FORRESTVILLE VALLEY SCHOOL DISTRICT #221

SUPERINTENDENT
Mrs. Sheri Smith

Dear Parent(s)/Guardian(s),

Welcome to Forrestville Valley School District #221 and the 2020-2021 School Year! We are excited you have selected our district and look forward to wonderful things for your student and our school community.

I believe you will find a small community that embraces all aspects of education to include academics, arts, and athletic opportunities. I would encourage you to take a few minutes to review our district and various school and student highlights on our website: www.fvdistrict221.org.

I am proud to report our school communities are strong and function as one district unit. This is demonstrated in a variety of ways but specifically with our average daily attendance. Each year we exceed the state average as we continue to educate 96% of our student body every day. It is important that your child attends school and does not miss out on great educational opportunities.

Please take the time this year to get involved or stay involved in your child's education. Your son or daughter is never too old to need your participation in school activities. Not only will your child know when you are present, he or she will also remember when you are not. You may contact your school office to learn more regarding parent involvement in the PTO, Sports Boosters, Music Patrons, or classroom volunteers.

I wish you the very best year ahead and please contact my office if I can be of assistance to you.

Sincerely,

Mrs. Sheri Smith
District Superintendent

Forrestville Valley School District #221

Little Cardinal Preschool - Registration Forms Checklist
2020-2021

Please provide the following forms for completion of student registration:

____Student Information

____Student Birth Certificate

____Parent/Student Signature

____Release of Student Information

____LCP Transportation

____Confidential Student Health Information

____Ethnicity and Race Report

____Home Language Survey

____Physical and Exams (Preschool, Kindergarten, 2nd, 6th, 9th, 12th)

____Skyward Family Access Sign-Up

____Session Selection

____Payment of Registration Fees

STUDENT INFORMATION FORM 2020-2021
FORRESTVILLE VALLEY SCHOOL DISTRICT #221

Student's Name _____
First Middle Last

Address _____
Street P.O. Box Number City, State, Zip

Phone _____ Student Cell Phone (if applicable) _____

Grade/School _____ Previously Attended FV? ☐ Yes ☐ No

Date of Birth _____ County/State of Birth _____ Gender _____

ALL OTHER CHILDREN IN YOUR FAMILY—INCLUDE THOSE NOT IN SCHOOL THRU 12TH GRADE

1) Name _____
First Middle Last

Date of Birth _____ Grade/School _____ Gender _____

County/State Of Birth _____ Previously Attended FV? ☐ Yes ☐ No

2) Name _____
First Middle Last

Date of Birth _____ Grade/School _____ Gender _____

County/State Of Birth _____ Previously Attended FV? ☐ Yes ☐ No

3) Name _____
First Middle Last

Date of Birth _____ Grade/School _____ Gender _____

County/State Of Birth _____ Previously Attended FV? ☐ Yes ☐ No

MEDICAL INFORMATION:

Doctor _____ Phone _____

Dentist _____ Phone _____

Allergies _____

Medical Problems _____

(PLEASE CONTINUE ON BACK)

Father's Name _____

Address _____

Employer _____ Hours At Work A.M. _____ P.M. _____

Home Phone # _____ Cell Phone # _____

Work # _____ Email address _____

Mother's Name _____

Address _____

Employer _____ Hours At Work A.M. _____ P.M. _____

Home Phone # _____ Cell Phone # _____

Work # _____ Email address _____

Step-Father's Name _____

Address _____

Employer _____ Hours At Work A.M. _____ P.M. _____

Home Phone # _____ Cell Phone # _____

Work # _____ Email address _____

Step-Mother's Name _____

Address _____

Employer _____ Hours At Work A.M. _____ P.M. _____

Home Phone # _____ Cell Phone # _____

Work # _____ Email address _____

EMERGENCY CONTACT: Must be someone other than parent - List 2

Name	Relationship	Phone #

Parent/Guardian is a member of the armed forces? ☐ YES ☐ NO

-Currently is deployed to active duty? ☐ YES ☐ NO

-Expects to be deployed to active duty during the school year? ☐ YES ☐ NO

_____ _____

Parent/Guardian Signature Date

Forrestville Valley School District #221
Parent/Student Signature Form
2020-2021

The district is required to present the following agreements for your review. Please review the handbooks and policies by visiting the district website at fvdistrict221.org and sign below.

PARENT/STUDENT HANDBOOK:

☐ I have reviewed the guidelines, discipline plan, and athletic standards, which will improve the learning environment in the Forrestville Valley Schools.

These guidelines are not intended to create a contractual relationship with the student; rather, it is intended to describe the school and its current general practices, procedures, rules and regulations at the time of publication for appropriate code of conduct.

ACCEPTABLE USE OF ELECTRONIC NETWORK:

☐ I agree to and accept the Acceptable Use of Electronic Network terms and conditions.

ELECTRONIC DEVICE HANDBOOK:

☐ I agree to and accept the Electronic Device Agreement as presented and understand that Forrestville Valley School District #221 owns the device, software, and issued peripherals. If the student is no longer enrolled in Forrestville Valley School District #221 schools, the device will be returned in good working order. In no event shall the student or parent/guardian hold Forrestville Valley School District #221 liable for any claim of damage, negligence, or any breach of duty resulting from any act or omission related to the unauthorized use of the device.

STUDENT ACCIDENT INSURANCE WAIVER:
All students in grades K-12 are offered the opportunity to enroll in an accident insurance plan. Please refer to our website for information on the *Student Accident Insurance Program* if applicable to you. If not, please check below:

☐ I have adequate insurance to protect my son/daughter in case of an accident.

☐ **I certify that I have reviewed all information provided above and understand that the Forrestville Valley School District #221 agreements are made available on the district website: www.fvdistrict221.org.**

By signing below, parent/guardian and student acknowledge, review and accept the following:

- Parent/Student Handbook
- Electronic Device Handbook
- Acceptable Use of Electronic Network
- Student Accident Insurance Waiver

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Forrestville Valley School District #221

Release of Student Information
2020-2021

DIRECTORY INFORMATION:

The law and school district policy designate certain information as "Directory Information". Throughout the school year, the district may release directory information regarding students, limited to: student name, gender, grade level, birthdate and place, parent/guardian name, academic awards, degrees and honors, information regarding school-sponsored activities, organizations and athletics, major field of study, and period of attendance in school. A 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.

USING A PHOTOGRAPH OR VIDEO OF A STUDENT:

Students may occasionally appear in photographs and videos taken by school staff members or other individuals authorized by the Building Principal. The district may use these pictures, without identifying the student, in various publications, including the school yearbook, school newspaper, and district website. No consent or notice is needed or will be given before the district uses these pictures of unnamed students taken while they are at school or a school-related activity.

In order for the district to publish a picture with a student identified by name, a parent or guardian must give prior written permission.

MILITARY & INSTITUTIONS OF HIGHER EDUCATION (GRADES 9-12 ONLY):

From time to time, military recruiters and post-secondary educational institutions request the names, telephone numbers, and addresses of our secondary students. The school must provide this information unless the parent/guardian requests that this is not to be disclosed without their prior written consent.

Please respond to the following statements by placing a check in the "Yes" or "No" column and then sign in the space below.

STATEMENT	YES	NO
I grant permission for the district to publish a picture with my student identified by name in various publications as listed above		
I grant permission to have my child's information released to military recruiters and institutions of higher education. **(GRADES 9-12 ONLY)**		

I certify that I have reviewed all information provided above and understand that the Forrestville Valley School District #221 Parent/Student Handbook is made available on the district website: www.fvdistrict221.org.

Student Name / Grade / School

Date

Parent/Guardian Signature

Forrestville Valley School District #221
Little Cardinals Preschool Program
Transportation Available
2020-2021

The Forrestville Valley School District #221 is pleased to offer *FREE* shuttle transportation from FGS to GVGS and back for students enrolled in *FULL DAY* Little Cardinals Preschool. Door to door transportation for students enrolled in *FULL DAY* Little Cardinals Preschool during the 2020-2021 school year may be available at an additional cost. Availability is based on transportation feasibility (i.e. on a current route or pick-up/drop-off within current routes).

All students qualify to be picked up and dropped off as follows:

- Students may be picked up/dropped off at **ONE CONSISTENT LOCATION** in the Forrestville Valley School District.
- For the safety of students, bus drivers must have a visual contact with an adult at the pick-up and drop-off point *each* day.
- Payments must be received as follows:
    - $40/month August-April or $360 in one lump sum payment due August 10th*

To request paid transportation, please complete the information below and return with registration information.

Requests will be taken through June 1st and all parents will be notified of feasibility by August 6th.

Little Cardinal Preschool Program
Transportation Request
2020-2021 School Year

Student's Name: _____

Parent's Name: _____

Phone Number: _____ Work Number: _____

PLEASE NOTE: ***There will be ONE address for pick-up and ONE address for drop-off.***

Pick-Up Circle One: Home Babysitter Other

Name of Person Living at Address: _____

Address: _____

Phone Number of Person Listed Above: _____

Drop-Off Circle One: Home Babysitter Other

Name of Person Living at Address: _____

Address: _____

Phone Number of Person Listed Above: _____

Parent/Guardian Signature: _____ **Date:** _____

Forrestville Valley School District #221
Confidential Student Health Information
2020-2021

STUDENT'S NAME: _____ **Grade/School:** _____

☐ **NO**, my student **DOES NOT** have health concerns.

☐ **YES**, my student **DOES** have health concerns. **PLEASE CHECK ANY CONDITIONS LISTED BELOW THAT APPLY TO YOUR STUDENT.** If you have any questions or concerns about your child's health, please contact the school nurse.

☐ ADD/ADHD	☐ Allergies – Food	☐ Allergies – Insect
☐ Allergies – Medicine	☐ Asthma	☐ Birth Defects
☐ Bone/Joint Problems	☐ Depression	☐ Diabetes
☐ Ear/Hearing Problems	☐ Migraines	☐ Glasses/Contacts
☐ Heart Problems	☐ Physical Restrictions	☐ Other

If your child has a condition not listed above, please describe in detail below:

_____

_____

If your child requires medication during school hours, please refer to the section regarding medication found in the *Parent-Student Handbook* and obtain a *Request for Administration of Medicine* form from the school office.

_____ _____

Parent/Guardian Signature Date

U.S. Department of Education
Ethnicity and Race Report

The U.S. Department of Education has issued new guidelines on the collection and reporting of race and ethnicity data for public schools and staff. Please complete this form and return to your child's school.

Student's Name: _____ SIS ID#: _____
(School to Supply)

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 to 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 maintain 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, and 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 Signature: _____ Date: _____

Forrestville Valley School District # 221

Home Language Survey

The state requires the 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. It also helps to identify the students who need to be assessed for English language proficiency.

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

Student's Name: _____

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

   Yes_____ No_____

   If yes, what language? _____

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

   Yes_____ No_____

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

_____ _____

Parent/Guardian Signature Date

FORRESTVILLE VALLEY SCHOOL DISTRICT #221

April 2020

Dear Parents or Guardians;

The ***Illinois School Code*** requires all pupils entering Preschool, Kindergarten, 6th and 9th Grades *as well as students moving to Illinois from out of state*, to have completed an Illinois physical exam form with a physician's verification of the required immunizations.

All students entering Preschool through 12th grades must have proof of having received the varicella (chickenpox) vaccine. All students in **Kindergarten through 4th and grades 6th through 12th must now show proof of having had *two* doses of the varicella vaccine.**

Students in 6th ***and*** 12th grades must show proof of having had the Meningitis vaccine. Sixth graders must show proof of having one dose of the vaccine, seniors must show proof of having 2 doses. (If the first dose was given after age 16, only one dose is required)

Students entering 6th through 12th grades must show proof of having had a Tdap booster.

Preschool students must show proof of pneumococcal vaccination, according to schedule.

All students in Kindergarten, 2nd, 6th grade and 9th grades are required to have a completed dental form on file by May 15th. Students must have been seen by a dentist within 18 months of the May 15th deadline.

All students entering Kindergarten *or at first entrance to any school* in the State of Illinois will be required to have a professional eye examination.

If you object to this process for health reasons, you must include a physician's statement that the required immunizing agents would be detrimental to the health of the child. Objections to vaccinations due to religious beliefs must be submitted in writing stating supporting scripture with references and parent signatures. Also, an Illinois Certificate of Religious Exemption must be completed and signed by a parent and a MD, DO,APN or PA. The district is required to comply with state requirements when enrolling students into school. If the requirements stated above are incomplete as of October 15th, students will be dismissed from school until requirements can be completed.

If you have any questions, please leave a message for me with the building secretary and I will return your call.

Sincerely;
Jennifer Nelson, RN
School Nurse

P.O. Box 665, Forreston, IL 61030 Phone: (815) 938-2036 Fax: (815) 938-9028

State of Illinois
Illinois Department of Public Health

PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten and the second, sixth and ninth grades of any public, private or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that need attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

To be completed by the parent or guardian (please print):

Student's Name: Last	First	Middle	Birth Date: (Month/Day/Year)

Address: Street	City	ZIP Code

Name of School:	ZIP Code	Grade Level:	Gender: ☐ Male ☐ Female

Parent or Guardian: Last Name	First Name

Student's Race/Ethnicity:

☐ White ☐ Black/African American ☐ Hispanic/Latino ☐ Asian
☐ Native American ☐ Native Hawaiian/Pacific Islander ☐ Multi-racial ☐ Unknown
☐ Other_____

To be completed by dentist:

Date of Most Recent Examination:_____ (Check all services provided at this examination date)
☐ Sealant ☐ Fluoride treatment ☐ Restoration of teeth due to caries

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present on Permanent Molars**

☐ 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 **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.

Treatment Needs (check all that apply). For Head Start Agencies, please also list appointment date or date of most recent treatment completion date.

☐ **Restorative Care** — amalgams, composites, crowns, etc. Appointment Date:_____
☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis Appointment Date:_____
☐ **Pediatric Dentist Referral Recommended** Treatment Completion Date:_____

Additional comments: _____

Signature of Dentist _____ License #: _____ Date: _____

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.)	❑	❑	❑	_____
Internal exam (vitreous, lens, fundus, etc.)	❑	❑	❑	_____
Pupillary reflex (pupils)	❑	❑	❑	_____
Binocular function (stereopsis)	❑	❑	❑	_____
Accommodation and vergence	❑	❑	❑	_____
Color vision	❑	❑	❑	_____
Glaucoma evaluation	❑	❑	❑	_____
Oculomotor assessment	❑	❑	❑	_____
Other _____	❑	❑	❑	_____

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 _____

Continued on back

State of Illinois
Eye Examination Report

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 _____)

Printed by Authority of the State of Illinois
6/09

IOC11271-09

State of Illinois
Certificate of Child Health Examination

Student's Name Last First Middle	Birth Date Month/Day/Year	Sex	Race/Ethnicity	School /Grade Level/ID#
Address Street City Zip Code	Parent/Guardian Telephone # Home Work			

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for *every* dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR
DTP or DTaP						
Tdap; Td or Pediatric DT (Check specific type)	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophilus influenza type b						
Pneumococcal Conjugate						
Hepatitis B						
MMR Measles Mumps, Rubella				Comments: * indicates invalid dose		
Varicella (Chickenpox)						
Meningococcal conjugate (MCV4)						
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose						
Hepatitis A						
HPV						
Influenza						
Other: Specify Immunization Administered/Dates						

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 (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.

***MEASLES (Rubeola) MO DA YR** ****MUMPS MO DA YR** **HEPATITIS B MO DA YR** **VARICELLA MO DA YR**

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies 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**

3. Laboratory Evidence of Immunity (check one) ☐**Measles*** ☐**Mumps**** ☐**Rubella** ☐**Varicella** **Attach copy of lab result.**

*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and *Maintained* by the School Authority.

Last	First	Middle	Birth Date Month/Day/Year	Sex	School	Grade Level/ ID

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						
Birth defects?	Yes No			Hospitalizations? When? What for?	Yes No		
Developmental delay?	Yes No						
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No			Surgery? (List all.) When? What for?	Yes No		
Diabetes?	Yes No			Serious injury or illness?	Yes No		
Head injury/Concussion/Passed out?	Yes No			TB skin test positive (past/present)?	Yes* No	*If yes, refer to local health department.	
Seizures? What are they like?	Yes No			TB disease (past or present)?	Yes* No		
Heart problem/Shortness of breath?	Yes No			Tobacco use (type, frequency)?	Yes No		
Heart murmur/High blood pressure?	Yes No			Alcohol/Drug use?	Yes No		
Dizziness or chest pain with exercise?	Yes No			Family history of sudden death before age 50? (Cause?)	Yes No		
Eye/Vision problems? _____ Glasses ☐ Contacts ☐ Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Dental ☐ Braces ☐ Bridge ☐ Plate Other			
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** **BMI PERCENTILE** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) **BMI>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		☐ Diagnosis of Asthma	**Mental Health**		
Currently Prescribed Asthma Medication: ☐ Quick-relief medication (e.g. Short Acting Beta Agonist) ☐ Controller medication (e.g. inhaled corticosteroid)			**Other**		

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**

Forrestville Valley School District #221

Skyward Family Access Sign-Up
2020-2021

By Signing and returning this form, you are authorizing Forrestville Valley School District #221 to provide you with one login and password for all your children in FVSD #221.

Parent/Guardian Name (please print): _____

Email Address: _____

You will receive your login and password by email.

Student Name (print)	Grade	School

Please return this form to your child's school secretary.
Login and password information <u>will not</u> be communicated by phone.

I agree to keep my user name and password confidential. I will notify my child's school secretary immediately if I become aware that anyone else has accessed my password. Any misuse of this system will result in me being permanently restricted from future use.

_____ _____

Parent/Guardian Signature Date

Rev. 3/2017

Forrestville Valley School District #221

PRESCHOOL PROGRAM SESSION SELECTION

2020-2021

Student Name: _____

Little Cardinals Preschool is a tuition-based program and prepares students for Kindergarten emphasizing pre-reading, pre-writing, pre-math, and emerging social skills. It provides active, hands-on experience which enhances growth according to each child's age and stage of development.

SESSIONS AVAILABLE:

- Full Day Session — Class Time: 8:00 a.m. – 2:20 p.m.
  - Transportation: To School: District provides transportation from FGS to GVGS. Optional Paid Transportation: from home to school and back is available, pending transportation feasibility.
  - Lunch: Students may purchase school lunch or bring a sack lunch.
- Morning Session — Class Time: 8:00 a.m. – 10:40 a.m.
  - Transportation: To School: District provides transportation from FGS to GVGS.

Please indicate your choice for the 2020-2021 Preschool Session: ____ Full Day ____ AM Session

Please indicate the number of days per week: ____ 2 days ____3 days ____4 days ____5 days

Please mark days of the week below:

Monday **Tuesday** **Wednesday** **Thursday** **Friday**

Tuition:

PROGRAM OPTIONS	MONTHLY TUITION	AVERAGE DAILY TUITION	REGISTRATION FEE
5-Day Full Days	$315	$15.75	$55
5-Day Mornings	$210	$10.50	$55
4-Day Full Days	$260	$16.25	$55
4-Day Mornings	$170	$10.63	$55
3-Day Full Days	$205	$17.08	$55
3-Day Mornings	$130	$10.83	$55
2-Day Full Days	$145	$18.13	$55
2-Day Mornings	$110	$13.75	$55

- $55 fee is due at time of Registration. This fee is non-refundable.
- Monthly tuition payments are due by the 1st of each month, beginning August 1st and ending April 1st.
- Tuition is charged for each month the student is enrolled.
- Optional paid transportation is available for $40 per month, pending transportation feasibility.

Forrestville Valley School District #221
Payment of Registration Fees
2020 - 2021

Student's Name _____ School _____ Grade _____

Fee Statement (Total is listed on the enclosed Student Fee Statement) $ _____

- $10 Discount (for Instructional Fee only)
(If payment is made **by July 1st, 2020**) - $ _____
$10 discount doesn't apply if requesting the instructional fee waived.

- Fee Waiver (if applicable, for Instructional Fee only) - $ _____
Please pay all other fees - Electives, Class Dues & Technology Fee.
Fee Waiver Amount (if applicable)

- $35 Technology Fee Waiver (9th – 12th grade students only) - $ _____
Only applies to students participating in BYOT Program.
BYOT Authorization/Responsible Use Agreement must be completed.
Students will NOT be issued technology and must supply their own.
BYOT Discount (if student is bringing their own technology)

+ Yearbook
FHS Yearbook - $45.00
FJH Yearbook - $25.00
+ $ _____
Optional Yearbook Fee

= Total Payment: = $ _____
Total Amount Due

Form of Payment

- ❑ **Paid Online via e~Funds** _____ (Notification via Skyward once available.)
- ❑ **Check #** _____ (Please make checks/money orders payable to Forrestville Valley School District.)
- ❑ **Cash $** _____

Please Note:

- One payment may be made for an entire family. **Please include all forms for each student with payment.**
- Payment Plans may be set up via e~Funds. Please visit www.fvdistrict221.org for more information.
- P.E. Uniform payment is separate from registration fees and is payable to Forreston Junior/Senior High School.
- Registration forms and payment of fees may be dropped off:
  - at any school office or mailed in the envelope provided by July 31st, 2020 to:

    Forrestville Valley School District #221

    Registration & Fees Collection

    P.O. Box 665 Forreston, IL 61030
  - at Walk-In Registration on Thursday, July 30th, 2020, from 2:00 p.m. - 6:00 p.m., in the Forreston Junior/Senior High School Cafeteria.