

# Forms Checklist

Joliet Diocesan Information Sheet (one per student)

Emergency Information Form (one per family)

Acceptable Use Policy Agreement Signature Page (one per student)

US Dept. of Education Race/Ethnicity Form (one per student)

Safe Environment for Children Signature Form (one per family)

Medical Forms:

Physical – New to school, Kindergarten, 6<sup>th</sup> grade

Dental Exam Form – Kind., 2<sup>nd</sup> grade, 6<sup>th</sup> grade

Eye Exam Form – New to Illinois, Kindergarten

Sports Physical – anyone participating in sports (5<sup>th</sup> – 8<sup>th</sup> grades)

Concussion Sign-off Sheet (one per each student athlete)

(2) PEAK Forms (if necessary) (these are for anyone in our before/aftercare program)

North Door Exit Permission (if desired)

Milk Order Form (if desired)

Copy of Birth Certificate (new student only)

Copy of Baptismal Certificate (new student only)

Signed Parent/Student Signature Page (having read Handbook)

Information for SchoolSpeak – is it up to date?

Protecting God's Children – is it updated?



## JOLIET DIOCESAN SCHOOL SYSTEM STUDENT INFORMATION SHEET

SCHOOL St. Irene School CITY Warrenville COUNTY DuPage

**1. STUDENT INFORMATION:**

NAME \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_  
LEGAL LAST NAME FIRST MIDDLE

ENTRANCE DATE \_\_\_\_\_ GRADE \_\_\_\_\_ RELIGION \_\_\_\_\_  
MONTH/DAY/YEAR

FROM \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_  
NAME OF SCHOOL

BIRTH DATE \_\_\_\_\_ BIRTH PLACE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
MONTH/DAY/YEAR CITY STATE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

WHAT PUBLIC SCHOOL WOULD YOU ATTEND? \_\_\_\_\_ DISTRICT # \_\_\_\_\_

HOW MANY MILES DO YOU LIVE FROM THE CATHOLIC SCHOOL? \_\_\_\_\_

**HOME SITUATION: (CIRCLE THE NUMBER OF THE SITUATION THAT APPLIES)**

- |  |   |
|--|---|
| 1. LIVING WITH BOTH PARENTS.   | 6. PARENTS DIVORCED; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER. (CIRCLE ONE) |
| 2. PARENTS SEPARATED; LIVING WITH MOTHER.  | 7. PARENTS DIVORCED; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE) |
| 3. PARENTS SEPARATED; LIVING WITH FATHER.  | 8. LIVING WITH GUARDIANS WHO ARE RELATIVES.   |
| 4. FATHER NOT LIVING; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER. (CIRCLE ONE) | 9. LIVING WITH SINGLE MOTHER/FATHER. (CIRCLE ONE)                                     |
| 5. MOTHER NOT LIVING; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE) | 10. OTHER _____   |

IF #2 THROUGH #10 IS CIRCLED, WHO HAS CUSTODIAL RIGHTS? \_\_\_\_\_

**2. FATHER, STEPFATHER, GUARDIAN (CIRCLE ONE) INFORMATION:**

NAME \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_  
LEGAL LAST NAME FIRST MIDDLE

RELIGION \_\_\_\_\_ PARISH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(IF DIFFERENT FROM STUDENT'S ADDRESS)

PLACE OF BIRTH \_\_\_\_\_ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD  
CITY STATE (CIRCLE HIGHEST GRADE COMPLETED)

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_ POSITION \_\_\_\_\_

**3. MOTHER, STEPMOTHER, GUARDIAN (CIRCLE ONE) INFORMATION:**

NAME \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_  
LEGAL LAST NAME FIRST MIDDLE (MAIDEN)

RELIGION \_\_\_\_\_ PARISH \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(IF DIFFERENT FROM STUDENT'S ADDRESS)

PLACE OF BIRTH \_\_\_\_\_ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD  
CITY STATE (CIRCLE HIGHEST GRADE COMPLETED)

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_ POSITION \_\_\_\_\_

**EMERGENCY INFORMATION**

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

PLEASE PRINT

Name \_\_\_\_\_  
STUDENT'S LAST NAME    PARENTS' LAST (IF DIFFERENT)    FATHER'S FIRST    MOTHER'S FIRST

Students' First Names: \_\_\_\_\_

**FATHER**

**MOTHER**

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

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

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

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Where parents/guardian can be reached if not at home:

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Social Sec # \_\_\_\_\_

Social Sec # \_\_\_\_\_

Please check all that apply:

- student(s) live with mother and father
- student(s) live with mother only
- student(s) live with father only
- student(s) live with neither mother or father, but with \_\_\_\_\_
- student's mother is deceased
- student's father is deceased

List two neighbors or nearby relatives who will assume temporary care of your children, if you cannot be reached:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

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

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

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

(continued)

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

**Signature of parent/guardian** \_\_\_\_\_

Remarks \_\_\_\_\_

\_\_\_\_\_

**\*Family Doctor's Name** \_\_\_\_\_

Address \_\_\_\_\_

Office Phone \_\_\_\_\_

\*You must name a doctor and the information required, even if you claim to have no family doctor.

**All students who attend St. Irene School must be covered by an insurance plan.**

My son(s)/daughter(s) (name all) \_\_\_\_\_

is/are covered by our policy. Our insurance plan is with \_\_\_\_\_.

Our agent's name, or person to contact, and phone number is \_\_\_\_\_

\_\_\_\_\_.

Our policy number is \_\_\_\_\_.

I verify the above information is true by my signature below:

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

If **one** of the parents/guardian has **legal custody** of student(s), a copy of the **custody form** should be **on file** in the school office, otherwise we have no reason not to let the non-custodial parent have access to the child(ren). Please submit a copy to the school office as soon as possible. Thank you! This is a legal issue and we are told to ask for this form.

Teachers have, on occasion, wondered about students' forgery of parents'/guardian's **signature**. Kindly write your name as you sign school report cards, absence excuses, etc. We will keep this on file and use it frequently.

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

Relationship: \_\_\_\_\_

**DIOCESE OF JOLIET**  
**ACCEPTABLE USE AGREEMENT: INTRANET/INTERNET**  
**Grades Preschool - 3,**  
**Including Summer Programs**

*As a part of my schoolwork, my school gives me the use of devices and technology resources for my work. My behavior and language should follow the same rules I follow in my class and in my school. To help myself and others, I agree to the following promises:*

1. I will use technology to do school work, as explained to me by my teacher and not for *any other* reason.
2. I will use the Internet *only* in ways the teacher has approved.
3. I will not give my password to anyone else, and I will not ask for or use anyone else's password.
4. I will *not* put on any device my address or telephone number, or any other personal information about myself or anyone else.
5. I will not upload, link, or embed an image of myself or others without permission.
6. I will not play games or use other resources that a teacher has not approved.
7. I will be polite and considerate when I use devices. I will not use them to annoy, be mean to, frighten, tease, or poke fun at anyone. I will not use swear words or other rude language.
8. I will not use the technology to bully or threaten anyone, including teachers, schoolmates or other children.
9. I will not try to see, send, or upload anything that says and or shows bad or mean things about anyone's race, religion or gender.
10. I will not damage the device or anyone else's work.
11. I will not break copy or take credit for anyone else's work including any source on the Internet.
12. If I have or see a problem, I will not try to fix it myself but I will tell the teacher. *If the problem is an inappropriate image I will turn off the screen or cover it and then seek help.*
13. I will not block or interfere with school or school system communications.
14. My technology use is not private; my teacher may look at my work to be sure that I am following these rules, and if I am not, there will be consequences.
15. I know that the conduct that is forbidden in school is also forbidden when I use devices outside of school.

**St. Irene School**

Print Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parents: I have read and discussed with my son or daughter the Acceptable Use Agreement, and I give permission for him or her to use these resources. I understand that technology access is conditional upon adherence to the guidelines above. Although students are supervised when using these resources, and their use is electronically monitored, I am aware of the possibility that my son or daughter may gain access to material that school officials and I may consider inappropriate or not of educational value.*

Print Parent/Guardian Name: \_\_\_\_\_

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

**\* STUDENTS MAY NOT USE TECHNOLOGY RESOURCES UNLESS THIS AGREEMENT IS SIGNED AND RETURNED TO THE TEACHER.**

# DIOCESE OF JOLIET CATHOLIC SCHOOLS OFFICE

## STUDENT AGREEMENT FOR INTERNET ACCESS AND RELATED TECHNOLOGY USE

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The Catholic Schools Office of the Diocese of Joliet and **St. Irene School** hereinafter (the "School") support the use of technology in the instructional program through internet capable devices, digital equipment, and electronic communication and associated technology services collectively referred to as ("**Technology Resources**") as a means to facilitate learning and teaching in a digital world.

### **DEFINITIONS:**

**User** includes anyone, including employees, students and guests using the School's Technology Resources, including but not limited to devices, wired or wireless network, Internet, email, and other forms of technology services and products.

**Network** is any and all wired and wireless technology networks, cellular networks, commercial, community, or homebased wireless networks accessible to students.

**Equipment** refers to computers, notebooks, tablets, cellular phones, smartphone devices, iPads, kindles, e-readers, as well as portable storage devices.

All uses of **Technology Resources** shall be for educational purposes only, and will be consistent with the Diocesan and School's goal of promoting Catholic values and teaching, moral and ethical decision-making and academic excellence as defined in the respective mission and philosophy statements.

The Parents/Guardians of student users of **Technology Resources** must agree to and accept the Terms and Conditions below before their children will be granted access to the **Technology Resources** within the School.

The School recognizes that students have widespread access to both technology and the internet, therefore, use of personal devices and connectivity is considered to be included in this Acceptable Use Agreement (AUA),

The failure of any user to follow the terms and conditions of this Agreement may result in the loss of privileges, disciplinary action and/or legal action.

### **TERMS AND CONDITIONS**

#### **1. Acceptable Use**

The Diocese and School will make reasonable efforts to ensure that all **Technology Resources** are used in a responsible, moral and ethical manner consistent with the educational and moral objectives of the Diocese and School.

##### **Responsibility**

School administrators, teachers, staff, and volunteers work together to help students cultivate and manage their digital identity and reputation and online social interactions in ways that promote Catholic values and that are positive, ethical, safe and legal. However, there is an enormous range of material available on the Internet, some of which may not be fitting with the particular values of a student's family. It is not practically possible for the Diocese and School to monitor and enforce a wide array of social and religious values in student use of the Internet. Therefore, the Diocese and School recognize parents as **primary educators** of their children and the need for them to be involved in instructing and monitoring their children as to what material is and is not acceptable for access and communication at home when in possession of a school owned device.

The students, teachers and staff have the responsibility to respect and protect the rights of all digital users in School and on the Internet.

The School Administration or Pastor has the authority to determine what constitutes inappropriate use and his/her decision is final.

#### **2. Code of Conduct**

Expectations for conduct Grades Pre-K-3, and 4-8 are defined with the expectation for age appropriate behavior when using technology resources.

3. **Safety**

Reasonable efforts will be made to protect users of the network from harassment, or unwanted and unsolicited communication. Any network users who receive threatening or unwelcome communication should immediately bring this to the attention of a teacher or administrator.

4. **Internet Filtering/CIPA**

The school will use technology protection measures in compliance with the **Children's Internet Protection Act (CIPA)** to protect minors and all users.

5. **Privacy**

The user does not have any right of privacy or ownership whatsoever regarding their use of the School's property, network, Internet access or files including email and all school provided accounts. Consequently, all communication systems and all communication and information transmitted by, received from, or stored in any manner are the property of the Parish, School or Diocese and are to be used for educational purposes only.

To ensure that the use of the network is consistent with the educational objectives and philosophy of the School, Parish, and Diocese, authorized representatives may monitor the use of the network to access, review, copy and store or delete any electronic communications or files and disclose them to others as it deems necessary. This applies to use of personal devices as well as school owned equipment.

The system administrator (Principal or designee, Pastor) may remove any material stored by the users which violates the terms of this Agreement.

6. **Consequences for Inappropriate Use**

The School network user shall be responsible for damages due to the misuse of technology equipment, systems, and software.

Illegal use of the School network, intentional deletion or damage to files or data belonging to others, copyright violations or theft of services will be reported to the appropriate authority and will be deemed a failure to follow the terms and conditions of this Agreement.

7. **Web Pages**

The School may choose to publish Web Pages for purposes of providing School or Parish information and teacher or class information. This may include the posting of meetings, agendas, student activities, projects and accomplishments, schedules and other information of interest to students, parents and the community. Classrooms may participate in the development of web pages as on-going educational projects. The posting of any material that may violate copyright law is expressly prohibited.

Disclosure of student information on the School website will be limited to first name and last initial. Photographs or video of students may be posted on the school website; however, no photograph or video of any student will be captioned with the student's name, or identify the student by name in any other manner. No image of a student may be posted in such a way that the image of that student may be matched up with the student's name.

The principal or his/her designee shall monitor school web publications.

8. **Personal Electronic or Cellular Devices**

Students may not carry personally owned devices with them during school hours unless special permission is granted by the Principal or his/her designee. Privately Owned Devices otherwise stored in student lockers must be turned off. These items include, but are not limited to: cell phones, pagers, Mp3 players, iPods, cameras/video recorders, laptops, notebooks/tablets and all other mobile devices.

**9. Indemnification**

The user's parent/guardian hereby agrees to indemnify the School/Parish/Diocese for any losses, costs, or damages, including attorney fees, incurred by the School, Parish, or Diocese relating to or arising out of the breach of, or the enforcement of this Agreement or the School/Parish/Diocese enforcement thereof.

**10 Financial Obligations**

The student, parent, guardian, agrees to be responsible for any financial obligation incurred through the use of the School network that is contrary to the terms of this Agreement.

**11 Limitation of Liability**

The School/Parish/Diocese makes no guarantee that functions and services provided by the School's computer system and network will be error free or without any defect. The School/Parish/Diocese have no responsibility for the accuracy or quality of information obtained through the use of the School network or for any damages users suffer.



DIOCESE OF JOLIET  
ACCEPTABLE USE AGREEMENT: INTRANET/INTERNET  
GRADE 4-8\* (including Summer School)

I understand that **St. Irene School** hereinafter (the "School") provides electronic resources, including Internet access and storage space for student work, as an integral part of the curriculum. Behavior and language in the use of these resources should be consistent with classroom standards. I agree to the following responsibilities and restrictions:

1. I will use the electronic resources, including storage space, only for educational purposes related to work in School and not for any personal, commercial or illegal purposes.
2. I will use the Internet only with the permission of the staff member in charge.
3. I will not use games or other electronic resources that have objectionable content or that engage me in an inappropriate simulated activity.
4. I will not give my password to any other user, nor attempt to learn or to use anyone else's password, and I will not transmit my address or telephone number, or any personal or confidential information about myself or others.
5. I will not upload, link, or embed an image of myself or others to any sites without expressed teacher permission and a signed parental permission slip.
6. I will not make statements or use the likeness of another person through website postings, email, instant messages, etc., that harass, intimidate, threaten, insult, bully or ridicule students, teachers, administrators or other staff members of the school community, make statements that are falsely attributed to others, or use language that is obscene or offensive.
7. I will not attempt to access, upload, or transmit material that attacks ethnic, religious or racial groups, or material that is pornographic or explicitly sexual in nature.
8. I will not violate copyright laws, damage or tamper with hardware or software, vandalize or destroy data, intrude upon, alter or destroy the files of another user, introduce or use computer "viruses," attempt to gain access to restricted information or networks, or block, intercept or interfere with any email or electronic communications by teachers and administrators to parents, or others.
9. I understand that my use of technology resources is not private, and that the school reserves the right to monitor use to assure compliance with these guidelines; violations may lead to loss of privileges including internet access and/or other disciplinary measures.
10. I understand that the prohibited conduct described above is also prohibited off campus when using private equipment if it has the effect of interfering with the educational process as decided by school administration, and that such off-campus violations may lead to disciplinary measures.

## Addendum for Personally Owned Devices

I understand that the School allows me to bring my own devices such as phones, tablets and computers. In order to be permitted to bring my own device, I agree to the following responsibilities and restrictions:

1. I will follow all school rules while using my own device on school grounds and I understand that the rules outlined above regarding my use of school resources apply to my use of my own device on school property and that rule 10 above applies to my use of my device off school property.
2. I will not take photos or record video of any student, teacher or administrator without the expressed permission of my teacher or school administrator.
3. I will not use my device during class unless expressly instructed to do so by a teacher and I will immediately comply with a directive to turn my device off, to put my device away or to turn my device over to a teacher or administrator.
4. I understand that my device may be confiscated at any time and that a teacher or administrator may view contents of my device including but not limited to, texts, emails or social media postings, if it appears that I may have used my device in violation of school rules or this Agreement.
5. I understand that the school is not responsible for theft, damage or loss of my device and I understand that I am not permitted to leave my device at school overnight unless it is secured.

School: **St. Irene School**

Print Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Guardians: I have read, understood, and discussed with my son or daughter this Acceptable Use Agreement, and I give him or her permission to use electronic resources, understanding that this access and use of personal devices on school grounds is conditional upon adherence to the agreement. Although students are supervised when using school resources, and their use of school resources is electronically monitored, I am aware of the possibility that my son or daughter may gain access to material that school officials and I may consider inappropriate or not of educational value.

Print Parent's Name: \_\_\_\_\_

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

**\* STUDENTS MAY NOT USE TECHNOLOGY RESOURCES OR BRING THEIR OWN DEVICES UNLESS THIS AGREEMENT IS SIGNED AND RETURNED TO THE PRINCIPAL**

Illinois State Board of Education  
New U.S. Department of Education Race and Ethnicity Data Standards

**DATA COLLECTION FORM**

**Note:** The student's parents or guardians should respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.

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

**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.)

**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.

# Safe Environment for Children Signature Form

## Parent Guide:

### Understanding & Preventing Child Sexual Abuse



Parents, after reading the  
**Safe Environment for Children** brochure  
on the **St. Irene School** web site,  
please sign below, and  
return this signature page to the office.  
Thank you.

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DATE \_\_\_\_\_



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

<b>Student's Name</b>				<b>Birth Date</b>	<b>Sex</b>	<b>Race/Ethnicity</b>	<b>School /Grade Level/ID#</b>	
<b>Last</b>	<b>First</b>	<b>Middle</b>		<b>Month/Day/Year</b>				
<b>Address</b>				<b>Parent/Guardian</b>		<b>Telephone # Home</b>		
<b>Street</b>	<b>City</b>	<b>Zip Code</b>				<b>Work</b>		
<b>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.</b>								
<b>REQUIRED Vaccine / Dose</b>	<b>DOSE 1</b>		<b>DOSE 2</b>		<b>DOSE 3</b>		<b>DOSE 4</b>	
	<b>MO</b>	<b>DA</b>	<b>YR</b>	<b>MO</b>	<b>DA</b>	<b>YR</b>	<b>MO</b>	<b>DA</b>
<b>DTP or DTaP</b>								
<b>Tdap, Td or Pediatric DT (Check specific type)</b>	<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
<b>Polio (Check specific type)</b>	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV		<input type="checkbox"/> IPV	<input type="checkbox"/> OPV		<input type="checkbox"/> IPV	<input type="checkbox"/> OPV
<b>Hib Haemophilus influenza type b</b>								
<b>Pneumococcal Conjugate</b>								
<b>Hepatitis B</b>								
<b>MMR Measles Mumps, Rubella</b>							<b>Comments:</b> * indicates invalid dose	
<b>Varicella (Chickenpox)</b>								
<b>Meningococcal conjugate (MCV4)</b>								
<b>RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose</b>								
<b>Hepatitis A</b>								
<b>HPV</b>								
<b>Influenza</b>								
<b>Other: Specify Immunization Administered/Dates</b>								
<b>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.</b>								
<b>Signature</b>				<b>Title</b>		<b>Date</b>		
<b>Signature</b>				<b>Title</b>		<b>Date</b>		
<b>ALTERNATIVE PROOF OF IMMUNITY</b>								
<b>1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.</b> <b>*MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR</b>								
<b>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.</b> <b>Date of Disease</b> _____ <b>Signature</b> _____ <b>Title</b> _____								
<b>3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/>Measles* <input type="checkbox"/>Mumps** <input type="checkbox"/>Rubella <input type="checkbox"/>Varicella Attach copy of lab result.</b> <b>*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.</b> <b>**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.</b>								
<b>Completion of Alternatives 1 or 3 MUST be accompanied by Labs &amp; Physician Signature: _____</b> <b>Physician Statements of Immunity MUST be submitted to IDPH for review.</b>								

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	Sex	School	Grade Level/ ID
			Month/Day/Year			

**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

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

**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
<b>DIABETES SCREENING (NOT REQUIRED FOR DAY CARE)</b> BMI > 85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>LEAD RISK QUESTIONNAIRE:</b> 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 <input type="checkbox"/> No <input type="checkbox"/>	Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/>	Blood Test Date	Result		
<b>TB SKIN OR BLOOD TEST</b> 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. <a href="http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm">http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm</a> .					
No test needed <input type="checkbox"/>	Test performed <input type="checkbox"/>	Skin Test: Date Read	Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>	mm	
		Blood Test: Date Reported	Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>	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: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

<b>NEEDS/MODIFICATIONS</b> required in the school setting	<b>DIETARY</b> Needs/Restrictions
<b>SPECIAL INSTRUCTIONS/DEVICES</b> 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 1<sup>st</sup> 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 \_\_\_\_\_





**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 \_\_\_\_\_)



## Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### Symptoms may include one or more of the following:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• "Pressure in head"</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• "Don't feel right"</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

### Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays in coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

## Concussion Information Sheet

### What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

### If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Return-to-Play Policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:  
<http://www.cdc.gov/ConcussionInYouthSports/>

### **Student/Parent Consent and Acknowledgements**

By signing this form, we acknowledge we have been provided information regarding concussions.

#### **Student**

Student Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

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

#### **Parent or Legal Guardian**

Name (Print): \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport  
Document created 7/1/2012 Reviewed 4/24/2013



## Before and After School Program

### **Panther Early and After Kids**

For more information contact  
the St. Irene School Office at  
(630) 393-9303, ext. 16

St. Irene School is proud to offer the **PEAK—Panther Early and After Kids—Program**. This program offers supervision and homework help to students K-8 before and after school. PEAK incorporates a structured, academic-based curriculum with plenty of fun, age-appropriate activities. The PEAK program is conducted by St. Irene School teachers and qualified children's aides.

We understand families have varying schedules, so parents may choose Before or After School sessions in any combination, Monday through Friday. There is even availability to accommodate children who only need supervision for after school activities. Any student who has properly registered is welcome.

### **Registration**

A completed registration form along with the paid registration fee is required for each child or family.

**Fee:** \$50 per student or \$75 per family

### **Before School**

**Hours:** 7:00 a.m. to 7:55 a.m.

At 7:55 a.m., the PEAK children will be sent to their classrooms.

**Fee:** \$5.00/morning

### **After School**

**Hours:** 2:45 p.m. to 5:30 p.m.

**Fee:** Up to 45 minutes: \$5.00; up to 1 Hour and 45 minutes: \$8; up to 2 Hours and 45 minutes: \$13

After 5:30 p.m., accounts will be charged an additional \$1/minute.

### **Extracurricular Activities**

The PEAK program is also available after school for children involved in extracurricular activities, such as band, sports practice and choir.

**Fee:** \$7.50/day (or normal after-school fee, whichever is less)

### **Payment**

Your school account will be charged monthly for PEAK services.



**Panther Early and After Kids**

**2018 - 2019  
Registration  
St. Irene School**

**FAMILY NAME** \_\_\_\_\_

**Father** \_\_\_\_\_ **Mother** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Zip** \_\_\_\_\_ **Email** \_\_\_\_\_

**Phone Number(s)** \_\_\_\_\_

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

**I wish to enroll the following child(ren) in St. Irene School's PEAK Program  
for the 2018 - 2019 school year:**

**NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**My child will participate in (please circle all that apply):**

<b>Before School</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>Th</b>	<b>F</b>
<b>After School</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>Th</b>	<b>F</b>
<b>Both Before AND After School</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>Th</b>	<b>F</b>
<b>After School Extracurricular</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>Th</b>	<b>F</b>

**I understand I am expected to pay a non-refundable \$50.00 per student, or  
\$75.00 per family, registration fee.**

\_\_\_\_\_  
**(Signature)**

Registration Fee Paid \_\_\_\_\_ Date Received \_\_\_\_\_  
**(To be filled out by PEAK staff)**

# PEAK CHILD CARE AGREEMENT

**St. Irene School**

**Warrenville, Illinois**

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone \_\_\_\_\_

Person Authorized to Pick Up Child \_\_\_\_\_

Phone \_\_\_\_\_

**Restraining Order** in force? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Person: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address of Physician \_\_\_\_\_ City \_\_\_\_\_

Hospital Preference \_\_\_\_\_

+++++  
Dates and Times of Care \_\_\_\_\_

1. Does child have any medical condition necessitating dietary supplements or restrictions, medications or avoidance of allergies? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are Immunization Records current? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is there a Health Exam Form on file? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Are there any restrictions on normal physical activities? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes" please specify: \_\_\_\_\_

- +++++
1. A child who appears ill upon arrival at PEAK shall not be allowed to stay in PEAK.
  2. At time of registration, parents should authorize the child's physician to accept calls from the PEAK caregiver for any emergency or medical care.

+++++  
I hereby authorize St. Irene School to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached. If the above named physician cannot respond, I authorize any licensed physician or medical center to treat my child.

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date

# Permission to Exit Through the North Door

## 2018 – 2019



I give permission for my child/ren to exit through the North Door at the end of the school day. My child/ren may exit even if I am not present at the time of dismissal.

Family Name \_\_\_\_\_

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

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

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

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

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

Date \_\_\_\_\_

# MILK



Parents, you are able to order milk for the school year for your students. You may choose either white or chocolate, and this will be the milk they will receive each day. Students in preschool through 8<sup>th</sup> grade are eligible to receive a carton of milk each day. Students in Kindergarten may order an additional carton for their snack time, for an additional fee.

<b>Fees:</b>	<b>3 day Preschool</b>	<b>\$35/year</b>
	<b>5 day Preschool</b>	<b>\$55/year</b>
	<b>Students K – 8</b>	<b>\$55/year</b>

Student names(s), and grade(s), and W (white) or C (chocolate) milk choice:

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