



**SCHOOL ENROLLMENT APPLICATION - OFFICIAL DOCUMENT**

East St. Louis School District 189  
East St. Louis Sr. High School  
4901 State Street  
East St. Louis, IL 62205  
618-646-3700 ext. 3444  
vickie.fair@estl189.com

**Please Download, Fill In and Check the Appropriate Boxes in All Fields, then SAVE.**

Name of Assigned School: East St. Louis Sr. High School / WYAC/ OOD

Academic Year: 2020-2021 Date: \_\_\_\_\_ Current Grade \_\_\_\_\_

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Sex: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Phone # \_\_\_\_\_ Are you a homeless or displaced family?  Yes  No

Name of Last School Attended: \_\_\_\_\_  No Schooling

Special Services Received:  Yes  No Type of Service Received \_\_\_\_\_

**Family Information**

Lives With:  Parents  Mom  Dad  Grandparents  Guardian  Foster Parents

Guardian 1 (First and Last Name): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

Phone W/Area Code: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Employer: \_\_\_\_\_



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Lives With:  Parents  Mom  Dad  Grandparents  Guardian  Foster Parents

Guardian 2 (First and Last Name): \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Email: \_\_\_\_\_

Phone W/Area Code: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Employer: \_\_\_\_\_

**Other School Age Children**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency Information (Other Than Parent/Guardian)**

**Emergency Contacts Will Be Called In The Order Listed**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ They Can Pick Up Your Child  Yes  No

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ They Can Pick Up Your Child  Yes  No

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ They Can Pick Up Your Child  Yes  No



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Is There Anyone Your Child ***Should Not*** Be Allowed Around

Name: \_\_\_\_\_

Is There An Order Of Protection In Force Against This Person  Yes  No

Name: \_\_\_\_\_

Is There An Order Of Protection In Force Against This Person  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Military Parent/Guardian**

Are either of the parent(s)/guardian(s) a member of the armed services and is on active duty deployment or expects to be on active duty deployment during this school year?  Yes  No

**Medication(s)**

Daily Medication: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will The Medication Be Administered During School:  Yes  No

**\*If yes, fill out Medication Authorization Form**

Health Restriction: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

**IMPORTANT: In an extreme medical emergency your child will be taken to the nearest trauma center.**



**SCHOOL ENROLLMENT APPLICATION - OFFICIAL DOCUMENT**

**School Medication Authorization/Allergy Acknowledgement Form**

**PLEASE PRINT**

To be completed by the child's parent(s)/guardian(s) and kept in the the school nurse's office or, in the absence of a school nurse, the Building Principal's office:

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

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

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Time to be given at school: \_\_\_\_\_

Does medication require refrigeration? \_\_\_\_\_ Yes \_\_\_\_\_ No Date of Prescription: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Discontinuation Date: \_\_\_\_\_

Diagnosis Requiring Medication: \_\_\_\_\_

Intended Effect of this Medication: \_\_\_\_\_

Must this medication be administered during the school day in order to allow the child to attend school or to address the student's medication condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

Potential Side Effects, If Any: \_\_\_\_\_

Time Interval for Re-Evaluation: \_\_\_\_\_

Other Medications Student is Receiving: \_\_\_\_\_

If your child is allergic to any food or other substances, please list it here: \_\_\_\_\_

\_\_\_\_\_



**SCHOOL ENROLLMENT APPLICATION - OFFICIAL DOCUMENT**

**School Medication Authorization/Allergy Acknowledgement Form**

A physician’s signature is required for students to carry asthma medication or an EpiPen and for any medication to be administered by a school nurse.

Physician’s Signature (if needed): \_\_\_\_\_

**For parents/guardians of students who need to carry asthma medication or EpiPen:**

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and want on conduct, as a result of any injury arising from a student’s self-administration of medication and/or epinephrine auto-injector (105ILCS5/22-30).

If you agree please initial: \_\_\_\_\_

Parents/Guardians Initial

By signing below, I agree:

1. That I am primarily responsible for administering medications to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices.** I also agree to: (1) deliver the medication to the school; (2) notify the school if the medication, the dosage, or the procedures are changed, or to be eliminated.

2. To hold harmless and identify the School District, its employees and agents, against any claims, except a claim based on willful and want on conduct, arising out of self-administration of medication by the pupil.

\_\_\_\_\_  
\* Parents/Guardians Signature

\_\_\_\_\_  
Parents/Guardians Name (PLEASE PRINT)

\_\_\_\_\_  
\* Parents/Guardians Signature

\_\_\_\_\_  
Parents/Guardians Name (PLEASE PRINT)

**\*If available, both parents and/or guardians should sign**



# **SCHOOL ENROLLMENT APPLICATION - OFFICIAL DOCUMENT**

## **SIGN-UP FORM FOR SKYWARD FAMILY ACCESS**

### **Electronic Signature Agreement and Consent to Submit and Obtain Information Via the Internet**

The School District has implemented an online registration process via Skyward Family Access. In addition, the School District makes student information available to parents/guardians via Skyward Family Access. The purpose of this form is to obtain the information, agreements and consents necessary to implement and maintain your Family Access account. Please note that you must complete this form even if you already have a Family Access account.

This Agreement and Consent is specific to the individual parent/guardian named below, and the assigned user ID and password may only be used by that individual. Any parent/guardian who wishes to have access to the account must complete a separate form and obtain a separate user ID and password.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Name	Name of School

By signing below, I acknowledge and agree as follows:

I certify that I am the parent or legal guardian of the student(s) identified above.

I understand that I will be issued a user ID and password for Skyward Family Access, and I hereby authorize the School District to issue the user ID and password to me. I agree to keep the user ID and password confidential. I agree that I will not share the user ID and password with anyone else, that I will maintain the security of the user ID and password, and that I will take appropriate steps to prevent disclosure of the user ID and password. If the user ID and/or password are disclosed, I agree to notify the School District of the disclosure immediately. I hereby release the School District from any and all claims relating to any inadvertent disclosure of student information resulting from my failure to maintain the security of my user ID and password.

I agree to submit an electronic signature, when requested, in connection with any form or information that I submit online.

For any and all forms/information submitted with my electronic signature, I agree that I will be legally bound, obligated and responsible for the submission, as if I had submitted the information in hard copy form with my handwritten signature.

I understand and agree that I will have access to student record information via my Family Access account, and that the information may include attendance records, student schedules, food services records, discipline records, grades, homework, activities, events, contact and demographic information, health records, and/or account/fee information.

I understand and agree that correspondence regarding my Family Access account will be communicated to me via email or other electronic means, and may be automatically generated or sent by authorized staff.

I understand and agree that inappropriate or unauthorized use of the Family Access system may result in civil or criminal penalties, and that access may be suspended for delinquent accounts.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## SCHOOL ENROLLMENT APPLICATION - OFFICIAL DOCUMENT

### East St. Louis School District 189 Registration Form (V6.1) New U.S. Department of Education Race and Ethnicity Data Standards

**Note:** The student's parents or guardians should respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.

Student's Name: \_\_\_\_\_ SIS ID: \_\_\_\_\_  
(Printed in by School District)

Instructions: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

No, not Hispanic/Latino

Yes, Hispanic/Latino

**The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.**

Part B. What is the student's race? **Choose only one.**

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American, including Central America, and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southwest Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**Note:** Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Home Language Survey**

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child’s school.

Student’s Name: \_\_\_\_\_

1. What is the primary language used at home, regardless of what the student speaks?

\_\_\_\_\_

2. What is the language first acquired by the student? \_\_\_\_\_

3. What is the language most often spoken by the student? \_\_\_\_\_

4. Is a language other than English spoken in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of the questions is yes, the law requires the school to assess your child’s English language proficiency.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date





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**Please read the documents below. These signed forms will be kept on file in the school office. A copy of these forms will be provided to you upon request at your child’s school. I have read and understand the following notices and as the parent/guardian have the authority to execute these forms, and I provide my consent or I decline as indicated.**

**Technology Network Acceptable Use Policy**

As the parent/guardian of this student, I have read **School District 189’s Acceptable Use Policy** that is attached to this document and I understand that access to the network is intended for educational purposes **ONLY**. I understand that **School District 189** has taken precautions to eliminate inappropriate materials; however, I also recognize it is impossible for **School District 189** to restrict access to all inappropriate materials, and I will not hold **School District 189** responsible materials acquired on the network. Further, I accept full responsibility for supervision of and when my child’s use is not in a school setting. I hereby give permission to **School District 189** to provide network access for my child and certify that the information contained on this form is correct. I understand that my student must also sign a network agreement consent form.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**Video and Media Consent**

I consent to allowing my child to be videotaped while at school and their photo taken by **School District 189 Staff** to be used for district related purposes.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I consent to allowing my child to be interviewed or photographed by **School District 189** and media representatives who are not employees of the district for possible publication in the form of interviews, video, or photographs related to programs or events in which my child may be participating at school.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**Field Trip Permission**

I understand that as part of the educational process, **School District 189** students are often transported by bus or other means to attend educationally related field trips. Teachers will advise parent/guardian of specific trips, but as the parent/guardian of \_\_\_\_\_, I provide my consent for my child to be transported on a school bus or other district approved vehicle to attend class field trips.      **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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**Student Teachers**

Illinois has launched a new performance assessment initiative to insure Student Teachers have the necessary knowledge, skills, and dispositions to be effective leaders before teaching licenses are issued. As part of this Teacher Performance Assessment, Student Teachers must video their performances and the impact the instruction is having on student learning. Students and their voices must be recorded and the student work samples scanned as evidence that learning is occurring. To protect student's identities, last names are not used on the recording or on any documents submitted to the teacher or teacher evaluators of the teaching performances.

**Parents who do not want their children recorded or their children's work samples scanned, should contact the principal in writing to do so annually stating so.**

\_\_\_\_ Yes, my child can be recorded/videotaped and their work can be scanned if a Student Teacher is used in the class.

\_\_\_\_ No, I do not want my child recorded/videotaped or their work scanned if a Student Teacher is used in the class.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**After-School and Summer Programs Data Sharing Consent**

**School District 189** has been working in partnership with many community-based after school programs to best meet student needs. Student data information is shared with Christian Activity Center, Griffin Center, Jackie Joyner Kersee Center, Lessie Bates Davis Neighborhood House, Sinai Family Life Center and Southern Illinois University Edwardsville East St. Louis Center. As the parent/guardian of \_\_\_\_\_, I consent to my child's attendance, grades, behavior reports, and standardized test scores being shared with organizations where my child is enrolled in after-school and summer programs.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**United Way of Greater St. Louis Data Sharing Consent**

**School District 189** shares data information with the United Way of Greater St. Louis who is working in partnership with the district to better serve students living in our school district. Data shared with united Way of Greater St. Louis does not include student names and cannot be identified. As the parent/guardian of, \_\_\_\_\_ I consent to my child's identified data being shared with this organization.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**Military Opt-Out - HIGH SCHOOL ONLY**

Federal law requires school districts to release the names, addresses, and telephone listings of secondary school students to military recruiters upon their request unless the students or their parents/guardians request that the students' contact information not be released without prior written parental consent. As the parent/guardian of this student, I am exercising my "Opt-Out" right to direct that **School District 189** shall not release the student's name, address, and telephone listing to military recruiters without my prior written consent.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**District 189 Transportation Form**



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**2020-2021**

Please fill out the following form indicating how your student will reach their school. Please note that School District 189 will only provide bus services for students who live more than **1.5 miles** from their designated school unless there are extenuating circumstances.

Student's Name: \_\_\_\_\_

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

Name of School Attending: \_\_\_\_\_

How will your child get to back and forth to school daily? Please circle your answer.

Walker                      School Bus                      Car Rider                      Driver                      Public Transportation

Please leave any notes or additional comments below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**SAVE THE COMPLETED APPLICATION. Email it as an attachment to [vickie.fair@estl189.com](mailto:vickie.fair@estl189.com) with the requested documents:**

1. Child Identification: Original State Certified Birth Certificate
2. Parent Identification: Valid Driver's License, Valid State ID or Valid Voter's Registration Card
3. Two Proofs of Residency: Current utility bill for gas, water or electric; signed deed, occupancy permit with your name on it
4. Current Health Records: State of Illinois Physical Examination Form including all immunization information; dental exam; eye exam (by eye doctor).