METAMORA COMMUNITY CONSOLIDATED SCHOOL DISTRICT #1

815 E. Chatham Metamora, IL 61548
(309)367-2361

REGISTRATION FORM

Instructions: Please fill out this form for EACH of your children entering Metamora CCSD#1

Enrolling in Grade _____ Entry Date _____

LEGAL Last Name: _____ First: _____ Middle: _____

☐ Male ☐ Female

Student's Nickname: _____ Date of Birth: _____

Student's Address _____ City: _____ State: ____ Zip Code: _____

Home Phone Number: ( ) _____

Home Language Survey

1. Is a language other than English spoken in your home?

☐ yes ☐ no (If yes, what language?_____

2. Does your child speak a language other than English?

☐ yes ☐ no (If yes, what language?)_____

CONTACT INFORMATION

LEGAL Mother's Name: _____

Mother's Email: _____

Mother's Address _____ City: _____ State: _____ Zip Code: _____

Mother's Cellular Phone: ( ) _____ Mother's Business Phone: ( ) _____

Mother's Employer: _____

Stepfather's Name: _____ Stepfather's Cellular Phone: ( ) _____

LEGAL Father's Name: _____

Father's Email: _____

Father's Address _____ City: _____ State: _____ Zip Code: _____

Father's Cellular Phone: ( ) _____ Father's Business Phone: ( ) _____

Father's Employer: _____

Stepmother's Name: _____ Stepmother's Cellular Phone: ( ) _____

Names of other children living in your home attending Metamora Grade School and/or Metamora High School

Last name	First Name	Grade

Sitter's Name: _____ Sitter's Cellular Phone: ( ) _____

Sitter's Address: _____ City: _____

Please list additional people to contact in the event of an emergency

Name	Phone
1.	
2.	
3.	

TRANSPORTATION

My child will be transported to school by school bus: ☐ Yes ☐ No

ENROLLMENT INFORMATION

Last School Attended: _____ School's Phone Number: ( ) _____

School's Address _____ City: _____ State: ____ Zip Code: _____

Is your child receiving Special Education Services? : ☐ Yes ☐ No

Does your child have a current 504 plan? : ☐ Yes ☐ No

Does your child receive Reading/Title 1 Support? : ☐ Yes ☐ No

HEALTH AND EMERGENCY INFORMATION

Student Name: _____

Hospital you prefer in case of an emergency: _____

Should your child be wearing glasses at school? ☐ Yes ☐ No

Does your child have hearing loss? ☐ Yes ☐ No

Has your child been diagnosed with asthma? ☐ Yes ☐ No If, you answered yes, the Asthma Action Plan is required.

Has your child been diagnosed with diabetes? ☐ Yes ☐ No If, you answered yes, the Diabetes Action Plan is required

Has your child been diagnosed with epilepsy (seizures)? ☐ Yes ☐ No If, you answered yes, the Seizure Action Plan is required.

Please list any prescription drugs your child needs at school and complete the Medical Authorization Form linked here.

_____

_____

Please list any allergies your child has. If your child requires an Epi Pen please complete the Allergy Action Plan linked here.

_____

_____

Permission to share emergency medical information with staff who will interact with your child as needed ☐ Yes ☐ No

Please fill out the Over the Counter form if you would like you child to be administered the over the counter medications listed.

Please list any other pertinent health conditions the school should be aware of:

_____

_____

METAMORA GRADE SCHOOL PARENT PERMISSIONS

Student's Name _____

Please review the permission options below. Mark Yes for your consent. Otherwise, leave blank.

Photographing/Recording - I grant permission for Metamora CCSD #1 to have my child to be photographed or recorded at school or on the bus. Photographs may be used in the yearbook, newspaper, media, social media, or displayed in the building. ☐ Yes

Medical Information - I grant permission for Metamora CCSD #1 offices to share medical information with district staff as needed. ☐ Yes

Student Directory - I grant permission for Metamora CCSD #1 offices to publish name/address/phone information in the district student directory. ☐ Yes

Field Trip Consent - Field trips are an integral part of the school experience. A description of the events will be distributed before the event, in the case that parents wish to exclude their child from participation. I grant permission for my child to participate in field trips sponsored by Metamora Grade School. I further authorize supervising Metamora Grade School personnel to act as an agent for my child and to use his/her judgment and discretion in obtaining medical care, as he/she deems necessary for the welfare of my child while on the field trip. ☐ Yes

C**ellular Communications, Electronic Devices and Internet Usage** - I confirmed that I've reviewed the Acceptable Use Policy on page 21 of the MGS Handbook that defines expectations and consequences of school issued devices and the District's Network. ☐ Yes

Chromebook Agreement - I have viewed the Chromebook Agreement linked here and I understand the replacement costs. ☐ Yes

Activities Code - I have reviewed the MGS Activities Code and understand it can be accessed online at https://www.mgsredbirds.org/page/athleticsactivities ☐ Yes

Parent Signature _____ Date _____

ILLINOIS STATE BOARD OF EDUCATION

NEW U.S. DEPARTMENT OF EDUCATION RACE AND ETHNICITY DATA STANDARDS

Student's Name: _____ Student's Grade _____

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 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.)

Parent/Guardian Signature _____ Date _____

Office Initials_____



MILITARY CHILD REGISTRATION FORM

Dear Parent or Guardian,

Please take a few moments to answer these voluntary questions. This information will help identify Illinois military families.

Your participation will help schools get U.S. Department of Defense assistance for children struggling with their parent's or guardian's military deployment.

Name(s) of child/children:

_____

_____

_____

Does the child/children's parent or guardian serve in the military, including National Guard or Reserve?

☐ Yes

☐ No

Is the parent or guardian currently serving on active duty or expect to be deployed this year?

☐ Yes

☐ No

Has a parent or guardian returned from deployment in the last 6 months?

☐ Yes

☐ No

TRANSPORTATION

Metamora Grade is using a busing software that will help us be more efficient in our bus routes. Please fill out the form accordingly. If at any time your transportation needs should change, please reach out to our bus director, Elizabeth Stephens at estephens@mgsredbirds.org

- ☐ My child will ride the bus MORNING and AFTERNOON
- ☐ My child will be riding the bus in the MORNING ONLY
- ☐ My child will be riding the bus in the AFTERNOON ONLY
- ☐ My child will NOT be riding the bus



KINDERGARTEN SCHEDULE CHOICE

Welcome to Metamora Grade School! We are starting our kindergarten registration a bit early this year so that we have a better chance to determine whether there will be three or four sections of kindergarten. We certainly look forward to the success of your child in the years to come.

We begin our association with you and your child by giving you a choice. Metamora Grade School offers an all-day, every day kindergarten program, and history shows that most parents opt to send their child to that kind of program. However, we also offer alternate day attendance (Mondays, Wednesdays, and Fridays) for those who prefer that schedule.

Unless we have over twenty families requesting the alternate day program, those students attending on Mondays, Wednesdays, and Fridays will be in the same classes as those who attend every day. When selecting the alternate day program the parent(s) are responsible for teaching the new information or concepts on the days missed. The teacher will inform you of the information or concepts missed, so you know what was covered.

We are pleased with our kindergarten program, and we firmly believe that it provides a very healthy combination of developmental and academic learning activities. If you have further questions, please do not hesitate to call or stop by.

We look forward to your child's success at Metamora CCSD #1.

Please select the schedule choice for your child:

☐ **1. All Day, Every Day or** ☐ **2. All Day, Alternate Day (M W F)**

Parent's Signature: _____

Child's Name: _____



REQUIRED HEALTH FORMS

Illinois law has several requirements that need to be addressed as your children begin their school years with us. These laws are for the protection of your children.

Birth Certificate Requirement

Illinois Public Act 84-1430 requires that **parents supply us with a certified copy of a student's birth certificate**; or documentation of the child's identity and an affidavit explaining the inability to produce a copy of the birth certificate. This may be obtained at the courthouse in the county where the child was born. We will make a copy of it so you can keep the original.

Physical Examinations Requirement

Physical examinations are required for all children entering Kindergarten, Sixth Grade, or who are new to the state of Illinois. Physical examinations should be conducted within one year of the date of entering school. For kindergarten students, a lead test is to be included with the physical examination. The physician can conduct them at the time of the physical. The family history on the physical form must be filled out or it will be returned.

Dental Exam

Dental examinations are required for **Kindergarten, second, and sixth grades**

Eye Exam

Eye exams are required for **Kindergarten and students who are new to the state of Illinois**.

Immunization Requirements

Please see the immunization document for required immunizations.



IMMUNIZATION REQUIREMENTS

per the Illinois Department of Public Health

GRADE	IMMUNIZATION	REQUIREMENT
Kindergarten	DTap or DTP	4 or more doses – last Dose on or after 4th birthday
Kindergarten	Polio	4 doses – last dose on or after 4th birthday
Kindergarten	Measles	2 doses – first dose on or after 1st birthday
Kindergarten	Mumps	2 doses – first dose on or after 1st birthday
Kindergarten	Rubella	2 doses – first dose on or after 1st birthday
Kindergarten	Varicella	2 doses – first dose on or after 1st birthday
Kindergarten	Hepatitis B	3 doses
6th	Tdap	1 dose on or after 11th birthday
6th	Meningococcal	1 dose on or after 11th birthday

Metamora CCSD #1

Permission to Administer Over-the-Counter Stock Medications

Student Name _____

Date of Birth_____ Grade_____ School Year _____

Please Check ONE:

_____ My child is not allergic to any medications

_____ My child is allergic to the following medications:

_____

Over the counter medications (ibuprofen and acetaminophen) can be used for situations such as an occasional headache, menstrual cramps, and mouth pain from orthodontic work. If your child is exhibiting symptoms of an illness, he/she will be sent home.

Please check (✔) the medication(s) that your child may have at school. Manufacturer's instructions will be followed for dosing according to age/weight. Medication will not be given unless requested by the student and/or parent. The RN will make every effort to notify the parent/guardian when student requests are made and when medication is given.

_____ Ibuprofen/Motrin

_____ Acetaminophen/Tylenol

_____1% Hydrocortisone cream

_____ Cough drops

I, the parent/guardian, give permission for the Metamora Grade School nurse and trained staff to administer the indicated medication(s) to my child. I will notify the school nurse of any health related changes for my child that would prohibit him/her from taking the indicated medication(s). I release Metamora Grade School and its personnel from any legal claim regarding the administration or lack of administering medication to my child. I will assume full responsibility for any side effects and complications that my child may have as a result of the medication. I understand that this form is valid for one school year.

_____ _____

Parent/Guardian Signature Date

_____

Parent/Guardian Name - Printed

Updated 5/2023