

CARTERVILLE HIGH SCHOOL

This packet contains the registration materials for the 2024-25 school year. Submission of this packet will begin your student's enrollment process. In addition to this packet, you will need to submit proof of residency and a copy of your student's official birth certificate. **Students will not be enrolled until all required paperwork is submitted.**

STUDENT INFORMATION:

First Name: _____ Last Name: _____ Middle Initial: _____

Grade: _____ Nickname: _____ SSN: _____

Address: _____ City: _____ State: _____

Do you have a PO Box: (please circle) YES NO If yes, please list: _____

Student Cell Phone Number (if applicable): _____ Student Date of Birth: _____

Student Country of Birth: _____ Date the student started school in the U.S.: _____

Maiden Name of Student's Mother: _____

Race: (circle all that apply): American Indian/Alaskan Native Asian White/Caucasian

Black/African American Native Hawaiian/Other Pacific Islander Hispanic/Latino Ethnicity

Gender: (circle one) Male Female

Does your student have an IEP? (Individualized Education Plan) Yes No

HOUSEHOLD #1 (Student's Primary Residence/Address is listed above):

(Guardians living in the household where the student primarily resides; Secondary household information continued on the next page.)

Guardian #1: _____ Relationship: _____
(First Name/Last Name)

Primary Phone: _____ Cell/Secondary Phone: _____

Email Address: _____

Place of Employment: _____ Work Phone: _____

Guardian #2: _____ Relationship: _____
(First Name/Last Name)

Primary Phone: _____ Cell/Secondary Phone: _____

Email Address: _____

Place of Employment: _____ Work Phone: _____

My child has court document restrictions: (circle one) Yes No

*(If yes, please understand that Carterville High School **MUST** have a copy in order to abide by all agreements within that document.)*

MISCELLANEOUS INFORMATION

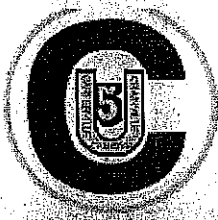
Your student's safety is of great concern to our school. Please provide information the school should know such as custody concerns, name changes, adoption proceedings, etc. Legal documentation may be required.

This information is confidential and will be shared only with faculty who work with your child.

HOUSEHOLD #2 (If Applicable; Student's Secondary Residence)*(Family student does not primarily live with, but has parental rights - split families)***Guardian #1:** _____ **Relationship:** _____
(First Name/Last Name)**Primary Phone:** _____ **Cell/Secondary Phone:** _____**Email Address:** _____**Place of Employment:** _____ **Work Phone:** _____**Guardian #2:** _____ **Relationship:** _____
(First Name/Last Name)**Primary Phone:** _____ **Cell/Secondary Phone:** _____**Email Address:** _____**Place of Employment:** _____ **Work Phone:** _____**Address of Secondary Family:** _____**City:** _____ **State:** _____ **Zip Code:** _____**MILITARY INFORMATION****Are either of the student's biological parents members of the armed forces?** Yes No**If yes, please print enlisted parent(s) names and relationship to student:**
_____**Does the parent expect to be deployed during the 2024-25 school year?** Yes No**Allow publication of student's name/address for military recruitment purposes?** Yes No**EMERGENCY CONTACTS**

Parents are the first individuals contacted if their child becomes ill or injured. On occasion, parents cannot be reached. Please list the name and phone number of individuals authorized to sign out your child from school in case you cannot be reached or for other emergency situations. Please inform each individual on your list they are authorized to assist the school in an emergency situation.

<u>Name</u>	<u>Relationship to child</u>	<u>Phone Number</u>
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**CARTERVILLE
UNIT NO. 5
SCHOOL DISTRICT**

PROOF OF RESIDENCY

THREE documents are required to verify residency. You must submit proof of residency within Carterville Unit #5 boundaries by providing **ONE** document from **Category I** and **TWO** documents from **Category II**.

*All documents must be current (within past two months) and
include parent/guardian name and address.*

STEP 1 – Category I: (ONE document required)

HOMEOWNERS:

- Most recent Property Tax Bill
- Mortgage Statement (homeowner)
- Real Estate Closing Document (for closing within last 60 days)

RENTERS:

- Signed and dated Lease with landlord's phone # listed
- **If a lease is not available**, a "Letter of Residence from Landlord in Lieu of Lease" form is required. (Ask School Office for Form and Instructions)
- **If you reside with relatives or other individuals who live within Carterville Unit #5 Boundaries**, an "Evidence of Non-Parent's Custody, Control, and Responsibility of a Student" form is required. (Ask School Office for Form and Instructions)

AND

STEP 2 – Category II: (TWO documents required)

- Gas Utility Bill
- Electric Utility Bill
- Cable Utility Bill
- City/Village Water Bill
- Homeowner or Renters Insurance Policy/Premium Statement
- Current Public Aid Card
- Driver's License
- Voter Registration
- Vehicle Registration
- Bank Statement
- Credit Card Statement
- Receipt for moving van rental

LEGAL WARNING

- If a student is determined to be a non-resident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident.
- A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a nonresident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law (105 ILCS 5/10-20.12b(e)).
- A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in the District without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).

Carterville High School

1415 W. Grand Ave
Carterville, IL 62918
Phone: (618) 985-2940
Fax: (618) 985-2741

REQUEST FOR RECORDS

Date: _____

REGISTRAR

(Previous School Information)

Name of School: _____

Address: _____

City, State, ZIP: _____

Phone#: _____ Fax# OR Counselor/Registrar email: _____

_____ has enrolled at Carterville High School in the
_____ grade. His/her birth date is _____.

Please forward the student's information that has been marked below: (To be completed by CHS Registrar)

_____ Transcripts of credits/grades

_____ Birth Certificate

_____ Grades in Progress

_____ Discipline Report

_____ Test Scores
(Include ACT/PSAE scores)

_____ Illinois Transfer Form

_____ Attendance Report

_____ IEP or Special Ed. Info
(only if applicable)

_____ Health Records and Immunization

_____ Other: _____

Parent/Guardian Signature: _____

Please email records to Carina Levins at clevins@cartervilleschools.org

Todd Rogers, Principal
Brett Diel, Assistant Principal/AD
Shauna Barber, Assistant Principal
Nancy Adams, Secretary

Karin Hawkins, School Counselor
Erin Basso, School Counselor
Carina Levins, Secretary
Becky Stanley, Secretary

Student Name: _____ Grade: _____

PARENTAL CONSENT FOR EMERGENCY TREATMENT

I, _____, parent (or legal guardian) of _____, this _____ day of _____, 20____, am a resident of the Carterville Community Unit School District No. 5 and my child is enrolled in Carterville Community School District #5. I hereby authorize and consent to School District #5, its employees and agents, and Dr. _____, my child's physician, or any physician in his or her group practice, in my behalf and in my stead, to administer emergency medical assistance to my child. This permission and consent extends to the right of School District No. 5, its employees and agents, to arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel, and for such physician or other medical personnel to apply such emergency techniques which in their judgment, they deem appropriate to treat any injury sustained by my child. I do hereby agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally from and against any and all claims, demands, damages, or causes of action, or injuries, resulting from or arising out of the provision of emergency medical treatment by school personnel or by a physician and/or other medical personnel.

Parent/Guardian Signature: _____ Date: _____

INTEGRATED PEST MANAGEMENT

Carterville Community Unit School District No. 5 has an Integrated Pest Management (IPM) procedure that incorporates the safest and effective means to control structural and landscape pests while minimizing exposure of children, faculty and staff to pesticides. In the event the district has the need for fogging or spraying of pesticides, a voluntary registry is being made. By putting your name on the registry, you are asking to be notified two days before airborne pesticide application is made. Notification is not required for antimicrobial agents (disinfectants, sanitizers, and deodorizer), or insecticide baits and rodenticide baits. In the event of an extreme emergency and pesticides must be used immediately, you will be notified as soon as possible. Please check one:

_____ Yes, I would like to be notified two days before the use of liquid/aerosol pest control materials at school.

_____ No, I do not need to be notified two days before the use of liquid/aerosol pest control materials at school.

Parent/Guardian Signature: _____ Date: _____

FIELD TRIPS

Occasionally students of the Carterville Community Unit School District are asked to participate in educational field trips. In order for proper planning, it is necessary for the school district to obtain parental permission. All precautions of safety and every consideration for your child's welfare will be carefully exercised, although the Board of Education assumes no personal liability in connection with these field trips. If you want your child to participate in these trips throughout the school year, please express the desire by signing your name in the space below. Please check one:

_____ Yes, I give consent for my child to participate in school-sponsored field trips.

_____ I do not give consent for my child to participate in school-sponsored field trips.

Parent/Guardian Signature: _____ Date: _____

PARENTAL CONSENT FOR EMERGENCY TREATMENT (In connection with field trips/school sponsored activities)

I, _____, parent (or legal guardian) of _____, this _____ day of _____, 20____, am a resident of the Carterville Community Unit School District No. 5 and agree to allow my child to **participate in field trips**. I hereby authorize, and consent to School District No. 5, its employees and agents, and Dr. _____, my child's physician, or any physician in his or her group practice, my behalf and in my stead, to administer emergency medical treatment to my child while participating in the above named supervised school activity. This permission and consent extends to the right of School District No. 5, its employees and agents, to arrange for immediate medical treatment to my child while participating in the above named supervised school activity. This permission and consent extends to the right of School District No. 5, its employees and agents, to arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel, and for them to apply such emergency techniques which, in their judgment, they deem appropriate to treat any injury sustained by my child. In addition, I acknowledge and consent that the School District, its employees and agents shall not be liable for having made a decision to authorize the administration of emergency medical treatment to my child. As a parent (guardian), I assume full responsibility for any injuries or damages which may occur to my child while participating in a supervised school activity.

Parent/Guardian Signature: _____ Date: _____

Home Language Survey

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 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 other than English?

Yes _____ No _____

If **yes**, what language? _____

3. Was your child born outside of the United States?

Yes _____ No _____

If **yes**, what is the country of birth? _____

4. Is this the first school in the United States that your child has attended?

Yes _____ No _____

If **yes**, what date did your child enter the United States? ____ / ____ / ____
mm / dd / yyyy

If the answer to question 1 or 2 is yes, the law requires the school to assess your child's English language proficiency.

Parent / Legal Guardian Signature

Date

McKinney-Vento Questionnaire

The McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as "individuals who lack a fixed, regular, and adequate nighttime residence." This includes children who "are temporarily sharing the housing of other persons due to the loss of housing or economic hardship." This act ensures the educational rights and protections of homeless children and youth so that they may enroll in school, attend regularly, and be successful.

Please complete the following questionnaire to determine your students' eligibility.

Student Name _____ Date of Birth _____

Grade Level _____

☐ Does not apply; student is not homeless

Please check *one* of the following statements if your family is experiencing temporary homelessness:

- ☐ Living in a shelter, including transitional housing shelters, awaiting foster care, etc. - Please provide name of shelter: _____
- ☐ Living on the streets, abandoned buildings, in cars, trailers, campgrounds, public places, housing not fit for habitation. Please provide information regarding area in which student is living: _____
- ☐ Living in hotels/motels for lack of other suitable housing - Please list name and address of hotel/motel: _____
- ☐ Doubled-up; **Temporarily** living with family or friends due to lack of adequate housing or financial conditions; Please provide address of where student is living: _____

Please answer the following if you checked one of the four boxes above:

How long do you expect to be at this address? _____

Are you seeking permanent housing? _____

Date student moved to this address: _____

Is a parent living in the home with the student? _____

If no, with whom is the student living? _____ Relationship: _____

We have read the information provided and indicated our living arrangements with regard to the McKinney-Vento Act:

Signature of Parent/Guardian/Unaccompanied Youth

Date

HEALTH INFORMATION FORM

Name: _____ Date of Birth: _____

Doctor's Name: _____ Doctor's Phone #: _____

Check the box(s) if your child has a history or any medical problems or illnesses:

- ☐ No history of medical problems/illnesses
- ☐ Asthma....Inhaler ☐ None ☐ Self Carry ☐ Kept at school, Triggers? _____
- ☐ Seizures... How long since last seizure? _____
- ☐ Heart Conditions... Describe: _____
- ☐ Diabetes... Takes insulin? ☐ Yes ☐ No
- ☐ Stomach problems
- ☐ Migraine Headaches
- ☐ Congenital Illness... Describe: _____
- ☐ Hearing Problems... Hearing aid? ☐ Yes ☐ No
- ☐ Any Physical Restrictions... Describe: _____
- ☐ Allergies (Please describe reaction)
 - ☐ Food: _____ Difficulty breathing? ☐ Yes ☐ No
 - ☐ Insect Stings: _____ Difficulty breathing? ☐ Yes ☐ No
 - ☐ Animals: _____ Difficulty breathing? ☐ Yes ☐ No
 - ☐ Medication: _____ Difficulty breathing? ☐ Yes ☐ No
 - ☐ Other: _____ Difficulty breathing? ☐ Yes ☐ No
- Comments: _____

Other medical concerns: _____

Medication: (please list below) None

Name of Medication	Reason for taking	Home	School	Emergency Only
1.	1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If your child has a serious illness that requires emergency medication, it is important to keep the medication at school. The School Medication Authorization Form must be completed by the parent/guardian as well as the Doctor. These are available in the office.

I consent that the information on this form may be shared with appropriate personnel for health and educational purposes.

Parent/Guardian

Signature: _____ Date: _____

CUSD #5 BUS TRANSPORTATION REQUEST FORM

STUDENT NAME/GRADE: _____

SCHOOL ATTENDING: _____

A.M. PICKUP LOCATION (if daycare, list name): _____

P.M. DROP OFF LOCATION (if daycare, list name): _____

CONTACT NAME/NUMBER OR EMAIL _____

-FOR TRANSPORTATION USE ONLY-

BUS INFORMATION:

Carterville Community Unit School District #5
Student Media Release
_____ **School Year**

Throughout the school year, students may be highlighted in efforts to promote CUSD #5 activities and achievements. For example, students may be featured in materials that increase public awareness of our schools through newspaper, radio, TV, the web, DVDs, displays, brochures and other types of media.

As the parent or guardian of the student being registered, you give CUSD #5 and its employees, representatives, and authorized media organizations permission to print, photograph, and record your child for use in audio, video, film, print or any other digital media platforms.

*If you do **NOT** want your child included in any media release from CUSD #5, please complete the bottom portion of this form and return it with the CHS Registration packet.*

Opt Out Request

I, _____, parent of, _____
(Print Name) (Print Student Name)

do NOT want my child included in any media release from CCUSD #5.

Parent Signature: _____ Date: _____

Carterville Unit 5 Chromebook Agreement

By signing the below, the student and his/her parent/guardian agree to accept and abide by the following:

- This Chromebook Agreement in its entirety
- Authorization for Electronic Network Access
- The Website and Social Media Guidelines (below)
- Carterville Unit 5 owns the Chromebook, software, and issued peripherals.
- If the student ceases to be enrolled in Carterville Unit 5, the student/parents will return the Chromebook in good working order or pay the full \$300.00 replacement cost of the device. In addition, the student must also return both the Chromebook charger and any other purchased peripherals. Students may be charged for any piece that is not returned. Also, a report of stolen property with the local law enforcement agency will be filed by the school or school designee.
- In no event shall Carterville Unit 5 be held liable to any claim of damage, negligence, or breach of duty.

Part One: Student Information

Please complete the boxes below to identify the student and his/her assigned device.

Student Name (PRINT):	School:
Student Signature:	Grade:
Parent/Guardian Name (PRINT):	Serial Number:
Parent/Guardian Signature:	District ID Number:

Part Two:

Student Initials	Website & Social Media Guidelines	Parent Initials
	Be aware of what you post online. Website and social media venues are very public. What you contribute leaves a digital footprint for all to see. Do not post anything you wouldn't want friends, enemies, parents, teachers, future colleges, or employers to see.	
	Follow the school's code of conduct when writing online. It is acceptable to disagree with other people's opinions; however, do it in a respectful way. Make sure that criticism is constructive and not hurtful. What is inappropriate in the classroom is inappropriate online.	
	Be safe online. Never give out personal information, including but not limited to last names, phone numbers, addresses, exact birth dates, and pictures. Do not share your password with anyone besides your teachers and parents.	
	Linking to other websites to support your thoughts and ideas is recommended. However, be sure to read and review the entire website prior to linking to ensure that all information is appropriate for a school setting.	
	Do your own work! Do not use other people's intellectual property without their permission. Be aware that it is a violation of copyright law to copy and paste others' thoughts. It is good practice to hyperlink to your sources.	
	Be aware that pictures may also be protected under copyright laws. Verify that you have permission to use the image or that it is under Creative Commons attribution.	
	How you represent yourself online is an extension of yourself. Do not misrepresent yourself by using someone else's identity.	
	Online work should be well written. Follow writing conventions, including proper grammar, capitalization, and punctuation. If you edit someone else's work, be sure it is in the spirit of improving the writing.	
	If you run across inappropriate material that makes you feel uncomfortable or is not respectful, tell your teacher right away. Everyone should work together to make our digital environment safe.	

Extracurricular Agreement and Random Drug and Alcohol Testing Consent

Extracurricular Activity Defined:

Extracurricular Activity is defined as being any activity where students represent Carterville High School voluntarily and for which no academic credit or grades are awarded. The activities covered by this policy include, but are not limited to, all IHSA recognized activities, student council, clubs, dance, color guard, National Honor Society, play participants etc.

The complete Extracurricular Handbook was made available during our school and athletic registration processes. It can be viewed at any time on our school website (www.cartervillelions.org).

As a member of the Carterville Unit School District #5 Extracurricular Program, I hereby agree to conduct myself according to the regulations outlined in the "Extracurricular Handbook." I understand all rules and regulations of the Extracurricular Handbook and, specifically, all of the drug and alcohol testing procedures. I understand that the Extracurricular Handbook is in effect for the entire year, including the summer months. I understand that if I do not abide to the agreement, as outlined in the Extracurricular Handbook, I may be removed from the extracurricular program, according to the procedures included.

Parent/Guardian Signature

Date

Student Signature

Date

Printed Student Name

Grade