to the school each day their child is absent. If a child is absent and the school has not been contacted, the school will call the provided contact number. We must be able to verify the reason for absence or it will be considered *unexcused*. The procedure also ensures that you are made aware that your child is not at school, in the event that you thought otherwise.
- 2. After the 5th cumulative absence, excused or unexcused, a letter will be sent home to review our attendance policy.
- 3. After the 10th cumulative absence, excused or unexcused, a referral will be made to the Regional Office of Education's Truancy Officer. The officer will discuss with you your child's attendance pattern and the consequences of continued absentees. Illinois School Code requires that adults who have custody of children between the ages of 7 and 17 years of age have a responsibility to ensure that child attends school regularly.

Students that have been referred to the Regional Office of Education for the Regular Attendance Program (RAP) or truancy services will not be allowed the 10 parent verifiable absences. These students will be required to have a doctor's statement to validate the absence for the remainder of the school year or until the student is off the truancy/RAP list.

Our <u>tardiness policy</u> is also outlined in your student handbook. Students who are consistently late for school are at a significant disadvantage. After the 5th tardy, you will receive a letter from your child's school reviewing the policy. After the 7th tardy, a referral will be made to Regional Office of Education Attendance Specialist. After the 10th tardy a referral will be made to ROE Truancy Officer.

| Parent/Guardian Signature | Date |
|---------------------------|------|
| | |
| | |

Parent Information

First Day of School

The first day of student attendance is Wednesday, August 14th. This will be a full attendance day. The doors to the school open at 7:45 AM each morning. Bus students will be dismissed at 2:45 each day and then walk-home students will be dismissed at 2:55.

Kindergarten Orientation

The Beckemeyer office and the kindergarten teachers will host a parent only orientation on Monday, August 12th starting at 5:00 p.m. in the gym. Parents will meet with the office staff to discuss day-to-day operations and have a chance to have any questions answered. Parents will then go to their child's room to meet with their kindergarten teachers.

The first day of school on August 14th will be a Meet and Greet Open House for kindergarten students and their parents. Parents will have the opportunity throughout the day between 10:00 a.m. and 12:00 p.m. and again from 3:00 p.m. to 6:00 p.m. to bring their child and meet their teacher in the classroom. Parents will be able to bring their child's school supplies and drop them off at this time. Parents and children are welcome to stay as long as they wish during the day. This is not a full attendance day for kindergarten students and no bussing will be offered on Wednesday, August 14th. Students will then report to school on Thursday, August 15th for a regular school day. Kindergarten students who qualify to ride a district bus will be picked up and dropped off on Thursday, August 15th.

It is our hope that you will take this opportunity to come and meet with the Beckemeyer staff to help make your child's transition to kindergarten as easy as possible.

Parents of students who ride a bus to school.

The Hillsboro C.U.S.D. #3 School Board has authorized the bus drivers, Director of Transportation, and School Administrators to strictly enforce the school bus safety rules and regulations. Bus riding is a privilege, not a right. Any child who does not follow the rules of safety while riding the bus to or from school may be suspended from riding the bus. Children must obey the driver on the first request.

After School For Kids (ASK)

Parents who need daycare after school may use the ASK program. ASK is available on days the students are in attendance. ASK runs from after school until 5:30 in the gym. All students must be picked up in the gym no later than 5:30. There is a one-time registration fee of \$5 per child to sign up for the ASK program. The program costs \$7 per day on regular dismissal days. The cost is \$15 per day on early dismissal days. Please ask the office staff for an ASK application is you are interested in the ASK program.

If you have any questions specific to the ASK program please email Meghan Maretti at mmaretti@hillsboroschools.net or call 217-532-4327.

Beckemeyer Social Media

Beckemeyer uses two main sources of social media to help keep parents and family members informed about school activities. You can search for Beckemeyer Elementary School on Facebook to follow us. We also have a Youtube channel where we broadcast events like parades, concerts, and talent shows. Please search for Beckemeyer TV to subscribe to our channel. Please follow us and subscribe to stay up to date on things that happen at Beckemeyer throughout the year.

Hillsboro CUSD3 Food Allergy Management

While it is not possible for the District to completely eliminate the risks of exposure to allergens when students come to school, a cooperative effort among students' families, staff members, and students helps the District reduce these risks and provide accommodations and proper treatment for allergic reactions.

The District has procedures in place to:

- 1. Identify students with allergies
- 2. Work with the students, parents, and staff to put reasonable measures in place to prevent exposure for students with allergies. These measures will differ depending on the type of allergy, the severity of the allergy, the age of the student, and other factors.
- 3. Train staff to recognize and respond to allergic reactions.

The District has also established the following general measures regarding nuts:

- 1. The District does not knowingly serve any items in our elementary or junior high cafeterias that contain nuts.
- 2. The District does not allow teachers to bring in snack items for students which contain nuts.

The District does not monitor or limit the types of foods parents provide in home-packed school lunches unless this is part of a plan developed for an individual student with the cooperation of a specific group or classmates and their parents (a "peanut-free table" for example).