

Winthrop Harbor School District 1

Transfer Student Registration Packet Instructions

Required to register:

1. Proof of residence

A. Current utility bill with bottom portion still attached. (Utility bills that are not in the name of the student's legal guardian require an Affidavit of Residency to be completed in August. BOTH PARTIES must be present)

Plus one of the following documents:

B. Lease agreement

C. Driver's license or State ID

D. Purchase or Sales Agreement

E. Voter registration

F. Social Services Papers-social security, general assistance, or aid for families with dependent children (AFDC)

G. Rent receipt including verification of landlord's address and phone numbers

2. Original birth certificate (hospital certificate and wallet size are not accepted. Must include parent's name).

3. Copy of custody papers, if applicable (first page, page(s) that state custody, and last page with signatures).

4. Registration Fee is \$120 for the next school year (A \$20 discount is given during early registration)

5. The parent must obtain an "Illinois Student Transfer Form" from their child's previous school, if transferring from a public school in Illinois.

6. A Physical and Vision exam are required for all students entering from out of state. A Dental exam is required for all 2nd graders.

7. All other forms should be filled out completely and returned with the packet to the school or finished online.

***If taking medication at school**, the Medication Authorization needs to be filled out by your doctor and returned to your school Health Aide with the medication when school starts.

***If "yes" is checked for Special Education**, on "Student Registration Questionnaire" a current copy of the IEP is needed.

WINTHROP HARBOR SCHOOLS

Winthrop Harbor, IL 60096

Westfield North Prairie Junior High

NEW STUDENT REGISTRATION FORM

OFFICE USE ONLY

Reg. Fees Paid: Yes ___ No ___ # ___

Date Entered: _____ Grade: _____

Teacher: _____

Certification/Custody: _____

Address Verified By: _____

Child's Name: _____ Boy _____ Girl _____

First Middle Last

Home Address: _____ City: _____ Phone: _____

Mother/Guardian's Name: _____ Address: _____

Email: _____ Cell Phone: _____

Workplace: _____ Military: yes no Work/Day Phone: _____

Father/Guardian's Name: _____ Address: _____

Email: _____ Cell Phone: _____

Workplace: _____ Military: yes no Work/Day Phone: _____

Child Lives With: Both Parents Mother Only Father Only Mother & Stepfather
Father & Stepmother Grandparents Other _____

Mother's Maiden Name: _____

Child's Birth Date: _____ Birth Place: _____

Kindergarten students must be 5yrs old before September 1st of the current school year.

School(s) Previously Attended: _____ City & State: _____

Has your child ever been enrolled in a Winthrop Harbor School before? Yes No

Student Has Sibling(s) At: Westfield North Prairie

List a friend or relative, other than parent, who can take responsibility when a parent cannot be reached.

1. _____ Phone: _____

Name Relation To Student

2. _____ Phone: _____

Name Relation To Student

3. _____ Phone: _____

Name Relation To Student

Does your child have any allergies? Yes No If Yes, Please Explain: _____

Will your child be taking medication at school? Yes No (If yes, your doctor must complete Medical Authorization form.)

I AFFIRM THAT I AM THE LEGALLY RESPONSIBLE PARENT OR COURT APPOINTED GUARDIAN FOR THIS CHILD.

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE: _____

WINTHROP HARBOR SCHOOLS

LAKE COUNTY • DISTRICT NO. 1
500 NORTH AVENUE • WINTHROP HARBOR, ILLINOIS 60096
(847) 731-3085 • (847) 731-3156 FACSIMILE

BOARD OF EDUCATION
Rick Lambert, President
Kristin Heiny, Vice-President
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Patricia Goodwin, M.S.Ed.
Superintendent

Carrie Nottingham, M.S.Ed.
Principal, North Prairie Jr. High

RESIDENCY VERIFICATION

Student's Name _____

State law requires that all students attending District #1 schools be bona fide residents of the district. Generally, to be a bona fide resident, a student must be living with a parent or legal guardian who resides within our district and possesses appropriate custody documents. At the time a student is registered, parents or guardians will be required to provide at least two documents showing proof of residency.

Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered would be dropped from the district rolls immediately. Parents or guardians making a fraudulent registration will be charged 100% of the per capita tuition for the current school year, plus any court costs. This will be determined per day for the time the child attended. The tuition was \$10,212 for the 2017/18 school year.

Sources of verification required for Proof of Residency are as follows:

1. Current utility bill with bottom portion still attached (cell phone bills not accepted) or deposit receipt indicating address and date
2. Plus one of the following documents:

- () Lease agreement
- () Driver's License or State identification with current address
- () Purchase or Sales Agreement
- () Voter registration
- () Rent receipt including verification of landlord's address and phone number
- () Affidavit
- () Social Services Papers – Social Security, General Assistance or Aid for Families with Dependent Children

(Signature of Parent or Guardian)

(Date)

(Address-City, State and Zip Code)

Approved by: _____

Date: _____

WINTHROP HARBOR SCHOOLS
DISTRICT NUMBER ONE - LAKE COUNTY
500 NORTH AVENUE, WINTHROP HARBOR, ILLINOIS 60096
PHONE: 847.731.3085 ♦ FAX: 847.731.3156

HOME LANGUAGE SURVEY

Student's Name _____

School _____ Grade _____

The State of Illinois requires every school district to collect a Home Language Survey for every student. This information is used to count the students whose families speak a language other than English at home on a daily basis. It also helps to identify the need for bilingual and English as a Second Language education services in the schools.

Please complete the following information.

Is English the primary language spoken in your home?

_____ No

_____ Yes

Is English your child's first language?

_____ No

_____ Yes

Is a language other than English spoken in your home?

_____ No

_____ Yes What language? _____

Does your child speak a language other than English?

_____ No

_____ Yes What language? _____

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

Parent or Guardian Signature

Date

Federal Race Ethnicity Data Form

Student's Name: _____ Grade: _____

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and **BOTH** questions must be answered. Question 1 asks about the student's ethnicity and Question 2 asks about the student's race. If you decline to respond to either question, the school district--by law--is required to provide the missing information which will be determined by observer identification.

Question 1. Is the 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.

Question 2. What is the student's race? Choose one or more.

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America, 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, Southeast 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.

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AUTHORIZATION FOR THE RELEASE OF INFORMATION:

To: _____

I hereby authorize you to release to the Winthrop Harbor School District all school records and health records including all Special Education Records (including psychological reports, I.E.P.s, MDC reports, Speech/Language Evaluation, Social Reports, etc.) you may have relevant to:

Student's Name

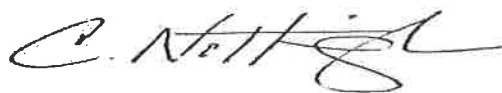
Signed: _____

Date: _____

Relationship: _____

Please send records to:

North Prairie Jr. High
500 North Avenue
Winthrop Harbor, IL 60096



Mrs. Carrie Nottingham, Principal

WINTHROP HARBOR SCHOOLS

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500 NORTH AVENUE • WINTHROP HARBOR, ILLINOIS 60096
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STUDENT REGISTRATION QUESTIONNAIRE

Please assist us in getting to know your child's educational strengths, weaknesses, interests, and needs by responding to the following questions.

1. Student's name: _____

2. Grade Level: _____ Age: _____ Birthday: _____

3. Siblings attending school at Westfield _____ North Prairie _____

4. Has your child ever been retained? Yes: _____ No: _____

5. If yes, what grade? K 1 2 3 4 5 6 7 8

6. What were your child's grades from his/her former school?

MATH A B C D F

ENGLISH A B C D F

READING A B C D F

SCIENCE A B C D F

SOCIAL STUDIES A B C D F

Has your child ever been evaluated for special education services? Yes _____ No _____

If yes, does your child have an Individualized Educational Plan (IEP)? Yes _____ No _____

Has your child ever received Response to Intervention (RTI)? Yes _____ No _____

Has your child ever received behavioral intervention? Yes _____ No _____

Comments: Any information that you feel would be beneficial for us to know in working with your child.

Date: _____ Parent/Legal Guardian Signature: _____

Students

Exhibit - Using a Photograph or Video Recording 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 school year. Return to the Building Principal to be kept in the student's temporary record.

Student _____ School year _____

Pictures of Unnamed Students

Students may occasionally appear in photographs and video recordings 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 necessary because these are pictures of unnamed students taken while they are participating in typical school-related activities.

Pictures of Named Students

Sometimes the school may want to identify a student in a school picture. For example, we may want to acknowledge those students who participate in a school activity or deserve special recognition.

In order for the school to publish pictures of students identified by name, we need parents or guardians to give written consent. Please complete and sign this form to permit the school to publish or otherwise use photographs or video recordings with your child identified. This consent is valid for the entire time you child is enrolled in the District but may be revoked at any time by notifying the Building Principal in writing.

_____ Yes, I grant consent for the School District to identify my child in a picture.

_____ No, I do not grant consent for the School District to identify my child.

Parent/Guardian Name

Parent/Guardian Signature

Date

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.

Health Services Information

Kindergarten and Sixth Grade Physical Examinations and Immunizations

Physical examinations and up-to-date immunizations **are due by the first day of school** for students enrolling in Kindergarten or Sixth Grade.* Only examinations dated after January 1st, of the current year will be accepted. You can get these forms when you register your Kindergarten student, and they are always available at each school.

To avoid the late summer rush, we strongly encourage you to make a doctor's appointment now, and have these forms **completed during the summer**. You may mail them to the District Office or bring them to your child's school.

Kindergarten, Second and Sixth Grade Dental Examinations

All Kindergarten, Second grade, and Sixth grade students must have an oral health examination by a licensed dentist. Students will need to have a *Proof of School Dental Examination Form* submitted verifying that a dental exam was performed within 18 months prior to May 15th, of the school year. This form is available at each school, and will be sent home in the registration packets. Following your child's exam, please have your dentist complete and sign the form required by the state and return it to the Health Office at your child's school.

Vision Examinations

A new Illinois law requires proof of an eye examination for all children enrolling in Kindergarten and children enrolling for the first time in an Illinois school. A licensed eye care professional will be required to perform the exam. This form is available in the school office, as well as in the kindergarten registration packet.

Proof must be received no later than October 15th in order to be compliant with state requirements.

Administration of Medication

You must complete the *School Medication Authorization Form* if your child has been prescribed a medication that must be administered during school hours. Please see your school nurse.

*Recent changes in Illinois School Code require that "students entering 6th Grade **must have Tdap vaccine and Meningococcal Vaccine.**"

If you have any questions, please contact your school Health Aide:

Westfield School: 847-872-5438

North Prairie Junior High School: 847-731-3089

ENTRANCE PHYSICAL NEED
FOR NEW STUDENTS
COMING FROM OUT OF STATE



ILLINOIS STATE SCHOOL CODE requires that any student transferring from an out of state school have a completed health form prior to being admitted to any Illinois school district. These requirements include a physical examination performed by a licensed, practicing physician, and all immunizations as mandated by law.



**State of Illinois
Certificate of Child Health Examination**

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES
CFS 600
Rev 12/2011



Student's Name				Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#			
Last		First		Middle		Month/Day/Year				
Address				Parent/Guardian		Telephone # Home				
Street		City		Zip Code		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 <i>after</i> 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 / Dose	1		2		3		4			
	MO	DA	YR	MO	DA	YR	MO	DA	YR	
DTP or DTaP										
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap	<input type="checkbox"/> Td	<input type="checkbox"/> DT	<input type="checkbox"/> Tdap	<input type="checkbox"/> Td	<input type="checkbox"/> DT	<input type="checkbox"/> Tdap	<input type="checkbox"/> Td	<input type="checkbox"/> DT	
Polio (Check specific type)	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV
Hib Haemophilus influenza type b										
Hepatitis B (HB)										
Varicella (Chickenpox)							COMMENTS:			
MMR Combined Measles Mumps. Rubella										
Single Antigen Vaccines	Measles		Rubella		Mumps					
Pneumococcal Conjugate										
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza										
Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.-)										
Signature				Title		Date				
Signature				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) <input type="checkbox"/>Measles <input type="checkbox"/>Mumps <input type="checkbox"/>Rubella <input type="checkbox"/>Hepatitis B <input type="checkbox"/>Varicella Lab Results Date MO DA YR (Attach copy of lab result)										

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN													
Date												Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts	
Age/Grade													
	R	L	R	L	R	L	R	L	R	L	R		L
Vision													
Hearing													

Last First Middle			Birth Date Month/Day/ Year		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

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

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE if < 2-3 years old HEIGHT WEIGHT BMI B/P

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMD>85% age/sex Yes No And any two of the following: Family History Yes No Ethnic Minority Yes No Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes No At Risk Yes No

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes No Blood Test Indicated? Yes No Blood Test Date Result

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

No test needed Test performed Skin Test: Date Read / / Result: Positive Negative mm _____

Blood Test: Date Reported / / Result: Positive Negative Value

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears		Screening Result:	Gastrointestinal	
Eyes		Screening Result:	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication:			Other	
<input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist)				
<input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)				

NEEDS/MODIFICATIONS required in the school setting

DIETARY Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, 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 title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, 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** Yes No Modified

Print Name _____ (MD, DO, APN, PA) Signature _____ Date _____

Address _____ Phone _____



PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year)
				/ /
Address:	Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:		Gender:	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Address (of parent/guardian):			

To be completed by dentist:

Oral Health Status (check all that apply)

- Yes No **Dental Sealants Present**
- Yes No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.
- Yes No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- Yes No **Soft Tissue Pathology**
- Yes No **Malocclusion**

Treatment Needs (check all that apply)

- Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- Restorative Care** — amalgams, composites, crowns, etc.
- Preventive Care** — sealants, fluoride treatment, prophylaxis
- Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date of Exam _____

Address _____
Street
City
ZIP Code

Telephone _____





State of Illinois Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician (such as an ophthalmologist) who provides eye examinations be submitted to the school no later than October 15 of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the first day of the school year the child enters the Illinois school system for the first time. The parent of any child who is unable to obtain an examination must submit a waiver form to the school.

Student Name _____
(Last) (First) (Middle Initial)

Birth Date _____ Gender _____ Grade _____
(Month/Day/Year)

Parent or Guardian _____
(Last) (First)

Phone _____
(Area Code)

Address _____
(Number) (Street) (City) (ZIP Code)

County _____

To Be Completed By Examining Doctor

Case History

Date of exam _____

Ocular history: Normal or Positive for _____

Medical history: Normal or Positive for _____

Drug allergies: NKDA or Allergic to _____

Other information _____

Examination

	Distance			Near
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation? Yes No

	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal exam (vitreous, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pupillary reflex (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glaucoma evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test.

Diagnosis

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other _____



Recommendations

1. Corrective lenses: No Yes, glasses or contacts should be worn for:
 Constant wear Near vision Far vision
 May be removed for physical education

2. Preferential seating recommended: No Yes

Comments _____

3. Recommend re-examination: 3 months 6 months 12 months

Other _____

4. _____

5. _____

Print name _____
 Optometrist or physician (such as an ophthalmologist)
 who provided the eye examination MD OD DO

License Number _____

Address _____

Phone _____

Consent of Parent or Guardian
 I agree to release the above information on my child
 or ward to appropriate school or health authorities.

 (Parent or Guardian's Signature)

 (Date)

Signature _____

Date _____

(Source: Amended at 32 Ill. Reg. _____, effective _____)

WINTHROP HARBOR SCHOOLS
DISTRICT NUMBER ONE – LAKE COUNTY

Westfield School
2309 W. 9th Street
Winthrop Harbor, IL 60096
847/872-5438
847/746-1477 (Fax)

North Prairie Junior High
500 North Avenue
Winthrop Harbor, IL 60096
847/731-3089
847/731-3152 (Fax)

School Medication Authorization

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Student's Name: _____ Birth Date: _____
Address: _____
Home Phone: _____ Emergency Phone: _____
School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant, or advanced practice RN:

Physician's Printed Name: _____
Office Address: _____
Office Phone: _____ Emergency Phone: _____
Medication name: _____
Purpose: _____
Dosage: _____ Frequency: _____
Time medication is to be administered or under what circumstances:

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day ? Yes No

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Physician's signature

Date

For only parents/guardians of students who need to carry asthma medication or an 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 wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30). **If you agree please initial:** _____

Parent(s)/guardian(s)

For all parents/guardians:

By signing below, I agree that I am primarily responsible for administering medication 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, in my behalf, 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, and**

I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian printed name

Parent/Guardian printed name

Parent/Guardian signature*

Date

Parent/Guardian signature*

Date

** Both parents and/or guardians, if available, should sign.*

WINTHROP HARBOR SCHOOLS

LAKE COUNTY • DISTRICT NO. 1
500 NORTH AVENUE • WINTHROP HARBOR, ILLINOIS 60096
(847) 731-3085 • (847) 731-3156 FAX

Patricia Goodwin, M.S.Ed.
Superintendent

Summer Poepping, M.S
Principal, Westfield School

Michele Barkley, M.S. Ed.
Director of Student Services

Carrie Nottingham, M.S
Principal, North Prairie Jr. High

Dear Parents/Guardians:

The Illinois State Board of Education has mandated schools to provide Response to Intervention services to ensure that all students meet the Illinois State assessments and standards. The Winthrop Harbor School District believes in providing an education that is responsive to the individual needs of each student. This year, we are implementing a Response to Intervention Program (RtI) that will allow us to continuously monitor each student's progress toward expected literacy, mathematics, and behavioral goals. This is a three-tiered approach with varying levels of support. Assessment results determine which students qualify for extra support as outlined in their program. Through RtI, teachers will collect data that will help them make instructional decisions for their students. The purpose of RtI is to provide appropriate learning experiences for all students.

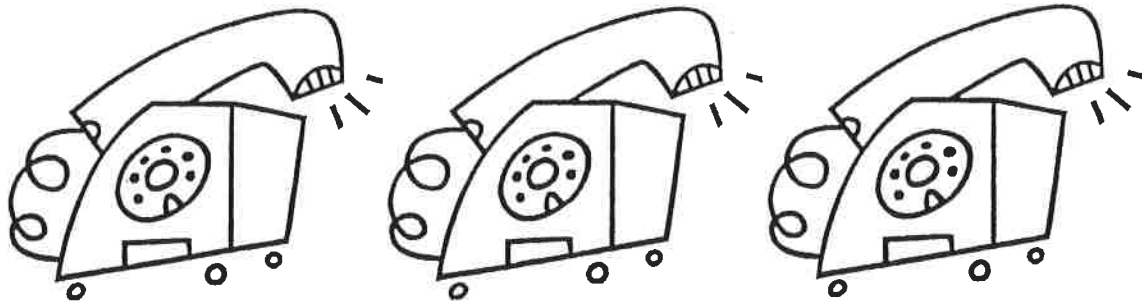
In the first tier (Tier I) the classroom teacher will use a variety of strategies and materials to promote successful learning. If a student is not making adequate progress as evidenced by our on-going assessments, the teacher may choose to refer the student for additional support. A plan is developed to determine appropriate intervention for students who are not making expected progress, and Tier II interventions are implemented. During a Tier II level of service, additional instruction and interventions will be provided in small and/or large group settings in addition to the instruction that is being delivered by the classroom teacher. **If your child qualifies for Tier II supports, you will be notified in writing.**

Many students respond well to Tiers I and II and will not need additional intervention. In the event that a student needs more intensive instruction or interventions beyond what is provided in Tiers I and II, the student will move to a Tier III program, which provides the most frequent and intensive instruction and interventions found in a general education setting.

Please feel free to contact your child's classroom teacher if you have any questions. We are looking forward to a productive year working with you and your child.

Sincerely,

Michele Barkley
Director of Student Services



How to Report Absences

To report student absences, please call the attendance line 847-731-3089, each day your child is absent, before 8:00 A.M.

If no phone contact is made, then your child must bring a note stating the reason for his/her absence.

The absent note should contain the student's name, grade, date, and the reason for the absence, and it must be signed by a parent or guardian.

Winthrop Harbor School District

2018-19 Calendar

August

Monday	27	Teacher Institute, No Student Attendance Kindergarten Orientation (5:30pm-6:15pm)
Tuesday	28	First Day for Students (WF 8:00am-1:40pm, NP 7:45am-1:25pm)

	M, T, Th, F	Wed. ONLY
Westfield	8:00 - 2:37	8:00-1:40
North Prairie	7:45 - 2:22	7:45 - 1:25

September

Monday	3	Labor Day - No School
Wednesday	5	WF Curriculum Night (6:30pm-8:00pm)
Thursday	6	NP Curriculum Night (6:30pm-8:00pm)
Friday	7	Half Day for Students (WF 11:30am, NP 11:15am)
Monday	24	Teacher Institute, No Student Attendance
Friday	28	Progress Reports

October

Monday	8	Columbus Day - No School
Wednesday	31	End of 1st Quarter

November

Tuesday	6	Report Cards
Monday	12	Parent/Teacher Conferences 12:00pm-8:00pm - No Student Attendance
Wednesday	21	No School
Thursday	22	Thanksgiving Holiday - No School
Friday	23	No School

December

Thursday	6	Progress Report
Monday	24	Winter Break (12/24-1/4)

January

Monday	7	School Resumes
Friday	18	End of 2nd Quarter
Monday	21	Martin Luther King Jr. Holiday - No School (Emergency Day if needed)
Thursday	24	Report Cards
Thursday	31	Half Day for Students (WF 11:30am, NP 11:15am) Parent/Teacher Conferences 1:00pm-6:00pm

February

Monday	18	Presidents' Day - No School (Emergency Day if needed)
Friday	22	Progress Reports

March

Monday	4	Casimir Pulaski Day - No School (Emergency Day if needed)
Friday	22	Half Day for Students (WF 11:30am, NP 11:15am)
Monday	25	Spring Break (3/25-3/29)

April

Monday	1	School Resumes
Wednesday	3	End of 3rd Quarter
Tuesday	9	Report Cards
Friday	19	No school attendance

May

Friday	3	Progress Reports
Monday	27	Memorial Day - No School

June

Tuesday	4	8th Grade Graduation 7:00pm
Thursday	6	Teacher Institute - No Student Attendance
Friday	7	Last Day of School - Field Day, Early Release (NP 1:15pm, WF 1:30pm)

School Cancellations

For date changes or emergency cancellation information, please check the school website at WHSD1.org, the district Facebook page, or listen to local news sources. School cancellations are posted by 6:30am.

In case an emergency day needs to be taken, the next holiday following the emergency day will be used to replace the missing day. This applies to the following holidays: Martin Luther King Jr. Day, President's Day, and Casimir Pulaski Day.

North Prairie	(847) 731-3089
Westfield	(847) 872-5438
District Office	(847) 731-3085



Teacher Ease.

Winthrop Harbor School District 1 is excited to offer an easy way to make payments online using TeacherEase with your credit or debit card. This online payment service provides an easy way to pay for school related fees such as registration, chromebook, and lunch by using your credit/debit card. A convenience fee of 2.9% plus 31 cent fee will be charged to you.

Payment is easy!

1. Log onto TeacherEase using your parent login (you will not be able to make payments if you are logged in as your student).
2. Go to Miscellaneous>Fees>Make Online Payment.
3. Choose what account and how much you want to pay >/continue.
4. Confirm the amount and enter your credit card number.

Directions To Log onto TeacherEase or if you forgot your password:

- Go to the Winthrop Harbor Website and click TeacherEase on the right side **OR** go to www.teacherease.com
- Enter the parent email address into the login box
- Click the "Forgot password?" link (or enter the password if you have given the parent the password).

TeacherEase iOS App for Parents/Students:

Common Goal systems is pleased to announce the availability of the TeacherEase iOS App for Parents/Students. We found that $\frac{2}{3}$ of parents access TeacherEase from mobile devices, and we wanted to provide better access to your information. You can download it from the App Store:

<https://itunes.apple.com/us/app/teacherease/id1232341133?mt>

If you have any questions, contact the Westfield office at 847-731-4223 or the North Prairie office at 847-731-3089.

Thank you,

Winthrop Harbor School District 1

Students

Notice to Parents/Guardians and Students of Their Rights Concerning a Student's School Records

The contact information for each School's Official Records Custodian follows:

North Prairie Jr. High – School Secretary, 847-731-3089

Westfield School – School Secretary, 847-872-5438

This notice contains a description of your and your student's rights concerning school student records. A school student record is any writing or other recorded information concerning a student and by which a student may be identified individually that is maintained by a school or at its direction or by a school employee, regardless of how or where the information is stored, except for certain records kept in a staff member's sole possession; records maintained by law enforcement officers working in the school; video and other electronic recordings that are created in part for law enforcement, security, or safety reasons or purposes; and electronic recordings made on school buses. The District maintains two types of school records for each student: *permanent* record and *temporary* record.

The *permanent record* includes:

1. Basic identifying information, including the student's name and address, birth date and place, gender, and the names and addresses of the student's parent(s)/guardian(s)
2. Academic transcripts, including grades, class rank, graduation date, grade level achieved, scores on college entrance examinations, and the unique student identifier assigned and used by the Illinois State Board of Education's Student Information System
3. Attendance record
4. Health record defined by the Illinois State Board of Education as "medical documentation necessary for enrollment and proof of dental examinations, as may be required under Section 27-8.1 of the School Code"
5. Record of release of permanent record information that includes each of the following:
 - a. The nature and substance of the information released
 - b. The name and signature of the official records custodian releasing such information
 - c. The name and capacity of the requesting person and the purpose for the request
 - d. The date of release
 - e. A copy of any consent to a release
6. Scores received on all State assessment tests administered at the high school level (that is, grades 9 through 12)

The *permanent record* may include:

1. Honors and awards received
2. Information concerning participation in school-sponsored activities or athletics, or offices held in school-sponsored organizations.

All information not required to be kept in the student permanent record is kept in the student *temporary record* and must include:

1. Record of release of temporary record information that includes the same information as listed above for the record of release of permanent records
2. Scores received on the State assessment tests administered in the elementary grade levels (that is, kindergarten through grade 8)
3. Completed home language survey
4. Information regarding serious disciplinary infractions (that is, those involving drugs, weapons, or bodily harm to another) that resulted in expulsion, suspension, or the imposition of punishment or sanction
5. Any final finding report received from a Child Protective Service Unit provided to the school under the Abused and Neglected Child Reporting Act; no report other than what is required under Section 8.6 of that Act shall be placed in the student record
6. Health-related information, defined by the Illinois State Board of Education as “current documentation of a student's health information, not otherwise governed by the Mental Health and Developmental Disabilities Confidentiality Act or other privacy laws, which includes identifying information, health history, results of mandated testing and screenings, medication dispensation records and logs (e.g., glucose readings), long-term medications administered during school hours, and other health-related information that is relevant to school participation, e.g., nursing services plan, failed screenings, yearly sports physical exams, interim health histories for sports”
7. Accident report, defined by the Illinois State Board of Education as “documentation of any reportable student accident that results in an injury to a student, occurring on the way to or from school or on school grounds, at a school athletic event or when a student is participating in a school program or school-sponsored activity or on a school bus and that is severe enough to cause the student not to be in attendance for one-half day or more or requires medical treatment other than first aid. The accident report shall include identifying information, nature of injury, days lost, cause of injury, location of accident, medical treatment given to the student at the time of the accident, or whether the school nurse has referred the student for a medical evaluation, regardless of whether the parent, guardian or student (if 18 years or older) or an unaccompanied homeless youth ... has followed through on that request.”
8. Any documentation of a student's transfer, including records indicating the school or school district to which the student transferred
9. Completed course substitution form for any student who, when under the age of 18, is enrolled in vocational and technical course as a substitute for a high school or graduation requirement

The temporary record may include:

1. Family background information
2. Intelligence test scores, group and individual
3. Aptitude test scores
4. Reports of psychological evaluations, including information on intelligence, personality and academic information obtained through test administration, observation, or interviews
5. Elementary and secondary achievement level test results

6. Participation in extracurricular activities, including any offices held in school-sponsored clubs or organizations
7. Honors and awards received
8. Teacher anecdotal records
9. Other disciplinary information
10. Special education records
11. Records associated with plans developed under section 504 of the Rehabilitation Act of 1973
12. Verified reports or information from non-educational persons, agencies, or organizations of clear relevance to the student's education

The Family Educational Rights and Privacy Act (FERPA) and the Illinois Student Records Act afford parents/guardians and students over 18 years of age ("eligible students") certain rights with respect to the student's school records. They are:

1. The right to inspect and copy the student's education records within 15 school days of the day the District receives a request for access.

The degree of access a student has to his or her records depends on the student's age. Students less than 18 years of age have the right to inspect and copy only their permanent record. Students 18 years of age or older have access and copy rights to both permanent and temporary records. Parents/guardians or students should submit to the Building Principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The Principal will make arrangements for access and notify the parent(s)/guardian(s) or student of the time and place where the records may be inspected. The District charges \$.35 per page for copying but no one will be denied their right to copies of their records for inability to pay this cost.

These rights are denied to any person against whom an order of protection has been entered concerning a student (105 ILCS 5/10-22.3c and 10/5a, and 750 ILCS 60/214(b)(15)).

2. The right to request the amendment of the student's education records that the parent(s)/guardian(s) or eligible student believes are inaccurate, irrelevant, or improper.

Parents/guardians or eligible students may ask the District to amend a record that they believe is inaccurate, irrelevant, or improper. They should write the Building Principal or the Official Records Custodian, clearly identify the record they want changed, and specify the reason.

If the District decides not to amend the record as requested by the parents/guardians or eligible student, the District will notify the parents/guardians or eligible student of the decision and advise him or her of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent(s)/guardian(s) or eligible student when notified of the right to a hearing.

3. The right to permit disclosure of personally identifiable information contained in the student's education records, except to the extent that the FERPA or Illinois School Student Records Act authorizes disclosure without consent.

Disclosure without consent is permitted to school officials with legitimate educational or administrative interests. A school official is a person employed by the District as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or any parent(s)/guardian(s) or student serving on an official

committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. Individual board members do not have a right to see student records merely by virtue of their office unless they have a current demonstrable educational or administrative interest in the student and seeing his or her record(s) would be in furtherance of the interest.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the District discloses education records without consent to officials of another school district in which a student has enrolled or intends to enroll, as well as to any person as specifically required by State or federal law. Before information is released to these individuals, the parents/guardians will receive prior written notice of the nature and substance of the information, and an opportunity to inspect, copy, and challenge such records.

When a challenge is made at the time the student's records are being forwarded to another school to which the student is transferring, there is no right to challenge: (1) academic grades, or (2) references to expulsions or out-of-school suspensions.

Disclosure is also permitted without consent to: any person for research, statistical reporting or planning, provided that no student or parent(s)/guardian(s) can be identified; any person named in a court order; appropriate persons if the knowledge of such information is necessary to protect the health or safety of the student or other persons; and juvenile authorities when necessary for the discharge of their official duties who request information before adjudication of the student.

4. The right to a copy of any school student record proposed to be destroyed or deleted.

The permanent record is maintained for at least 60 years after the student transfers, graduates, or permanently withdraws. The temporary record is maintained for at least 5 years after the student transfers, graduates, or permanently withdraws. Temporary records that may be of assistance to a student with a disability who graduates or permanently withdraws, may, after 5 years, be transferred to the parent(s)/guardian(s) or to the student, if the student has succeeded to the rights of the parent(s)/guardian(s). Student temporary records are reviewed every 4 years or upon a student's change in attendance centers, whichever occurs first.

5. The right to prohibit the release of directory information concerning the parent's/guardian's child.

Throughout the school year, the District may release directory information regarding students, limited to:

Name

Address

Gender

Grade level

Birth date and place

Parent(s)/guardian(s)' names, addresses, electronic mail addresses, and telephone numbers

Photographs, videos, or digital images used for informational or news-related purposes

(whether by a media outlet or by the school) of a student participating in school or school-sponsored activities, organizations, and athletics that have appeared in school publications, such as yearbooks, newspapers, or sporting or fine arts programs

Academic awards, degrees, and honors

Information in relation to school-sponsored activities, organizations, and athletics
Major field of study
Period of attendance in school

Any parent/guardian or eligible student may prohibit the release of any or all of the above information by delivering a written objection to the Building Principal within 30 days of the date of this notice. No directory information will be released within this time period, unless the parents/guardians or eligible student is specifically informed otherwise.

No photograph highlighting individual faces is allowed for commercial purposes, including solicitation, advertising, promotion or fundraising without the prior, specific, dated and written consent of the parent or student, as applicable; and no image on a school security video recording shall be designated as directory information.

- 6. The right to request that military recruiters or institutions of higher learning not be granted access to your secondary school student's name, address, and telephone numbers without your prior written consent.**

Federal law requires a secondary school to grant military recruiters and institutions of higher learning, upon their request, access to secondary school students' names, addresses, and telephone numbers, unless the parents/guardians, or student who is 18 years of age or older, request that the information not be disclosed without prior written consent. If you wish to exercise this option, notify the Building Principal where your student is enrolled for further instructions.

- 7. The right contained in this statement: No person may condition the granting or withholding of any right, privilege or benefits or make as a condition of employment, credit, or insurance the securing by any individual of any information from a student's temporary record which such individual may obtain through the exercise of any right secured under State law.**
- 8. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA.**

The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington DC 20202-4605