



Oakwood Community Unit School District No. 76

12190 U.S. Route 150
Oakwood, Illinois 61858

Telephone: (217) 446-6081

Fax: (217) 446-6218

Dear Students and Parents/Guardians:

Welcome to Oakwood Community School District #76.

This packet of forms and information is necessary for the proper registration/enrollment of your student for this school year. If at any time you have questions, please feel free to reach out to the appropriate grade level building office.

SPECIAL EDUCATION STUDENTS WHO ATTEND OUT-OF-DISTRICT

Oakwood CUSD #76 students with special needs attending programs out-of-district are still required to register in the appropriate building in-district. Parents/Guardians must complete and provide the following:

***Student Registration form/Demographic form
Any pertinent forms and releases
Transportation Information***

The District will maintain student information and records. Any information received (IEP's, assessment results, etc.) must be retained. A copy of this information should also be forwarded to the school where the student is attending. Registration will be held at Oakwood Grade School, 408 South Scott Street, Oakwood, IL 61858.

ITEMS REQUIRED AT REGISTRATION

Items Required @ Registration	OGS	OHS
Proof of residency (new students)	X	X
Completed Registration Packet	X	X
Registration Fees for All Registering Students	X	X
Health History Form (all students – EVERY YEAR)	X	X
*Free & Reduced Meals Application (EVERY YEAR even if qualified in the past – USDA regulation) (see note below)	X	X
Transportation Form	X	X
Electronic Network Access Authorization (new students only)	X	X
Technology Loan Agreement (all students – EVERY YEAR)	X	X
School Picture Release	X	X
Concussion/PES/Insurance Waiver Form (5/6 Athletics @ OGS)	X	X
Driving Permits		X
Proof of Auto Insurance for parking permit/hangtag		X

LUNCH PAYMENTS

Lunches may be purchased by completing a payment through E-Pay on our website (www.oakwood76.org) or sending money with your child to the school. If you are sending a check, **please write your student's first and last name on the MEMO LINE of your check.** Checks should be made payable to your child's school. We encourage payment by check when sending money to the school because it serves as a dated record of payment. If you must send cash, please enclose cash in an envelope with the student's first and last name printed on the envelope. **No lunch charges, please!**

****Free and reduced lunch applications MUST BE COMPLETED EACH SCHOOL YEAR per USDA regulations and will be available on the website after release at the beginning of July.***

CHANGES IN DAILY SCHEDULES

If there is a change in your child's daily schedule, please write a note or contact the school office. Children often misinterpret their parent's instructions and we want to ensure the correct message is received.

BUS TIMES AND ROUTES

Bus routes will be the same as last year unless otherwise notified. Students will be assigned bus routes based on residence/location. Due to the potential for overcrowding on the buses, you must contact the transportation department with any permanent or extreme emergency bus change requests. You may contact the transportation department at 217.474.7602

TRAFFIC AROUND DISTRICT SCHOOL BUILDINGS

To ensure the safety of our children, please follow these guidelines for traffic around our buildings:

Oakwood Grade School

Drop off and pick up all car rider students on the west side of the building through the designated car rider line. In compliance with state laws and regulations, refrain from the use of cellphones in school zones. Vehicles must stay in line while entering the car rider line and during the duration of student arrival and pickup. Cars should exit safely onto Park Street following the vehicle in front of the driver. All Oakwood Grade School students will use the same car rider line arrival and dismissal line. Depending on the grade level of the student, they will use different doors to enter the school buildings.

1. All school bus traffic is on the east side of the building. All students riding a bus will enter or exit through the east side entrance of the school.
2. Any student arriving after the first bell rings, must be signed in by their parent/guardian at the designated office(s) of their student(s).
 - a. OGS (PreK-6th): A parent/guardian should not block the OGS circle drive, but rather park in a designated parking spot. An admit slip will be given to the student by office staff to allow the student to go to class.
 - b. OGS (5th-8th): A parent/guardian should not block the car rider line, but rather park in a designated parking spot at the Northwest office (formerly the OJHS office). An admit slip will be given to the student by office staff to allow the student to go to class.

SEE MAP INCLUDED

Oakwood High School

1. All drivers are to park in the parking lot on the east side of the building.
2. All car riders should be dropped off at the north entrance to the building. We encourage parents to drop their students off prior to the arrival of our school bus fleet.
3. All school bus traffic is located at the north entrance to the building. All students riding a bus will enter or exit through the front entrance.

SCHOOL TIMES

Grade School

8:00 a.m. – 3:00 p.m. on regular dismissal day
8:00 a.m. – 1:50 pm. on early dismissal days
8:00 a.m. – 11:40 am on half day early dismissal days

High School

8:05 a.m. – 2:54 p.m. on regular dismissal day
7:55 a.m. – 1:40 pm. on early dismissal days
8:05 a.m. – 11:30 am on half day early dismissal days

SCHOOL COMMUNICATION

Oakwood Grade School – A weekly bulletin is emailed to parents each week. Please ensure a valid email address is on file with OGS in order to receive information. Calendar and schedule changes that pertain to all students are in the newsletter. Announcements may be added with the approval of the principal. A monthly menu will be e-mailed before the start of the month. If you need a printed copy of the weekly bulletin or school lunch menu, please contact the office. Additionally, please consider adding Oakwood Comets on Facebook and enrolling in “Class Dojo” through your child’s teacher. Both tools are used to communicate information to the parents and community. Any time there is a question concerning school, please call the grade school office at 217.354.4221.

Oakwood High School – A newsletter is emailed to parents periodically. If you need a printed copy of the newsletter, have your student ask the school secretary. Calendar and schedule changes that pertain to all students are in the newsletter. Any time there is a question concerning school, please call the school at 217.354.2358.

ANSWERING MACHINE/VOICEMAIL

Parents may leave a message informing their child’s school if they will be absent. Please know that messages regarding anything other than absences will be answered as soon as the staff is available to do so and may be much later in the day.

APPTGY NOTIFICIATION SERVICE

The Apptegy service will be used to send messages providing important information regarding school events, cancellations or emergencies. Please keep your contact information up to date by calling the school office.

HANDBOOKS

For students in grades K-8, the parent will be required to sign a form at registration stating they will read and discuss the handbook with their child. The handbook for Oakwood Grade School will be available online. Parents without internet access may request a hard copy from the office.

For students in grades 9-12, both the student and parent will be required to sign a form at registration stating they will read the handbook. Handbooks contain student handbook, planning calendar, goal setting, room to write assignments and more. Each student will receive the first book free of charge. If the student loses the book or in any way defaces or tears pages out, he/she will be required to purchase another at the cost of \$5.00.

HIGH SCHOOL SCHEDULING CHANGES

No schedule changes will be made. Exceptions will be made only in cases of extreme scheduling conflicts. Students will receive their class schedules at registration.

HIGH SCHOOL STUDENT DRIVING AND PARKING

Student drivers may purchase a parking permit/hangtag for \$5. Permit/Hangtag must be displayed on their rearview mirror when the vehicle is on the lot during the school day. Prior to the issuance of parking permit/hangtag, student must provide proof of insurance. Periodic requests for current proof of insurance may be made by administration at any time.

STUDENT ACCIDENT INSURANCE

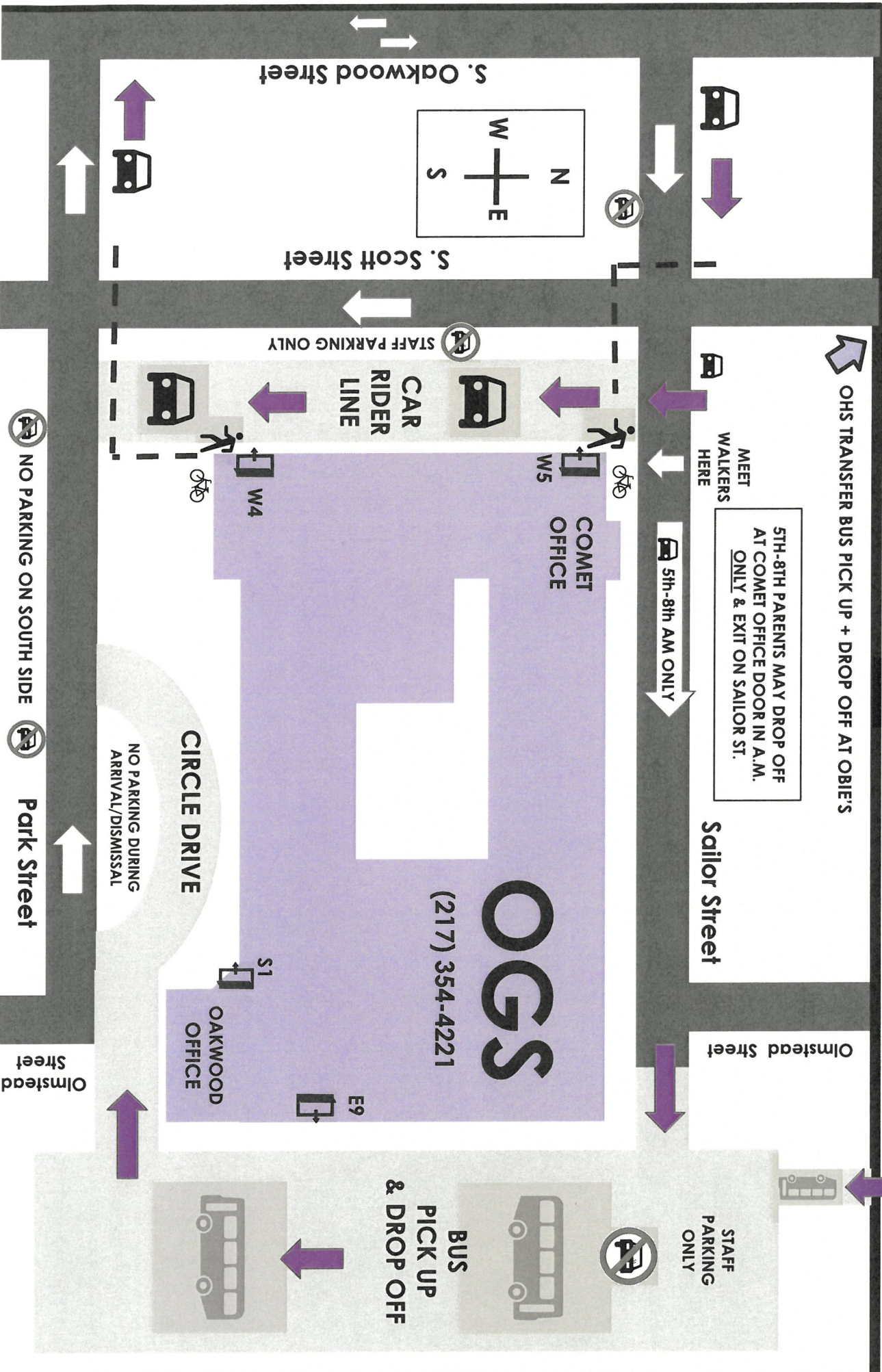
Student accident insurance is available. Please see attached flyer.

Oakwood Grade School

Arrival & Dismissal Map

A.M. Arrival:
 7:45 Doors Open
 8:00 Day Starts

P.M. Dismissal:
 2:45 Car Riders start
 3:00 Walkers
 3:05 Bus Riders



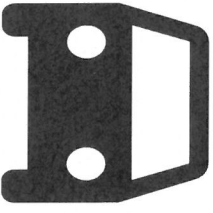


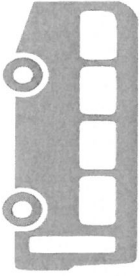
Oakwood Grade School

Dismissal Procedures

P.M. Dismissal:

2:45 Car Riders start

3:00 Walkers 3:05 Bus Riders

2:45		All car riders to cafeteria ; will exit from W4  Exiting cars listed on screen
2:55		All walkers to the W5 (2nd grade) exit doors ; Leave with supervisors at 3:00
3:05		All bus riders go with homeroom teachers to bus



Larry Maynard, Superintendent of Schools
 "A whole community investing in the whole child."
 Invests...Educates...Impacts

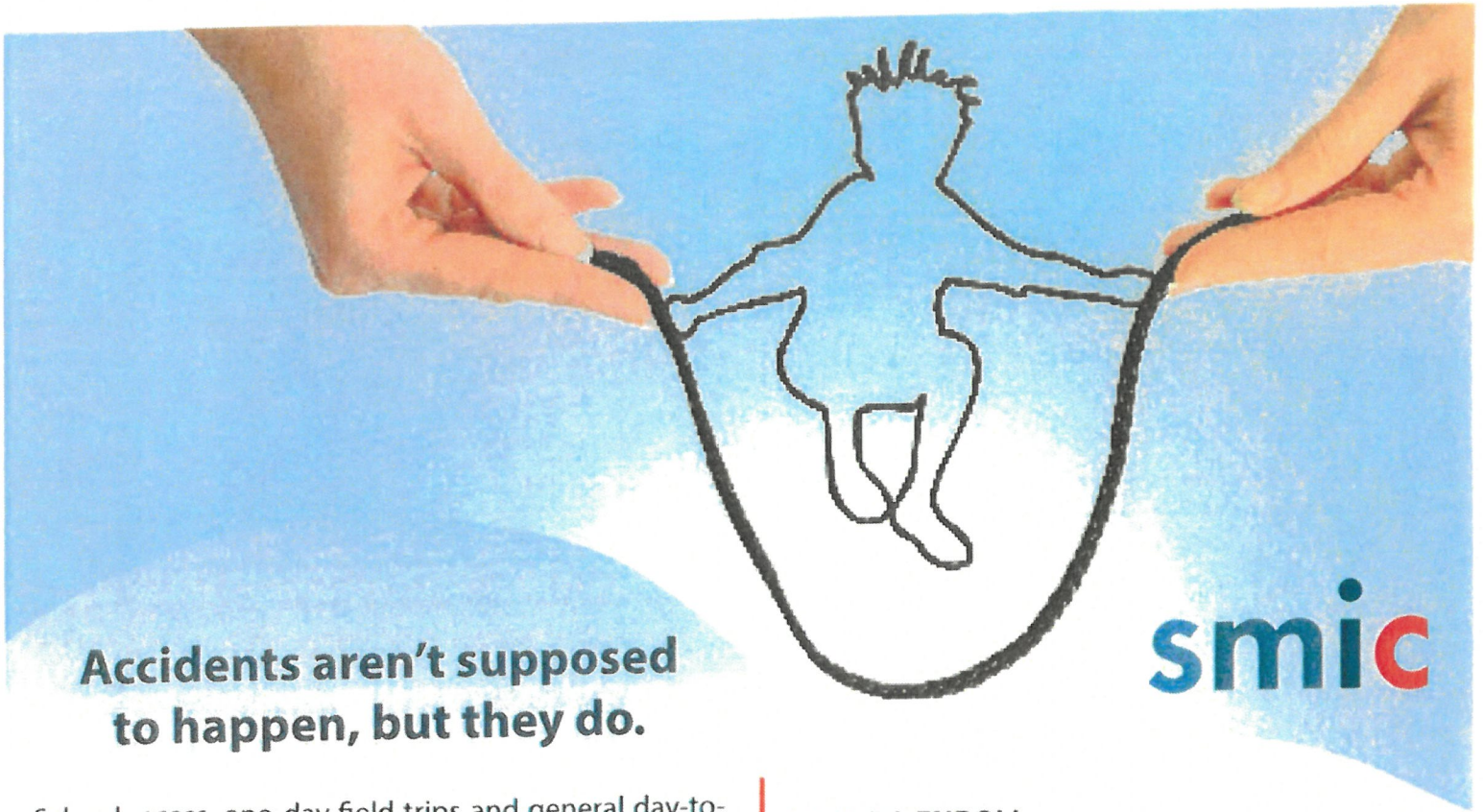
2023-24 SCHOOL FEES

<u>High School</u>	<u>Full</u>	<u>Reduced</u>	<u>Free</u>
Registration	\$75	\$75	\$0
Behind-the-Wheel	\$150	\$150	\$150
Athletics/Activity Per Student	\$30 - 1 Activity \$60 - 2 or more	\$6 - 1 activity \$12 - 2 or more	\$0
Athletic Pass Home Games Only (Tournaments not included)	\$15 - Student \$45 - Adult \$100 - Family	\$15 - Student \$45 - Adult \$100 - Family	\$15 - Student \$45 - Adult \$100 - Family
Parking	\$5	\$5	\$5
PE Clothes Set	\$20	\$20	\$20
PE Shirt Only	\$10	\$10	\$10
PE Shorts Only	\$12	\$12	\$12
Class Dues	\$10	\$10	\$10
Breakfast	\$1.75	.30	\$0
School Lunch	\$3.25	\$.40	\$0
Extra Entrée	\$2	\$2	\$2
Extra Milk	\$.50	\$.50	\$.50

<u>Grade School (K-8)</u>	<u>Full</u>	<u>Reduced</u>	<u>Free</u>
Registration	\$75	\$75	\$0
Athletics/Activity Per Student	\$30 - 1 Activity \$60 - 2 or more	\$6 - 1 activity \$12 - 2 or more	\$0
Athletic Pass Home Games Only (Tournaments not included)	\$15 - Student \$45 - Adult \$100 - Family	\$15 - Student \$45 - Adult \$100 - Family	\$15 - Student \$45 - Adult \$100 - Family
School Breakfast	\$1.75	\$.30	\$0
School Lunch	\$3.00	\$.40	\$0
Extra Milk	\$.50	\$.50	\$.50

Other Items

HS Student Handbook Hallway Passport Replacement	\$5	\$5	\$5
Chromebook Damages	\$230	Book Fee = \$35	
Keys/Keyboard Damages	\$40	iPad = \$300	
Power Adapter/Cord Damages	\$20	iPad Mini = \$379	
Screen Damages	Small = \$35, Lg = \$55	iPad Adapter = \$20	
T-Mobile Hot Spot = \$85		iPad Screen = \$175	



Accidents aren't supposed to happen, but they do.

smic

School recess, one-day field trips and general day-to-day activities can all lead to injuries. Having coverage during school hours, or around the clock can insure your loved ones get the care they need without financial hardship to your family.

ELIGIBILITY

Any enrolled student is eligible for coverage.

K-12 ACCIDENT PLANS THAT ARE AVAILABLE THROUGH YOUR SCHOOL:

- School Time Accident Only
- 24-Hour Accident Only
- Interscholastic Sports
- 24-Hour Dental

All available plans are offered by Special Markets Insurance Consultants, Inc. To research which plans are being offered by your school, please visit our website's online enrollment tool at www.k12specialmarkets.com

PAYMENT

Parents or guardians of students are responsible for enrollment and premium payment.

HOW TO ENROLL

Enrolling is easy and only takes a few minutes.

Go to www.k12specialmarkets.com.

1. Click on Coverage Details at the top,
2. Select State and click "Look Up"
3. Click on School or District
4. Click on link to display plan details.

Parents can either print and complete the enrollment application to mail with check or money order or:

You can enroll online:

1. Enroll online by clicking "Enroll Now"
2. Select State and click "Look Up"
3. Click on School or District
4. Select school location name (if applicable)
5. Check the plan options
6. Complete online application (more than one child can be enrolled on the same application)
7. Pay by credit/debit
8. Print ID card

FOR QUESTIONS, CALL (800) 727-7642 ext. 6103

For further details of the coverage outlined above, including costs, benefits, exclusions and any reductions or limitation, and the terms under which the policy may be continued in force, please refer to www.k12specialmarkets.com. Students are able to purchase coverage only if his/her school district is a policyholder with the insurance company.



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Residency Verification – Property Owner

Date: _____

To comply with the Oakwood Community Unit School District #76 proof of residency requirement, I verify the following information:

I am the owner of the property at:

I will provide District 76 with the following information as proof of my residency:

Category I

(one document required)

- Real Estate Tax Bill
- Signed and Dated Lease
- Mortgage Papers
- Closing Papers/Proof of Closing Date
- Loan Statement

Category II

(two documents showing proper address required)

- Gas/Electric/Water Bill
- Driver's License/State ID
- Vehicle Registration
- Home/Apt. Insurance Papers
- Voter Registration
- Public Aid Card

****In addition, the person living with the property owner must provide two documents from Category II in order to fulfill the residency requirements.****

The following student(s) and his/her parent(s) reside at my Oakwood residence (include names of all individuals): _____

The individuals named above have been living in my household at the above address since:

To the best of knowledge, the student(s) named above and his/her parent(s) will continue to reside at this address until:

_____ I understand that knowingly and willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school of the district without payment on non-resident tuition is a Class C misdemeanor.

_____ I understand that any student found to have been fraudulently registered will be dis-enrolled from the district immediately and the parent/guardian will be assess the current tuition cost from the time the student had been enrolled with District 76.

Signature of Property Owner

Telephone Number

HOME LANGUAGE SURVEY

The state requires the district to collect a Home Language Survey for every student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students that need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school. Separate forms must be filled out for each student.

Student's Name: _____

1. Does anyone in your home speak a language other than English?

_____ Yes

What language? _____

_____ No

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

_____ Yes

What language? _____

_____ No

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

Parent or Guardian Signature

Date

Please print all information neatly on this form. Return it to the office where your child attends school.

STUDENT INFORMATION

Name (Title) (First) (Middle) (Last) (Suffix)

Birth Date Gender Male Female Grade Level

Ethnicity (choose one): Hispanic/Latino of any Race Non-Hispanic/Latino of any Race

Race (choose all that apply): Asian Black or African American American Indian or Alaska Native White Native Hawaiian or Other Pacific Islander

School Last Attended Parent/Guardian is a Member of any branch of the Armed Forces Yes No

Student Lives With Student's Mother's Maiden Name

PRIMARY PARENT INFORMATION (Child lives with primary parent)

Name (Title) (First) (Last) (Suffix)

Home Phone # Cell Phone # E-mail

Marital Status Single Married Divorced Separated Widowed Relationship to student

911 Primary Address

House # Direction (N,S,E,W, etc.) Street Name Type (St, Ave., Rd, etc.) Apt. # City State Zip Code (include +4)

Mailing Override (include addresses with PO Boxes here)

Mailing Address

City State Zip Code (include +4)

Employer Name Occupation

Work Phone # Extension E-mail

PRIMARY PARENT SPOUSE DEMOGRAPHICS (if applicable)

Name (Title) (First) (Last) (Suffix)

Marital Status Single Married Divorced Separated Widowed Relationship to student

Cell Phone # E-mail

Employer Name Occupation

Work Phone # Extension E-mail

ALTERNATE PARENT INFORMATION (Child does not lives with alternate parent)

Name _____
(Title) (First) (Last) (Suffix)

Home Phone # _____ **Cell Phone #** _____ **E-mail** _____

Marital Status Single Married Divorced Separated Widowed **Relationship to student** _____

911 Primary Address _____ Requests mailings for the student listed above

House # Direction (N,S,E,W, etc.) Street Name Type (St, Ave., Rd, etc.) Apt. #

City State Zip Code (include +4)

Mailing Override (include addresses with PO Boxes here)

Mailing Address

City State Zip Code (include +4)

Employer Name _____ **Occupation** _____

Work Phone # _____ **Extension** _____ **E-mail** _____

ALTERNATE PARENT SPOUSE DEMOGRAPHICS (if applicable)

Name _____
(Title) (First) (Last) (Suffix)

Marital Status Single Married Divorced Separated Widowed **Relationship to student** _____

Cell Phone # _____ **E-mail** _____

Employer Name _____ **Occupation** _____

Work Phone # _____ **Extension** _____ **E-mail** _____

EMERGENCY CONTACTS (Not Parent or Guardian)

Name #1 _____
(Title) (First) (Last) (Suffix)

Street City Zip Code

Work Telephone # _____ **Home Telephone #** _____

Cell Phone # _____ **Relationship to Student** _____

Name #2 _____
(Title) (First) (Last) (Suffix)

Street City Zip Code

Work Telephone # _____ **Home Telephone #** _____

Cell Phone # _____ **Relationship to Student** _____

Name #3 _____
(Title) (First) (Last) (Suffix)

Street City Zip Code

Work Telephone # _____ **Home Telephone #** _____

Cell Phone # _____ **Relationship to Student** _____



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STUDENT HANDBOOK AGREEMENT

Name of Student: _____

Grade: *(check one)*

OGS: K 1 2 3

4 5 6

7 8

OHS: 9 10 11 12

Name of Parent: _____

Our student/parent handbooks are posted online at www.oakwood76.org. Student at OJHS and OHS will also receive a planner book containing a printed version of the handbook. We are asking that you take a few minutes to go through the handbook with your child and go over the rules and expectations for the coming school year. Please note that there are a few changes.

Thank you for taking the time to review this with your child. You are responsible for reviewing the handbook with your child. Paper copies will be available in the office for OGS families if you are unable to access the handbook online.

I/We will review the school handbook with my/our child.

Parent Signature/Date

Student Signature/Date (OHS only)

_____		_____	
(Parent Last Name)		(Parent First Name)	
Home Address (Street)		(City)	(Zip)
Home Phone # _____	Cell Phone # _____	Work Phone # _____	
Emergency Contact (Not Parent or Guardian)			
_____		_____	_____
(Name)		(Relationship)	(Phone #)

There can be only one pick-up address and one drop-off address.

BUS CHANGES: To request a change of pick-up or drop-off, there must be advanced notice of five (5) days and approval of both the building principal and Director of Transportation. To request a change or for questions regarding this policy, please reach out to the Director of Transportation by calling 217-354-4221, ext. #2307.

GENERAL TRANSPORTATION CHANGES: If you need to change your child from a bus rider to a walker or car rider, please let the office know prior to 1:00 pm to ensure an ample amount of time is given for communication. All bus changes must follow the policy stated above.

This form must be completed even if your student is a car rider or a walker.

Please list ALL the students in your household **starting with the youngest** – If all students have same transportation plan you can just write “same” for 2nd 3rd & 4th student(s) under the address but be sure to list their name and grade.

Student #1	Transportation Plan (circle one)	Bus	Car	Walk	Driver (HS only)
_____	_____	_____	_____	_____	_____
(Student Grade)	(First Name)			(Last Name)	
(Student Bus Pick up Address)	(City)	Address is: ___ home ___ sitter		BUS #	
(Student Bus Drop-off Address)	(City)	Address is: ___ home ___ sitter		BUS #	

Student #2	Transportation Plan (circle one)	Bus	Car	Walk	Driver (HS only)
_____	_____	_____	_____	_____	_____
(Student Grade)	(First Name)			(Last Name)	
(Student Bus Pick up Address)	(City)	Address is: ___ home ___ sitter		BUS #	
(Student Bus Drop-off Address)	(City)	Address is: ___ home ___ sitter		BUS #	

Student #3	Transportation Plan (circle one)	Bus	Car	Walk	Driver (HS only)
_____	_____	_____	_____	_____	_____
(Student Grade)	(First Name)			(Last Name)	
(Student Bus Pick up Address)	(City)	Address is: ___ home ___ sitter		BUS #	
(Student Bus Drop-off Address)	(City)	Address is: ___ home ___ sitter		BUS #	

Student #4	Transportation Plan (circle one)	Bus	Car	Walk	Driver (HS only)
_____	_____	_____	_____	_____	_____
(Student Grade)	(First Name)			(Last Name)	
(Student Bus Pick up Address)	(City)	Address is: ___ home ___ sitter		BUS #	
(Student Bus Drop-off Address)	(City)	Address is: ___ home ___ sitter		BUS #	

-Oakwood CUSD 76 - Health History Form

Your student's health history is important to provide the best care at school. It is the responsibility of the parent /guardian to notify the school of new or existing health concerns. If your child requires medication/treatments at school, it is the responsibility of the parent/guardian to notify the school, provide the medication or necessary equipment for use at school, along with the completed medication administration form. Information provided on this form will be shared with appropriate staff members.

Last _____	DOB: ____/____/____ Month/Day/Year	Gender: M or F	Grade Level: _____
First _____ MI _____			

Diagnosis of asthma? Uses an inhaler?	Yes/No Yes/No	Hospitalizations? When? What for?	Yes/No Explain:
Child wakes during night coughing?	Yes/No		
Birth defects?	Yes/No Explain:	Surgery? When? What for?	Yes/No Explain:
Developmental delay?	Yes/No Explain:	Serious injury or illness?	Yes/No Describe:
Psychiatric disorders?	Yes/no Type?		
Blood disorders? Hemophilia, Sickle Cell, Other?	Yes/No Explain:	TB skin test positive (past/present)? TB disease (past or present)?	Yes*/No Yes*/No <small>*If yes, refer to local health department.</small>
Diabetes? Type 1 or 2?	Yes/No Explain:	Bone or Joint problem?	Yes/No Explain:
Insulin dependent?	Yes/No	Injury or scoliosis?	Yes/No Explain:
Seizures?	Yes/No Describe:	Family history of sudden death before age 50?	Yes/No Cause:
Emergency Meds?	Yes/No List:		

FLIP OVER!

CONTINUED ON BACKSIDE

Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes/No Explain:	Tobacco use? Type & frequency?	Yes/No Describe:
Heart problems?	Yes/No Describe:	Alcohol or Drug use?	Yes/No Describe:
Heart murmur? High blood pressure?	Yes/No Explain: Yes/No	Dental:	Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other <input type="checkbox"/> Explain:
Dizziness or chest pain with exercise?	Yes/No Explain:	Ear/Hearing problems?	Yes/No Describe:
Eye/Vision problems? Last exam by eye doctor: Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)	Yes/No Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Date: _____ Yes/No Explain:		

Dietary Restrictions: _____

Allergies (food/drug/insect/other): _____

Emergency Medications related to Allergies: (Yes/No) Medication: _____

Current Medications:

<u>Medication</u>	<u>Dose/Frequency</u>	<u>Prescribed for what?</u>	<u>Taken at home or school?</u>
1.			
2.			
3.			
4.			

Parent Signature _____ **Date** _____



PROOF OF SCHOOL DENTAL EXAMINATION FORM

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

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

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

Student's Name: Last	First	Middle	Birth Date: (Month/Day/Year)
Address: Street	City	ZIP Code	
Name of School:	ZIP Code	Grade Level:	
Parent or Guardian: Last Name	First Name		
Select from the below general racial category which most clearly reflects the student's recognition of his or her community or with which the student most identifies. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Two or More Races			

To be completed by dentist

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

Oral Health Status (check all that apply)

- Yes No **Dental Sealants Present on Permanent Molars**
- Yes No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.
- Yes No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- Yes No **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.

Treatment Needs (check all that apply). Please list appointment date or date of most recent treatment completion date.

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

Dental Office Address: _____ Office phone number: _____

Signature of Dentist _____ Date _____

OAKWOOD CUSD #76

AUTHORIZATION FOR ELECTRONIC NETWORK ACCESS

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

Electronic network access, including the Internet, is available to students and teachers of Oakwood CUSD #76. We are very pleased to have this access, as we believe it offers valuable, diverse, and unique resources to both students and teachers. Our goal in providing this service is to promote educational excellence in the district by facilitating resource sharing, innovation, and communication.

For those not familiar with the term, the Internet is an "electronic highway" connecting millions of computers all over the world, and millions of individual users. Access to the Internet through the electronic network will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with users throughout the globe. In addition, the system will be used to increase school and District communication, enhance productivity, and assist employees in upgrading their skills through greater exchange of information with their peers. The system will also assist us in sharing information with the local community, including parents, social service agencies, government agencies, and businesses.

With access to computers and people from around the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. Families should be warned that some material obtained through the electronic network via the Internet might contain items that are illegal, defamatory, inaccurate, or potentially offensive. We have taken precautions to restrict access to controversial materials through the use of a filtering device. However, on a global network it is impossible to control all materials and an industrious user may discover controversial information, either by accident or deliberately. We firmly believe, however, that the benefits to students from online access far outweigh the possibility that users may procure material that is not consistent with our educational goals.

The purpose of this agreement is to ensure that use of the electronic network and Internet resources is consistent with our stated mission, goals, and objectives. The smooth operation of the network relies upon the proper conduct of the students and faculty who must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire. **IF A USER VIOLATES ANY OF THESE PROVISIONS, HIS OR HER ACCOUNT WILL BE TERMINATED AND FUTURE ACCESS COULD BE DENIED IN ACCORDANCE WITH THE RULES AND REGULATIONS. APPROPRIATE DISCIPLINARY ACTION AND/OR LEGAL ACTION WILL BE TAKEN AS DEEMED NECESSARY BY THE SYSTEM ADMINISTRATOR AND ADMINISTRATION OF THE OAKWOOD SCHOOL DISTRICT.**

To gain access to the electronic network and the Internet, all students under the age of 18 must obtain parental permission and must have this form signed by a parent or guardian. The signature(s) at the end of this document is (are) legally binding and indicate(s) the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

ELECTRONIC NETWORK AND INTERNET ACCESS – TERMS AND CONDITIONS

- 1) Students are responsible for good behavior on the school computer networks, just as they are in a classroom, or a school hallway. General school rules for behavior and communications apply.
- 2) The electronic network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Access is a privilege - not a right. That access entails responsibility. Inappropriate use will result in a suspension or cancellation of Internet privileges. The system administrators will deem what is inappropriate use and their decision is final. Also, the administrators may close an account at any time as required. The administration, faculty, and staff may request the system administrator to deny, revoke, or suspend specific user accounts.
- 3) Users are expected to abide by their generally accepted rules of network etiquette and conduct themselves in a responsible, ethical, and polite manner. Users are not to share passwords, use other users' passwords, or access other users' accounts without permission.
- 4) Users are expected to use appropriate language. Do not swear, or use vulgarities or any other inappropriate language.

- 5) Users are not to reveal their own full name, personal address and telephone numbers or those of fellow students or colleagues.
- 6) Users are not permitted to copy or download any software from the Internet without permission of the system administrator, regardless of whether it is copyrighted or de-licensed.
- 7) Users are not permitted to download any software providing the capability to "zip" (compress) or "unzip" (decompress) files without permission of the system administrator. Examples include, but are not limited to, WinZip, and PKZip.
- 8) Users are not permitted to download programs, such as Napster or Scour Exchange, that enable peer-to-peer file sharing between computers over the electronic network or the Internet without permission of the system administrator. This includes, but is not limited to, the sharing of MP3, WAV, MPEG, and AVI files.
- 9) Users are not allowed to download software to enable, create or access any of the following: chat rooms, instant messaging, ICQ, web-based e-mail accounts such as Hotmail, Yahoo, etc. or any other such programs that will allow users access to the above mentioned features. A violation will result in immediate cancellation of privileges.
- 10) Users are not permitted to download copyrighted material from the Internet for any other purpose other than personal use.
- 11) Users are not permitted to use the computing resources for private financial or commercial purposes, product advertising, political lobbying, or political campaigning.
- 12) Users are not permitted to transmit, receive, submit, or publish any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, offensive, harassing, or illegal material.
- 13) Physical or electronic tampering with computer resources is not permitted. Any malicious attempt to harm or destroy data of other users, the Internet or any other electronic network, damaging computers, computer systems, or computer networks intentionally will result in cancellation of privileges. This includes, but is not limited to, the uploading or creation of computer viruses.
- 14) Users must respect all copyright laws that protect software owners, artists and writers. Plagiarism in any form will not be tolerated.
- 15) Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem in the school's computers, network, or Internet connection, you **must** notify a system administrator. **Do not** demonstrate the problem to others. Using someone else's password or trespassing in another's folders, work, or files without written permission, sharing your password with other users, attempts to logon to the local electronic network or the Internet as anyone but you or will result in immediate cancellation of user privileges. Wastefully using resources, such as file space, is also prohibited. The system administrator may deny access to the network to any user identified as a security risk.
- 16) The Oakwood School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. We assume no responsibility or liability for any unauthorized charges or fees, phone charges, line costs or usage fees, nor for any damages a user may suffer. This includes loss of data resulting from delays, non-deliveries, mis-deliveries, or service interruptions caused by its own negligence or your errors or omissions. Use of any information obtained via the Internet is at your own risk. We specifically deny any responsibility for the accuracy or quality of information obtained through its services.
- 17) All communication and information accessible via the computer resources shall be regarded as private property. However, people who operate the system may review files and messages to maintain system integrity and insure that users are using the system responsibly. Messages relating to or in support of illegal activities may be reported to the authorities.

Any violations may result in a loss of computer access, as well as other disciplinary or legal action. Users are considered subject to all local, state, and federal laws.

Students, parents/guardians, and teachers need only sign this Authorization for Electronic Network Access once while enrolled or employed by the school district.

OAKWOOD CUSD #76

AUTHORIZATION FOR ELECTRONIC NETWORK ACCESS SIGNATURE PAGE

STUDENT SECTION

I have read the District Authorization for Electronic Network Access. I agree to follow the rules contained in this Policy. I understand that if I violate the rules my account can be terminated and I may face other disciplinary measures.

Student's Name (please print) _____ Grade _____

School _____

Student's signature: _____

Date: _____

PARENT OR GUARDIAN SECTION

As the parent or legal guardian of the student signing above, I have read this Authorization for Electronic Network Access and grant permission for my son or daughter to access the electronic network and the Internet. I understand that the district's computing resources are designed for educational purposes. I also understand that it is impossible for the Oakwood School District to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I understand that individuals and families may be held liable for violations. Furthermore, I accept full responsibility for supervision if and when my child's use is not in a school setting.

I only want my son/daughter to access the local electronic network and have no access to the Internet.

Parent Signature _____ Date _____

Parent Name _____

Home Address _____

City, State, and Zip Code _____ Phone _____

NON-STUDENT, FACULTY, BOARD MEMBERS, SCHOOL EMPLOYEES SECTION

I understand and will abide by the Authorization for Electronic Network Access. I further understand that should I commit any violation, my access privileges may be revoked and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's Internet connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use, or inability to use the Internet.

User's Name (please print) _____

User's signature: _____

Date: _____

PLEASE LEAVE THE FOLLOWING BLANK – ADMINISTRATIVE USE ONLY

NETWORK ADMINISTRATOR SIGNATURE _____ DATE _____

USER ID: _____

DATE ACCOUNT ACTIVATED _____ DATE ACCOUNT DEACTIVATED _____

Technology Loan Agreement – Oakwood CUSD 76

Remote Learning Device Check Out

Being responsible with your device is very important. Here is how students can be responsible with their technology:

1. Pictures and videos should always be appropriate.
2. Songs should have kid-friendly lyrics.
3. Technology use should support learning.
4. Websites should be used for research and learning games.
5. Consider who you let use your device. Could this person harm it or put inappropriate content on it? Remember, YOU are responsible for the device.

Responsible Use Policy

- Use digital devices, networks, and software for **educational purposes and activities**.
- Keep my personal information (including home/mobile phone number, mailing address, and user password) and that of others **private**.
- Show **respect** for myself and others when using technology including social media.
- Give **acknowledgement to** others for their ideas and work.
- Report inappropriate use of technology immediately.
- **Return the device and charging cable to the School District in the same condition it was received at the end of the school year or when your student is leaving the school district.**

Replacement Costs:

Chromebooks - \$230 IPAD - \$300 IPAD Mini - \$379 Charging Cable - \$20

I understand the terms of borrowing the device from the school and will abide by the Acceptable Use Policy. I certify that my student would not be able to complete homework/participate in Remote Learning without a provided device.

Student Name: (Print) _____

Guardian Name:(Print) _____

Guardian Signature: _____

OFFICE USE ONLY

Type of Device _____

Oakwood Asset Tag Number _____

OAKWOOD CUSD #76

Parent and Student Agreement/Acknowledgement Form Performance-Enhancing Substance Testing Policy

- Illinois state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Illinois state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Illinois state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Illinois Department of Corrections.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in IHSA athletic activities, I agree that I will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of performance-enhancing substances in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I understand that testing may occur during selected IHSA state series events or during the school day. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by IHSA.

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in IHSA athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from performance-enhancing substance use and may be asked to submit to testing for the presence of performance-enhancing substances in his/her body. I understand that testing may occur during selected IHSA state series events or during the school day. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by IHSA.

Oakwood CUSD #76 Concussion Guidelines

Return to Play and Return to Learn

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, stretching and damaging the brain cells and creating chemical changes in the brain.

Concussion signs and symptoms generally show up soon after the injury. However, you may not know how serious the injury is at first and some symptoms may not show up for hours or days. A Concussion Oversight Team (COT) consisting of the building administrator, athletic director, school nurse, and athletic trainer (as available) in conjunction with the student’s physician, will oversee the return-to-play and return-to-learn plans for each individual student affected with a concussion.

Concussion signs and symptoms:

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

Symptoms reported by athlete could include:

- Headache or “pressure in the head”
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light and or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems, confusion
- Just not “feeling right” or “feeling down”

Signs observed by coaching staff could include:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall

If you suspect that an athlete has a concussion, you should take the following steps:

1. Remove the athlete from play.
2. Complete the ‘Concussion Signs and Symptoms Checklist’.
3. Inform the athlete’s parents or guardians about the possible concussion.
4. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. This can be their primary doctor or sports medicine professional.
5. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussions.

6. Complete the 'IHSA/IESA Post-concussion Consent Form' once the treating physician releases the student to return-to-play and return-to-learn.

Return-to-Play (RTP) Step Progression

After a concussion, an athlete should only return to sports practices with the approval and under the supervision of their health care provider and/or certified athletic trainer. A student must follow the five step return to play progression. In some cases, the athlete may be able to work through one step in a single day, while in other cases it may take several days to work through an individual step. This gradual process may take several weeks to months to work through the entire 5-step progression.

Baseline

As the baseline step of the Return-to-Play (RTP) Progression, the athlete needs to have completed physical and cognitive rest and not be experiencing concussion symptoms for a minimum of 24 hours. The athlete is back to their regular school activities, is no longer experiencing symptoms from the injury when doing normal school activities, and has the green-light from their health care provider to begin the RTP process.

Step 1: Light, aerobic activity

- Begin with light aerobic exercise only to increase an athlete's heart rate; 5 to 10 minutes on an exercise bike, walking or light jogging.
- No weight lifting, jumping or hard running at this point.

Step 2: Moderate activity

- Continue with activities to increase an athlete's heart rate with limited body or head movement; moderate jogging, brief running, moderate-intensity stationary biking, moderate intensity weightlifting.
- Less time and less weight from their typical routine.

Step 3: Heavy, non-contact activity

- Add more intense, non-contact physical activity close to typical routine, such as sprinting/running, high intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills.

Step 4: Full contact practice or training

Step 5: Full game play

It is important to monitor symptoms and cognitive function carefully during each increase of exertion. Athletes should only progress to the next level of exertion if they are not experiencing symptoms at the current level. If concussion signs and behaviors return at any step, an athlete should stop these activities as this may be a sign the athlete is pushing too hard. Only after additional rest, when the athlete is once again not experiencing symptoms for a minimum of 24 hours, should he or she start again at the previous step during which symptoms were experienced.

Reminders for coaches:

1. No athlete should RTP or practice on the same day of a concussion.
2. Any athlete suspected of having a concussion should be evaluated by an appropriate health-care professional or certified trainer that day.
3. Any athlete with a concussion should be medically cleared by an appropriate health-care professional or certified trainer prior to resuming participation in any practice or competition.
4. After medical clearance, RTP should follow a step-wise protocol with provisions for delayed RTP based upon return of any signs or symptoms.
5. A coach of an interscholastic team may not authorize a student's return to play or return to learn.

Return-to-Learn (RTL) Step Progression

With the increasing prevalence of concussions, protocols for returning a student to learning after a concussion are essential. The lack of outward physical symptoms of illness make it sometimes difficult for school staff to recognize the need for accommodations for a student with a concussion. Though a concussion may seem to be an "invisible injury", a concussion can affect a student in many different ways: physically, cognitively, emotionally and with sleep.

These symptoms can impact learning and schoolwork. Physical symptoms such as headache, dizziness, and visual changes, may interfere with the student's ability to focus and concentrate. Cognitive symptoms may impact the ability of the student to learn, memorize and process information as well as keep track of assignments and tests. Struggling with schoolwork may cause symptoms to increase. Students may experience feelings of frustration, nervousness and/or irritability both as a direct result of concussion and due to resulting academic difficulties. Disturbances in sleep patterns often result in fatigue and drowsiness during the day.

Recovery from a concussion is an individualized process. Caution must be taken not to compare students suffering from concussions. Every brain and every student are different; every concussion is different. Assessing problems with learning and school performance, and then making appropriate and necessary changes to a student's learning plan is a collaborative effort between physician and school staff. Some students may not miss any school and need few accommodations. Others may endure months of symptoms that can significantly impact academic performance and require extensive accommodations such as 504 or IEP plans.

A student's best chance for a full recovery from a concussion depends on timely implementation of two critical components: cognitive rest and physical rest. There is increasing evidence that using a concussed brain to learn may worsen concussion symptoms and prolong recovery.

Phase 1: No School/complete cognitive rest:

- Student is experiencing high level of symptoms that will keep the student out of school.
- Provide students with copies of class notes.
- NO homework, quizzes or tests during this time.

Phase 2: Part-Time School Attendance with Accommodations:

- Re-introduce student to school.
- The goal of first few days of returning to school is to simply make sure the student can tolerate the school environment without worsening of symptoms.
- Part time school attendance, with focus on prioritizing what classes should be attended and how often.

- Eliminate busy work or non-essential assignments or classes.
- Limit screen time on computers, reading and other visual stimuli based on the student's symptoms.
- NO TESTS OR QUIZZES.
- Homework load based on symptoms.
- No due dates on homework assignments.
- No physical activity including no PE or recess.

Phase 3: Full-Day Attendance with Accommodations:

- As the student improves, gradually increase demands on the brain by increasing the amount, length of time, and difficulty of academic requirements, as long as this does not worsen symptoms.
- Continue to prioritize assignments, tests and projects: limit students to one test per day with extra time to complete and breaks as needed.
- Gradually increase homework.
- No physical activity.

Phase 4: Full-Day Attendance without Accommodations:

- Accommodations are removed when student can participate fully in academic work at home and school without triggering symptoms.
- Physical activities allowed if specified by physician.

Phase 5: Full School and Extracurricular Involvement:

- Student is symptom free, consistently tolerating full school days without triggering any symptoms.
- Student must receive written clearance and complete the RTP progression before returning to physical education and/or sports.

The RTL team (social worker, school nurse, teacher, principal and student's physician) should recognize that communication is the key for success of the management plan. Students are encouraged to meet with teachers regularly to discuss progress, grades and make up work.

References:

www.cdc.gov/concussion

www.luriechildrens.org/sports

Concussion & Performance Enhancing Substances Policies Agreement Form
Insurance Waiver Consent Form

Name of Student: _____

Grade: *(check one)*

OGS: 5 6

Name of Parent: _____

7 8

OHS: 9 10 11 12

CONCUSSION/PERFORMANCE ENHANCING SUBSTANCE POLICIES AGREEMENT

I have read and understand both the Performance-Enhancing Substance Testing Policy and the Concussion Policy and agree to adhere to the provisions listed and explained in both policies.

Student Signature

Date

I have read and understand both the Performance-Enhancing Substance Testing Policy and the Concussion Policy and agree to adhere to the provisions listed and explained in both policies.

Parent/Guardian Signature

Date

DACC TRANSPORTATION NOTICE AND DISCLAIMER

Transportation Provided by Students to and from Danville Area Community College Classes

An Oakwood student who complies with the terms and conditions hereof may travel to and from the Danville Area Community College (DACC) as a driver or passenger of a non-school vehicle as described herein. Provided further that the District may terminate the travel privileges provided here under at any time and for any reason and academic credit could be forfeited. Oakwood Community Unit School District No. 76 is not responsible for any act, accident, or injury in any way connected with such student-provided transportation. Neither the District nor any of its employees shall provide supervision in connection therewith.

STUDENT DRIVER MUST COMPLETE THE FOLLOWING PARAGRAPH:

I, _____, an Oakwood student enrolled in grade _____ hereby agree and promise that at all times while traveling to and from the DACC campus, I shall operate the vehicle in a safe manner and in compliance with the Illinois Motor Vehicle Code and all other applicable laws. I hereby agree and promise that I will not transport as a passenger any other person to or from the DACC campus unless such person's parent(s) have executed a copy of this Notice and Release and filed the same with the Oakwood CUSD #76.

PARENTS MUST COMPLETE ONE OR BOTH OF THE FOLLOWING 2 PARAGRAPHS:

1. I, _____, the parent of _____, hereby warrant that my child holds a valid Illinois driver's license allowing him or her to operate the vehicle described herein. I further warrant that I own, or my child owns or has valid access to, a vehicle which is in good repair, in a safe operating condition and suitable for transportation of my child to and from the DACC campus. I further warrant that there is currently an insurance policy in full force for the vehicle driven by my child providing for bodily injury, medical, property damage and uninsured motorist coverage in full compliance with applicable law. I, or my child, shall be solely responsible for all costs, including the cost of fuel, incurred in connection herewith. I understand and agree that Oakwood Community Unit School District No. 76 is in no way responsible for any accidents, injuries, damages or other liabilities, whether to person or property or otherwise, that arise out of, are related to, or are in any way connected to travel to and from the DACC campus, by my child, whether as driver or passenger. I further understand and agree to assume all responsibility for my child's travel hereunder and agree to release and hold harmless Oakwood community Unit School District No. 76 from any and all accidents, injuries, damages or other liabilities, whether to person or property or otherwise, that arise out of are related to or agree in any way connected to such transportation, and agree to indemnify the District for the same in the event the District incurs damages for same.

-AND/OR-

2. I, _____, the parent of _____, give permission for my child to ride as a passenger with any student who has filled out a DACC Transportation Notice and Disclaimer.

While traveling to and from DACC campus I understand and agree that Oakwood Community Unit School District No. 76 is in no way responsible for any accidents, injuries, damages or other liabilities, whether to person or property or otherwise, that arise out of, are related to, or are in any way connected to travel to and from the DACC campus, by my child, whether as a driver or passenger. I further understand and agree to assume all responsibility for my child's travel hereunder and agree to release and hold harmless Oakwood Community Unit School District No. 76 from any and all accidents, injuries, damages or other liabilities, whether to person or property or otherwise, that arise out of, are related to or are in any way connected to such transportation, and agree to indemnify the District for the same in the event the District incurs damages for same.

BOARD OF EDUCATION
Oakwood CUSD #76

Date: _____

Oakwood High School Administrator

Date: _____

Parent/Legal Guardian(s)

Date: _____

Student

DRIVING PERMIT

1. Copy of insurance card
2. Cost is \$5 per tag
3. Tags are to be hanging from rearview mirror while on school grounds.

Tag No. _____
(For office use only)

Student name: _____

Date: _____

License Plate # _____

Make & Year of Car: _____

Color of Car: _____

Rider: _____

Rider's Parent Signature: _____

Rider: _____

Rider's Parent Signature: _____

Rider: _____

Rider's Parent Signature: _____

Signature of Driver's Parent/Guardian _____

Parental Notice for Release of Info / One-Time Consent to Bill Medicaid

Student Name: _____ Date: _____
Serving School: _____ Grade: _____ Date of Birth: _____

School/District Contact Name: _____
Title: _____
Contact Information: _____

Dear _____

The purpose of this letter is to ask for your permission (also known as consent) to share records and information about your child with Medicaid. The school district needs to share information with Medicaid pertaining to your child, including name, date of birth, gender, and type of services provided.

With your permission, the school district will be able to seek partial reimbursement for services provided by Medicaid. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

Under Federal law, the school district cannot share with Medicaid information about your child without your permission (34 CFR 99.30(b); 34 CFR 300.154(d)(2)(iv)(A)-(B)). As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for Medicaid for your child to receive the health-related and/or special education services to which your child is entitled.
2. The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge Medicaid for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.
3. If you give the school district permission to share information with and request reimbursement from Medicaid:
 - a. This will not affect your child's available lifetime coverage or other Medicaid benefit; nor will it in any way limit your own family's use of Medicaid benefits outside of school.
 - b. Your permission will not affect your child's special education services or IEP/IFSP rights in any way, if you child is eligible to receive them.
 - c. Your permission will not lead to any changes in your child's Medicaid rights; and
 - d. Your permission will not lead to any risk of losing eligibility for other Medicaid or Medicare funded programs.
4. If you give permission, you have the right to change your mind and withdraw your permission at any time.
5. If you withdraw your permission or refuse to allow the school district to share your child's records and information with Medicaid for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I AGREE and give permission to the School to share with Medicaid records and information concerning my child and their health-related services, as necessary. I have read the notice and understand it. Any questions I had were answered.

I DO NOT give permission for the School to release information for Medicaid billing purposes and I DO NOT give consent for the School to access/bill Medicaid insurance for provided services.

*I have the authority to enter into this agreement and acknowledge that my electronic signature below is legally binding. I agree that electronic versions of this document shall be given the same weight and deference as a hard copy.

Parent / Guardian Signature

Date



Oakwood Community Unit School District No. 76

12190 U.S. Route 150
Oakwood, Illinois 61858

Telephone: (217) 446-6081
Fax: (217) 446-6218

CONSENT FOR RELEASE OF INFORMATION

Full Name of Student: _____

Grade: _____ Date of Birth: _____

Full Name of Student: _____

Grade: _____ Date of Birth: _____

Full Name of Student: _____

Grade: _____ Date of Birth: _____

I hereby authorize _____
Former School

School Address

City, State, Zip Code

Telephone Number

Fax Machine Number

to release records listed concerning my child named above to the school(s) checked below:

- ISBE Student Transfer Form
- Attendance Records & Date of WD
- Birth Certificate
- Health / Medical / Psychological
- Social History
- Speech & Language Records
- Withdrawal Grades & Cumulative Records
- Standardized Testing Data
- IEP / 504 / Spec Ed Records (if applicable)
- Pass Date for US Constitution (7th & 8th grades)
- Multidisciplinary Conference

Oakwood Grade School
PO Box 219
Oakwood, IL 61858
Fax: 217-354-2712
Phone: 217-354-4221

Oakwood High School
5870 US Route 150
Fithian, IL 61844
Fax: 217-354-2603
Phone: 217-354-2358

Signature of Parent/Guardian

Date

Address

Phone Number