

**AVISTON ELEMENTARY SCHOOL**  
**Kindergarten/New Student Registration Form**

Child's Name: \_\_\_\_\_  
(First, Middle, Last)

Male or Female

Birth Date: \_\_\_\_\_ Primary Telephone: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(Hospital Location)

Child's Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Father's Telephone: \_\_\_\_\_

Mother's Telephone: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Place of Employment: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Child Lives With: MOTHER or FATHER or BOTH in home

Number of Brothers: \_\_\_\_\_ OLDER \_\_\_\_\_ YOUNGER Number of Sisters: \_\_\_\_\_ OLDER \_\_\_\_\_ YOUNGER

Will your child be riding a bus? \_\_\_\_\_ NO \_\_\_\_\_ YES. If yes, to and from where? \_\_\_\_\_

\*\*\* A recent physical, immunization record, and a copy of your child's birth certificate must be on file with the school on the first day of school – must be a courthouse copy. \*\*\*

**KINDERGARTEN STUDENTS:** Has your child participated in the following:

- |  |   |
|--|---|
| <input type="checkbox"/> Daycare/Preschool program? Where? _____   | <input type="checkbox"/> Early Intervention (Birth to 3)? _____ |
| <input type="checkbox"/> Early Head Start (Birth to 3)? _____      | <input type="checkbox"/> Speech, OT, or PT services? _____      |
| <input type="checkbox"/> Prevention Initiative (Birth to 3)? _____ |   |

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

**Aviston Elementary School Book & Technology Fees**

350 SOUTH HULL STREET, AVISTON, IL 62216

618-228-7245 (Office); 618-228-7121 (Fax)

Welcome to the new school year!

Book Rental Fees for the 2018-2019 school year will be \$125.00 per student. Additionally, a \$25 technology fee will be added this year for a total registration fee of \$150.00 per student. This fee is due by July 18, 2018. **This fee is required for all families with students in Kindergarten – 8<sup>th</sup> grade who do not qualify for the Free/Reduced Lunch Program.** Payment plans will be offered upon request.

Please make checks payable to **Aviston Elementary**. Checks will not be cashed prior to July 1, 2018.

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

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

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

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

Total Amount Paid: \_\_\_\_\_

Cash: \_\_\_\_\_

Check: \_\_\_\_\_

**VERIFICATION OF IN-DISTRICT RESIDENCY**

By mandate of the Illinois State Board of Education, the Board of Education of Aviston Elementary School is required to be able to prove that the students attending its schools are truly residents of this School District or are paying tuition. The only exception is for homeless children as defined by law. If parents/guardians wish to challenge the District's determination of non-residency they may do so in accordance with the policies adopted for such challenges which determination is final. Therefore, it is required that you provide the following residency verification.

I/We, the undersigned parent/guardian of the student provide the following information to Aviston Elementary School to support our representation that the student is a legal resident of the District, and is entitled to attend the school as a resident without charge of tuition, but with a charge for certain fees.

**Children's Name(s):** \_\_\_\_\_  
\_\_\_\_\_

**Student's Address:** \_\_\_\_\_  
\_\_\_\_\_

**Student Telephone:** \_\_\_\_\_

**Name of Adult(s) with whom student resides in District:** \_\_\_\_\_

**Relationship of adults(s) named above to student (mark one and explain, if necessary)**

- \_\_\_\_\_ Parent (includes natural and adoptive parents)
- \_\_\_\_\_ Legal Guardian with Court Order (attach Court Order)
- \_\_\_\_\_ Other (explain in detail why student is living with adult, and attach all relevant documentation)

Please submit the following documentation from **Categories I and II**

**Category I (one document establishing property within the district)**

- A.** Most recent property tax bill (homeowners) **B.** Mortgage papers (homeowners) **C.** Deed
- D.** Signed and dated lease and proof of last two months' payments if lease is not at its inception (cancelled check or receipt required) (Renters) **E.** Housing letter (military personnel) **F.** Letter from manager and proof of last two months' payments (cancelled checks or receipts required) (renters or trailer park residents) **G.** An agreement of sale for a residential property located within the District, signed by the seller and parent/custodian as buyer, which recites a closing date prior to the first day of attendance (new residence)
- H.** Notarized affidavit of residency from the resident owner of property within the District where the parent/custodian of the child is living with the owner at no cost (those living with relatives)

**Category II (one document establishing an address within the District)**

- a. Driver's license                      b. Vehicle registration                      c. Current Public Aid card
- d. Current library card                      e. Voter registration
- f. Most recent gas, electric, water, cable television and/or credit card bill
- g. Current homeowner's/renter's insurance policy and premium payment receipt

If student does not live with the parent/guardian, please list parent's/guardian's residence.

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If the student's parents/guardians are not residing together, where does the other parent/guardian reside?

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*Attach any court order, decree, or other document establishing the custody and/or residency of the student.*

If this student's parents/guardians have students enrolled in other districts, please list those districts.

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**Certificate of Residency**

I/We certify that the above information is accurate, and that the student is a resident of the Aviston Elementary School District. I/We understand that the District may request additional information from us. I/We agree to notify the District within 7 days of any changes of residence or change of address. I/We understand that should any information on this form, or any information otherwise provided the District be wrong, or if it is determined that the student is not a resident of the District, the student may be dismissed immediately from the District's school, and the student and responsible adults shall reimburse the District for costs, including tuition for the time during which the student attended the District's schools. I/We recognize that any person who knowingly registers or attempts to register a student known by that person to be a non-resident of the District shall be subject to criminal prosecution.

DATED: \_\_\_\_\_

Signatures of Student's Parents/Guardians

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

Illinois State Board of Education

**New U.S. Department of Education Race and Ethnicity Data Standards**

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

SIS ID: \_\_\_\_\_

(school will provide)

**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 people of Europe, the Middle East, or North Africa.)

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

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

## Home Language Survey English

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

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

- What language? \_\_\_\_\_

2. Does your child speak a language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

- What language? \_\_\_\_\_

If the answer to either question is yes, the school will assess your child's English language proficiency. The school will measure your child's listening and speaking skills and, for students in grades 2 through 12, reading and writing skills.

Signed: \_\_\_\_\_  
Parent or Guardian

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

## Military Children 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.

### Aviston Elementary School District #21

Name(s) of child(ren):

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Does the child(ren)'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

**AVISTON ELEMENTARY  
BUS INFORMATION**

**Please list all Pre-K, Elementary &/or High School Students**

**Student's Home Address:** \_\_\_\_\_

**\*\*Please note that each child will get ONE (1) pick up & drop off location. Due to the limited capacity on the buses, we can only have 1 pick-up location and 1 drop off location. For example, we cannot have a student picked up at home on Monday, Wednesday, & Friday and at a daycare on Tuesday & Thursday and vice versa for drop offs.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Will this student be riding the bus? \_\_\_\_\_ Yes \_\_\_\_\_ No

Pick Up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

Will your child attend the PSR Program? (1<sup>st</sup> – 8<sup>th</sup> only) \_\_\_\_\_ Yes \_\_\_\_\_ No

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Will this student be riding the bus? \_\_\_\_\_ Yes \_\_\_\_\_ No

Pick Up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

Will your child attend the PSR Program? (1<sup>st</sup> – 8<sup>th</sup> only) \_\_\_\_\_ Yes \_\_\_\_\_ No

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Will this student be riding the bus? \_\_\_\_\_ Yes \_\_\_\_\_ No

Pick Up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

Will your child attend the PSR Program? (1<sup>st</sup> – 8<sup>th</sup> only) \_\_\_\_\_ Yes \_\_\_\_\_ No



## Internet Usage Policy

Aviston Elementary is pleased to offer its students access to the Internet in belief that it offers excellent opportunities to enhance education; however, we must realize the online world of the Internet contains material that may be inappropriate for young people. Therefore, before being permitted use of the Internet, both parents and students are required to read AND SIGN the following policy:

### Rules for Using the Internet

- An adult supervisor must be present for any student to access the Internet
- Students must comply with all copyright and transmission laws with respect to materials obtained over the Internet
- No emails may be sent or received throughout any of the computers at Aviston Elementary School
- Students will not download program files from the Internet without permission of an adult supervisor
- Students may not access or log in to another person's files
- Students may not reveal any personal information about themselves, i.e. name, address, phone, etc.

If the student follows these guidelines, no computer privileges will be lost.

### **Consequence of Incorrect Internet Usage:**

The use of the Internet is a privilege, not a right. Should any of the above rules be violated, the following penalties will apply:

- On the first offense, the superintendent and parents will be notified. The student will lose privileges for one week. If grades are taken during this lost computer time, the student will receive a 0% on all computer-related projects for the duration.
- On the second offense, a conference will be held with the student, parent, teacher and superintendent in attendance. At that time, the offense will be discussed, and a decision will be reached regarding the loss of ALL computer privileges for a specified period of time.

My student and I have read the rules for using the Internet and consequences that will apply if the rules are broken. We understand what we have read and agree to comply with the rules. **This agreement is in affect through the course of your child's career at Aviston Elementary.**

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Student Signature (Print & Sign)

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Student Signature (Print & Sign)

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Student Signature (Print & Sign)

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Parent Signature

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Date

**Aviston Elementary School  
District #21  
350 S Hull St  
Aviston, IL 62216**

**Secular Textbook Loan Program**

Aviston Elementary School is again participating in the Secular Textbook Loan Program. The law requires us to have on file a signed request whereby the parent's request participation in the textbook program for their children. **This signature is necessary as long as the student attends Aviston Elementary School.**

I hereby request the loan of secular textbooks in accordance with the Public Act 79-961 of 1975. Aviston Elementary School, District #21 in Aviston, Illinois, Clinton County.

Print Student's Name(s): \_\_\_\_\_  
\_\_\_\_\_

***This signature is covers the children listed as long as the student(s) attends Aviston Elementary School.***

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

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**Publication/Presentation Permission Form:**

During the school year, many exciting, educational and extracurricular opportunities will occur. Many of the opportunities warrant recognition of your child and/or his or her class for a job well done. Your child's work, accomplishments, or experience should be recognized and shared with others.

My child/children listed in the above section may be published in the below media during the course of their educational stretch in Aviston Elementary:

\_\_\_\_\_ Local Newspapers      \_\_\_\_\_ Presentations      \_\_\_\_\_ School Website  
\_\_\_\_\_ Brochures      \_\_\_\_\_ Videos      \_\_\_\_\_ Other media associated with AGS

\_\_\_\_\_ No, please DO NOT publish my child's name, grade, works, pictures, etc.

***This signature is covers the children listed as long as the student(s) attends Aviston Elementary School.***

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

## Medical Information for 2018-2019

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

\*IF YOUR CHILD HAS NO MEDICAL CONDITIONS, PLEASE WRITE "NONE" ON THE LINES BELOW. If you need more room to explain, please use the back side of this form.

My child has the following allergies/medical condition(s): \_\_\_\_\_

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**OTHER:**

- My student wears glasses and/or contacts
- My student has asthma
  - If this box is checked, you will need to fill out an Asthma History Form
- My student has allergies
  - If this box is checked, you will need to fill out an Allergy History Form

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

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

## WAIVER OF STUDENT FEES

Students: The Board of Education recognizes that some students will be unable to pay student fees. However, students shall not be denied educational services or academic credit due to the inability or unwillingness of parent(s) or guardian(s) to pay fees and charges.

Students whose parents are unable to afford student fees may receive a waiver of the fees. However, these students are not exempt from charges for lost and damaged books.

At the beginning of each school year, the student's district's waiver of school fees policy will be given in writing to each student's parent(s) or guardian(s).

Applications for fee waivers may be submitted by a parent/guardian of a student who has been assessed a fee on an application form available from the Principal.

A student shall be eligible for a waiver of a fee when at least one of the following prerequisites are met:

- 1 – The student is currently receiving aid under Article IV of the Illinois Public Aid Code (Aid to Families with Dependent Children).
- 2 – The student is currently eligible for Free or Reduced Price Meals pursuant to Illinois Rev. Stat., ch. 122, para. 712.1 et seq.

The Principal will give additional consideration for fee waiver where the following factors are present:

- 1 – illness in the family;
- 2 – unusual expenses such as fire, flood, storm damage, etc.
- 3 – emergency situations

The parent or guardian shall submit written evidence or eligibility for waiver of the student's fee.

The principal will notify the parent(s) or guardian(s) within thirty (30) calendar days as to whether the fee waiver request has been granted or denied. A denied request shall state the reason for denial and give information regarding an appeal process, including timelines.

LEG REF. Ill. Rev. State., ch 122 para 10-20.13

**APPLICATION FOR FEE WAIVER**

NAME OF STUDENT: \_\_\_\_\_

School: Aviston Elementary School

Purpose of Fee: Textbook & Technology Rental

Amount of Fee: \$150.00

I, the undersigned parent/guardian of \_\_\_\_\_, hereby request that the School Board of said school district waive the above mentioned school fee pursuant to Illinois Revised Statutes, ch. 122, para. 10-20.13.

I further state, in support of this waiver request, that one of the following statements is true and accurate (please check at least one box):

\_\_\_\_\_ The above named student is currently receiving aid under Article IV of the Illinois Public Aid Code (Aid to Families with Dependent Children (AFDC)) and I am enclosing evidence of participation in AFDC;

\_\_\_\_\_ The above named student is currently eligible for Free or Reduced Price Meals pursuant to Il. Rev. Stat., ch. 122, para. 712.1 et seq.;

\_\_\_\_\_ While none of the above two statements is true and accurate, there are other reasons why I am unable to afford the school fee assessed to the above named student. These other reasons are: (describe in detail)

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

I have reviewed the District's policy and am specifically aware that supplying false information to obtain a fee waiver is a Class 4 Felony. (IL Rev. Stat., ch. 38, para 17-6) I attest that the statements made herein are true and correct.

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

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

Address \_\_\_\_\_