

**BOARD OF EDUCATION, DISTRICT 148  
DOLTON, COOK COUNTY, ILLINOIS**

Dear Parents/Guardians:

Look ahead and mark your calendars for registration dates for the Fall Semester of 2009. The registration fee is \$50.00 for kindergarten students and \$55.00 for students in grades first through eighth. All fees are payable with cash or money order. No personal checks will be accepted.

Parents or guardians must be present to register students and to prove residency. In order for a student to begin school on the Opening Day - Tuesday, August 18, 2009, parents/guardians must register students on ONE of the following days:

<b>Tuesday, August 4, 2009</b>	<b>9:00 a.m. to 2:00 p.m.</b>
<b>Wednesday, August 5, 2009</b>	<b>2:00 p.m. to 7:00 p.m.</b>

**Register your child at the locations listed below:**

- |   |  |
|---|--|
| 1. Early Childhood Ctr & Riverdale School<br>849-7153 | Located at: 325 West 142 <sup>nd</sup> Street<br>Riverdale, IL 60827 |
| 2. Franklin School<br>201-2083                        | Located at: 14701 Chicago Rd.<br>Dolton, IL 60419                    |
| 3. Lincoln Avenue School<br>201-2075                  | Located at: 14151 Lincoln Ave.<br>Dolton, IL 60419                   |
| 4. Park School<br>849-9440                            | Located at: 14200 Wentworth Ave.<br>Riverdale, IL 60827              |
| 5. Riverdale School<br>849-7153                       | Located at: 325 West 142 <sup>nd</sup> Street<br>Riverdale, IL 60827 |
| 6. Roosevelt Elementary School<br>201-2070            | Located at: 111 West 146th Street<br>Dolton, IL 60419                |
| 7. Roosevelt Jr. High School<br>201-2071              | Located at: 111 West 146th Street<br>Dolton, IL 60419                |
| 8. Harriet Tubman School<br>849-9848                  | Located at: 333 East 142nd Street<br>Dolton, IL 60419                |
| 9. Washington School<br>201-2078                      | Located at: 13900 School Street<br>Riverdale, IL 60827               |

(See back for proof of residency requirements)

Hay Asistencia en Espanol                      201-2075

*The Mission of School District 148 is to  
challenge and support all students to reach their highest level of performance.*

**BOARD OF EDUCATION, DISTRICT 148  
DOLTON, COOK COUNTY, ILLINOIS**

**PROOF OF RESIDENCY**

**New Students and Returning Students**

**One of the following valid Picture I. D.'s**

Driver's License

State of Illinois Identification Card

**And two of the following (with name, current address and date):** (within 30 days)

Mortgage Payment Book

Current Utility bill

Gas

Electric

Telephone

(Cell phone bills are not accepted)

Village Water Bill

Medicaid Card

KidCare Identification Card

Current Payroll Check with address

Riverdale Occupancy Permit

Dolton Certificate of Occupancy

Real Estate Tax Bill

**Students moving to another address within District 148 are required to prove residency as a NEW student.**

Hay Asistencia en Espanol 201-2075

*The Mission of School District 148 is to  
challenge and support all students to reach their highest level of performance.*

**BOARD OF EDUCATION, DISTRICT 148  
DOLTON, COOK COUNTY, ILLINOIS**

**NEW STUDENT ENROLLMENT AND REGISTRATION REQUIREMENTS**

Dolton School District 148 recognizes and accepts its responsibility to educate all age-appropriate children who are bona fide residents of the school district. Children are considered residents of the school district when they live with parents or legally appointed guardians who are residents of the school district. Only children who are residents may attend the schools of District 148.

For a child seeking admission to the schools of District 148, the parent or court-approved guardian must provide:

1. Proof of residency (See proof of residency requirements below)
2. Current physical examination and immunization records
3. An original birth certificate (with seal and birth number)
4. Legal guardianship papers (if applicable)
5. State of Illinois Student Transfer (ISBE 33-78)
6. Report Card (optional)
7. Registration fee is \$50.00 for kindergarten students and \$55.00 for students in grades first through eighth.  
Cash or money order only

**Only parents/guardians will be permitted to register their child for school.**

The above requirements will be approved by school personnel. The process of providing required proof for admission to the schools of District 148 may result in some inconvenience to you; however, strict adherence to the process is vital if the rights of resident students and taxpayers are to be protected.

**Students moving to another address within District 148 are required to prove residency as a NEW student.**

Hay Asistencia en Espanol 201-2075

*The Mission of School District 148 is to  
challenge and support all students to reach their highest level of performance.*

**BOARD OF EDUCATION, SCHOOL DISTRICT NO. 148  
DOLTON, COOK COUNTY, ILLINOIS**

Dear Parent/Guardian:

School District 148 provides an excellent educational program for children through eighth grade. Every year, parents attempt to illegally register their children in one of our schools. Although this effort speaks highly of the quality of our educational system, it is not fair to the students and taxpayers of School District 148. As enrollment continues to increase, the Board of Education must do everything possible to prohibit illegal registrations.

Should questions regarding residency arise, you would be visited by an investigative agency. The organization is under contract with the district to conduct residency verifications. For your family's safety, individuals from the agency have been instructed to provide you with an identification card.

For your information, the residency verification consists of the following possible activities:

- 1) A home visit during which time a series of questions will be asked regarding your residency; and
- 2) On some occasions a request will be made to view the student's sleeping quarters.

Your cooperation is appreciated during this activity. As a taxpayer, you want District 148 officials to protect the financial interests of the district. Should you have questions, please call me at 841-2290.

Respectfully,

Dr. Jayne Purcell  
Superintendent

**BOARD OF EDUCATION, DISTRICT NO. 148  
DOLTON, COOK COUNTY, ILLINOIS**

**NEW STUDENT PLACEMENT**

**NOTICE TO PARENTS OF ALL NEW REGISTRANTS**

District policy is such that, when necessary, in-coming students may be assigned to a district school other than the home school due to large class size in a particular grade. While we make every attempt to assign a child to his/her home school, that is not always possible because of fluctuating class size.

Should it be necessary to assign your child to an alternate school for enrollment purposes, you will be notified.

Parents of in-coming students who have been fraudulently enrolled will be immediately transferred out of the district and will be billed for each day that the student was enrolled.

**SCHOOL DISTRICT 148 RESERVES THE RIGHT AND AUTHORITY TO  
DETERMINE NEW STUDENT GRADE PLACEMENT.**

As per Board of Education policy, all incoming students in grades 1-6 will be placed in the grade level indicated on his/her transfer.

The new student will:

1. remain in the grade level on his/her transfer
2. remain in the grade level on his/her transfer for a month pending a review of the student's work.
  - a. if the student's work is at grade level the child will remain in his/her appropriate grade.
  - b. if the student's work is below grade level the school reserves the right to place the child one grade level below the grade indicated on the transfer.

I have read the above statements and agree to the conditions concerning my child.

**PARENT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Hay Asistencia en Espanol 201-2075

School: \_\_\_\_\_

Start date: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Bus: \_\_\_\_\_

**BOARD OF EDUCATION, DISTRICT NO. 148  
DOLTON, COOK COUNTY, ILLINOIS**

Legal Name of Student: \_\_\_\_\_ Grado: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Relationship to child: Circle one: Parent Guardian Foster Parent Relative Caretaker Other

Last name, First name of other household members

Adults	Children/Age	Children/Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Mother's/Guardian's Contact Information:**  
 Home Phone: \_\_\_\_\_  
 Cellular Phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 e-mail address: \_\_\_\_\_

**Father's/Guardian's Contact Information:**  
 Home Phone: \_\_\_\_\_  
 Cellular Phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 e-mail address: \_\_\_\_\_

Please list 2 **additional and different from above** local emergency phone contacts:

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the student ever been retained? YES \_\_\_\_\_ NO \_\_\_\_\_

Does the student receive Special Education Services?	YES _____ NO _____
Does the student have an Individual Education Plan (IEP)?	YES _____ NO _____

Does the student speak a language other than English?	YES _____ NO _____
What other language does your child speak?	
Is a language other than English spoken daily in the home?	YES _____ NO _____

**Health Information**

Glasses: YES \_\_\_\_\_ NO \_\_\_\_\_ Asthma: YES \_\_\_\_\_ NO \_\_\_\_\_  
 Seizures: YES \_\_\_\_\_ NO \_\_\_\_\_ Last Asthmatic Episode: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Activity Restrictions: \_\_\_\_\_  
 Medicine Name: \_\_\_\_\_ Other Medical condition(s): \_\_\_\_\_



School authorities have our consent to act in an emergency in securing the necessary aid and transportation for the preservation of our child's health. The cost will be assumed by parents.

I have received a District 148 Parent-Student Handbook & Packet upon registration and I will review it with my child/children.

Registration of a student who is not a resident is a fraudulent act and a "Class C" misdemeanor. Parents or guardians will be subject to the payment of retroactive tuition charges for non-resident students. The 2009-2010 tuition cost is \$8,567.81.

I certify that I understand the residency requirement and that I know the penalty for fraudulent registration.

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

=====

**FOR SCHOOL USE ONLY**

**RESIDENCY VERIFICATION**

1. Driver's License/State of IL. I. D.: \_\_\_\_\_

2. Current Bills/Statements:      \_\_\_\_\_ Electric      \_\_\_\_\_ Gas      \_\_\_\_\_ Telephone  
   \_\_\_\_\_ Water      \_\_\_\_\_ Mortgage      \_\_\_\_\_ Property Tax  
   \_\_\_\_\_ Riverdale Occupancy Permit  
   \_\_\_\_\_ Dolton Certificate of Occupancy

3. Medicare/KidCare #: \_\_\_\_\_

Eligible for Waived Fees:      \_\_\_\_\_ Yes      \_\_\_\_\_ No

4. Payroll Check: \_\_\_\_\_

5. Other: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Balance Forward:	\$ _____
Total Fee:	\$ _____
Amount Paid:	\$ _____
Balance Due:	\$ _____
Accepted by:	_____
Date:	_____

*The Mission of School District 148 is to challenge and support all students to reach highest level of performance.*

**DOLTON SCHOOL DISTRICT 148  
HOME LANGUAGE SURVEY**

Our school needs to know the language spoken and heard at the home of every child. This information is mandated by the State of Illinois to provide the best instruction for all students in the school. Please complete the survey, knowing that your child may qualify for assessment based on Illinois guidelines. Thank you.

Date: \_\_\_\_\_ School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
Last First Middle

Date of Student: \_\_\_\_\_  
Month Day Year Country of Birth: \_\_\_\_\_

Date and grade your child enrolled in the United States School System Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

1. Is a language other than English spoken in the home?	[ ] Yes - Continue Survey
1a. If yes, what language?	[ ] No - Sign & Return
2. Does your child speak a language other than English?	[ ] Yes
2a. If yes, what language?	[ ] No

<b>FOR OFFICE USE ONLY</b>			
Language Code: _____			
Language Proficiency Designation: _____	English Only _____	FEP _____	ELL _____
	Date _____	Date _____	Date _____
WAPT Date: _____			Tier _____

**BOARD OF EDUCATION, DISTRICT NO. 148  
DOLTON, COOK COUNTY, ILLINOIS**

**STUDENT ENROLLMENT**  
**RELEASE OF INFORMATION FROM SENDING SCHOOL DISTRICT**

DATE: \_\_\_\_\_

Dear Principal of former school: \_\_\_\_\_

Dolton School District 148 has recently enrolled the following student:

**NAME:** \_\_\_\_\_  
**GRADE:** \_\_\_\_\_  
**FORMER SCHOOL:** \_\_\_\_\_  
**SCHOOL ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP** \_\_\_\_\_

District 148 would appreciate receiving as much information as possible concerning this student, so that we can make the proper placement. This would include such information as health records, report cards, test records and special education reports. Parent authorization is completed below.

Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
Administrator - Dolton District 148

#148 School: \_\_\_\_\_  
#148 School Address: \_\_\_\_\_  
\_\_\_\_\_

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**PARENT/GUARDIAN AUTHORIZATION FOR RELEASE OF RECORDS**

I, the undersigned parent or guardian, do hereby authorize \_\_\_\_\_  
School to release information regarding my child, \_\_\_\_\_ to  
\_\_\_\_\_ School. I understand that I can view my child's  
records once they are received by School District #148.

Parent Signature: \_\_\_\_\_

New Local Address: \_\_\_\_\_

Date: \_\_\_\_\_

**BOARD OF EDUCATION, DISTRICT NO. 148  
DOLTON, COOK COUNTY, ILLINOIS**

**Student Arrival and Dismissal**

Did you know that when students arrive late for school or leave early prior to dismissal our schools lose money? Part of District 148's funding for schools is based on student attendance. Students arriving after the tardy bell rings are considered by the State Board of Education to be absent for a half day of school. In addition, students signed out prior to the dismissal bell must also be marked as absent for a half of a school day.

Please encourage your children to arrive at school on time each and every day. We understand that an emergency may occur. We strongly urge you to schedule dental and other appointments on school holidays or after school hours.

Please make every effort to help get your children to school on time. This support will help us keep our student attendance counts high. The higher the daily average attendance District 148 produces the greater the percentage of funding received.

**STUDENT FORM: PARENT LETTER**  
**Dolton School District 148**  
**Authorization for Electronic Networks (Internet) Access**

Dear Parent/Guardian:

We now have the ability to enhance your child's education through the use of Electronic Networks. Electronic Networks offer 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 communications with people all over the world
- Information from governmental 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 educational opportunity also comes responsibility. You and your child should read the enclosed *Authorization for Electronic Network 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. Even on a filtered 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 Electronic Network access.

Please read and discuss the *Authorization for Electronic Network 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.

Sincerely,



Information Services  
708-841-2445

**STUDENT FORM: AUTHORIZATION**

**Student Name** \_\_\_\_\_

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

**Dolton School District 148  
Authorization for Electronic Networks (Internet) Access**

I have read this Authorization for Electronic Network (Internet) 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 Electronic Network (Internet).

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

Signature: \_\_\_\_\_

**STUDENT FORM: RULES AND CODE OF ETHICS FOR  
AUTHORIZATION FOR ELECTRONIC NETWORKS (INTERNET)**

As a computer user, I agree to follow the Rules and Code of Ethics in all of my work with computers while attending Dolton School District 148 schools.

1. I recognize all computer users have the same right to use of the equipment.
  - a. I will not play games or use the computer or resources for other nonacademic activities when others require the system for academic purposes.
  - b. I will not waste or take supplies, such as paper, printer cartridges, and diskettes that are provided by Dolton School District 148.
  - c. When I use the computer, I will talk softly and work in ways that will not disturb others.
  - d. I will not chew gum, eat candy, or have food or drink around the computers.
  
2. I recognize that copyright laws protect software.
  - a. I will not make unauthorized copies of software found on school computers, either by copying them onto my diskettes or onto other computers through electronic mail or bulletin boards.
  - b. I will not bring games or diskettes from home to prevent viruses.
  - c. I will not give, lend, or sell copies of software to others unless I have written permission of the copyright owner or the original software is clearly identified as shareware in public domains.
  
3. I recognize that the work of all users is valuable.
  - a. I will protect the privacy of others' work by not trying to learn their passwords.
  - b. I will not copy, change, read, or use files in another user's area without the user's prior permissions.
  - c. I will not attempt to gain unauthorized access to system programs or computer equipment.
  - d. I will not use computer systems to disturb or harass other computer users by sending unwanted mail or by other means.

Violations of the Rules and Code of Ethics described above will be dealt with seriously. Violators will lose computer privileges and receive appropriate discipline.

I understand that my family and I are legally and financially accountable for all of my actions that in any way damage or violate the use of the computer or Electronic Network (Internet).

I understand that the Internet has direct access (even though filtered) to any and all information from around the world.

We, the parent/guardians of \_\_\_\_\_ have read and discussed Dolton School District 148's Rules and Code of Ethics for Authorization for Electronic Networks (Internet) Access.

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

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

**DOLTON SCHOOL DISTRICT 148  
STUDENT PERMISSION FORM TO PUBLISH ON THE INTERNET**

**CONSENT**

I do hereby give \_\_\_\_\_ from Dolton  
School District 148 the right to use my:

- First Name
- Photograph
- Published Project

for reproduction on the Internet. This material will only be used for activities related to the Dolton School District 148's web site and related educational web pages

Student's Address:

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Printed Name

**GUARDIAN'S CONSENT**

I am the parent/guardian of the above-named minor and hereby approve the foregoing and consent to the use of First Name, Photograph, and Published Project to the pursuant terms mentioned above.

I affirm that I have the legal right to issue such consent.

Parent's Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Printed Name

BOARD OF EDUCATION, DISTRICT 148  
DOLTON, COOK COUNTY, ILLINOIS

**PHYSICAL FORM NOTICE FOR STUDENTS**

**Attached physical form must be completed and returned to school on Registration Day for your child to enter school.**

The Illinois School Code requires that all children entering Illinois schools for the first time, and again in sixth grade, have a physical examination and immunizations before they will be admitted to school in the Fall. These immunizations must be updated and indicate month, day, and year given. It is strongly recommended that children between 6 months and 6 years provide a statement from a physician that the child has been screened for lead poisoning. The physician must sign the physical examination form in two places to verify that all immunizations have been administered to the child.

Please make your appointment early in order to allow sufficient time to complete the required immunizations.

If the physical condition of the child is such that the doctor feels any of the immunizing agents are not indicated, a statement from the physician to this effect is required.

Any refusals because of religious beliefs must be accompanied by a written statement from a religious affiliation administrator. A form is available from the school nurse.

Cook County Department of Public Health provides school physicals at no cost for those families who qualify. Call 708/210-4500 for information.

School District 148 Nurses

R-3  
5/09

**STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
CERTIFICATE OF CHILD HEALTH EXAMINATION**

Please Print

Student's Name	Birth Date	Sex	School	Grade Level/ID#						
<table border="0" style="width:100%;"> <tr> <td style="width:10%;">Last</td> <td style="width:10%;">First</td> <td style="width:10%;">Middle</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> </table>	Last	First	Middle	Month	Day	Year				
Last	First	Middle	Month	Day	Year					

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_ Work \_\_\_\_\_  
**IMMUNIZATIONS:** To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given after the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.

VACCINE/DISEASE	1			2			3			4			5			6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
Diphtheria, Tetanus and Pertussis (DTaP or DTap)																		
Diphtheria and Tetanus (Pediatric DT or Td)																		
Inactivated Polio (IPV)																		
Oral Polio (OPV)																		
Hemophilus influenzae type b (Hib)																		
Hepatitis B (HB)																		
Varicella (Chickenpox)																		
Combined Measles, Mumps and Rubella (MMR)																		
Measles (Rubeola)																		
Rubella (3-day measles)																		
Mumps																		
Poliovirus (not required for school entry)	<input type="checkbox"/> PCV7	<input type="checkbox"/> OPV2	<input type="checkbox"/> PCV7	<input type="checkbox"/> OPV2	<input type="checkbox"/> PCV7	<input type="checkbox"/> OPV2	<input type="checkbox"/> PCV7	<input type="checkbox"/> OPV2	<input type="checkbox"/> PCV7	<input type="checkbox"/> OPV2	<input type="checkbox"/> PCV7	<input type="checkbox"/> OPV2	<input type="checkbox"/> PCV7	<input type="checkbox"/> OPV2	<input type="checkbox"/> PCV7	<input type="checkbox"/> OPV2	<input type="checkbox"/> PCV7	<input type="checkbox"/> OPV2
Check specific type (PCV7, PPV23)																		
Other (Specify hepatitis A, meningococcal, etc.)																		

Health care provider (MD, DO, APRN, PA, School health professional, health official) verifying above immunization history must sign below:

Signature _____	Title _____	Date _____
Signature _____ (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title _____	Date _____
Signature _____ (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	Title _____	Date _____

**ALTERNATIVE PROOF OF IMMUNITY**

1. Clinical diagnosis is acceptable if verified by physician. \*(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

\*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature \_\_\_\_\_

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

3. Laboratory confirmation (check one)  Measles  Mumps  Rubella  Hepatitis B  Varicella

Lab Results \_\_\_\_\_ Date MO DA YR (Attach copy of lab report, if available)

**VISION AND HEARING SCREENING DATA**

Pre-school - annually beginning at age 3; School age - during school year at required grade levels

Date																	Code:
Age/Grade	R		L		R		L		R		L		R		L		P = Pass
Vision																	F = Fail
Hearing																	U = Unable to test

R = Referred  
G/C = Glasses/Contact

Printed by Authority of the State of Illinois  
(Complete Both Sides)

Student's Name	Birth Date	Sex	School	Grade/Level/ID#
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**HEALTH HISTORY - TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

<b>ALLERGIES</b> (Food, drug, insect, other)			<b>MEDICATION</b> (List all (prescribed or taken on a regular basis))		
Diagnosis of Asthma? Child wakes during the night coughing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Indicate Severity	Loss of function of one or paired organs? (eye/ear/kidney/nest/ile)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Blind defects?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Health insurance? What? What for?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Developmental delay?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Surgery? (List all)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>		When? What for?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Serious injury or illness?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Head injury/Concussion/Passed out?	Yes <input type="checkbox"/> No <input type="checkbox"/>		TB skin test positive (past/present)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	*If yes, refer to local health department.
Seizures? What are they like?	Yes <input type="checkbox"/> No <input type="checkbox"/>		TB disease (past or present)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Heart problem/Shortness of breath?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Tobacco use (type, frequency)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Heart murmur/High blood pressure?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Alcohol/Drug use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dizziness or chest pain with exercise?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Family history of sudden death before age 50? (Cause?)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor?			Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate Other		
Other concerns? (crossed eyes, drooping lids, squinting, difficulty reading)			Other concerns?		
Ear/Hearing problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Information may be shared with appropriate personnel for health and educational purposes.		
Bone/Joint problem/injury/scoliosis?	Yes <input type="checkbox"/> No <input type="checkbox"/>		Signature _____ Date _____		

**Entire section below to be completed by MD/DO/APN/PA (INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)**

<b>PHYSICAL EXAMINATION REQUIREMENTS</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>BMI</b>	<b>BP</b>
<b>DIABETES SCREENING</b> BMI ≥ 85% age/sex. Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/>				
Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				

**LEAD RISK QUESTIONNAIRE** Required for children age 6 months through 6 years enrolled in licensed or public school opening day care, preschool, nursery school and/or kindergarten. Blood Test Indicated? Yes  No  Blood Test Date \_\_\_\_\_ Blood Test Result \_\_\_\_\_ (Blood test required in Chicago and other high risk zip codes)

**TB SKIN TEST** Recommended only for children in high risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high risk categories. See CDC guidelines. Date Read / / Result \_\_\_\_\_

LAB TESTS (INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)	Date	Results	Date	Results
Hemoglobin * or Hemocrit *			Sickle Cell * (as indicated)	
Urinalysis			Other	

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/> Result _____ Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/> Referred to Ophthalmologist/Optomist Yes <input type="checkbox"/> No <input type="checkbox"/>			Orals-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal examination	
Cardiovascular/HTN			Nutritional status	
Respiratory			Mental Health	

**NEEDS/MODIFICATIONS** required in the school setting \_\_\_\_\_ **DIETARY** Needs/Restrictions \_\_\_\_\_

**SPECIAL INSTRUCTIONS/DEVICES** e.g. safety glasses, glass eye, chest protector for athletes, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup \_\_\_\_\_

**MENTAL HEALTH/OTHER** Is there anything else the school should know about this student?  
If you would like to discuss this student's health with school or school health personnel, check (1) ( ):  Nurse  Teacher  Counselor  Principal

**EMERGENCY ACTION** needed while at school due to child's health condition (e.g., seizure, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?  
Yes  No  If yes, please describe \_\_\_\_\_

On the basis of the examination on this day, I approve this child's participation in \_\_\_\_\_ (If No or Modified, please attach explanation.)  
**PHYSICAL EDUCATION** Yes  No  Modified  **INTERSCHOLASTIC SPORTS** (for one year) Yes  No  Limited

Physician/Advanced Practice Nurse/Physician Assistant performing examination

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

(Complete both sides)

