



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.

APPTGEY NOTIFICATION SERVICE

The Apptgey 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.



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

2023-24 SCHOOL FEES

High School	Full	Reduced	Free
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

Grade School (K-8)	Full	Reduced	Free
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	

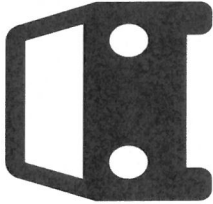


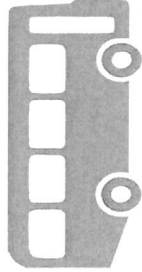
Oakwood Grade School

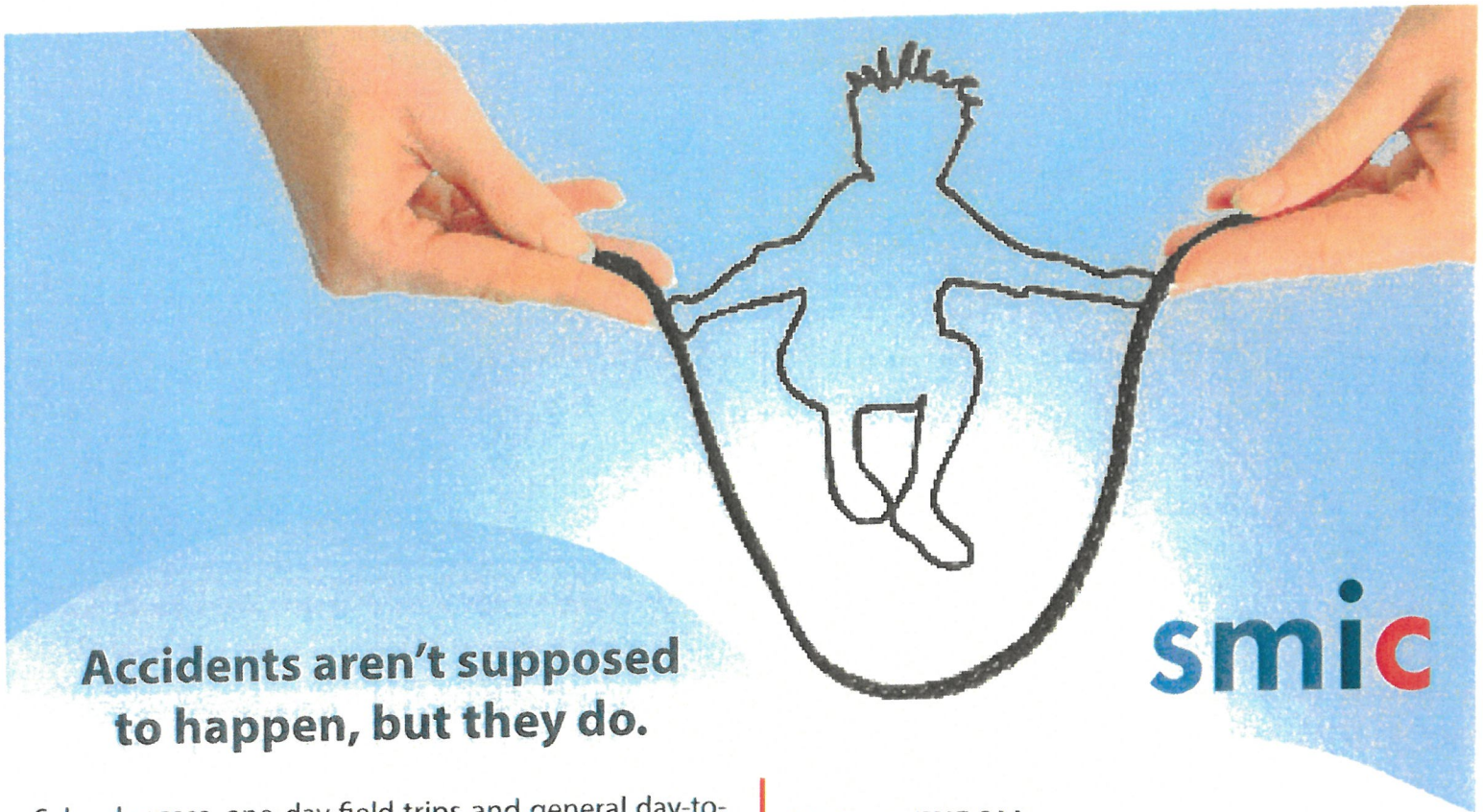
Dismissal Procedures

P.M. Dismissal:

2:45 Car Riders start

3:00 Walkers 3:05 Bus Riders

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



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

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 enrolment 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.

OAKWOOD NEW AND RETURNING STUDENTS REGISTRATION FORM

Please complete and return the following forms for your student/s registration:

- This form - Oakwood New and Returning Students Registration Form - One form per student
- Student Handbook Agreement
- Student Information System Form (New) OR Demographics Form (Returning Students Update) – One form per student
- Transportation form – This must be completed for all students. One form per family per building is needed
- Health History Form and Dental Screening form
- Residency Verification Form (New Students Only)
- Forms Applicable to OHS Students and/or OJHS Students Not Specifically Listed Here

School Building: _____ (Student Last Name, First Name, Middle)

Enrolling in Current School Year _____(SY) Entering Grade Level _____

Student Lives with (Check one): ___ Mother & Father ___ Mother only ___ Father only
___ Other _____ (Please state name & relationship)

Parent Portal (Online Grade System) Changes needed: Yes No

Update email on file: _____ Additional email: _____

In the case of an unscheduled emergency dismissal, my child should:
_____ Go home or to child care as usual. If child care, please list name of provider: _____
_____ Go to _____

Grades 7-8 ONLY - Elective Options (Please check the elective option/s in which your student is interested.)
_____ BAND (Elective is held during study hall) _____ CHORUS (Elective is held during study hall)

Permission and Notification **Please check appropriate box below**

I give permission for my child to participate in field trips and off-campus activities during school hours. Yes No

I give permission to allow my child access to the internet and I agree to the online acceptable use policy. Yes No

I give permission to allow my child's image, work, or voice to be displayed. Yes No

I agree that it is my responsibility to check the online student handbook and the online acceptable use policy. Yes No

I understand the transportation rules. Yes No

Oakwood High School only:

I give permission to my senior to leave after their 6th hour class Yes No

I give permission to my College Express student to leave early after they return from College Express. Yes No

I give permission to my College Express student to drive to College Express. Yes No

I give permission to my College Express student to leave after OHS scheduled classes on early dismissal days. Yes No
(Student must have a driving permit, permission to ride with someone else, or a parent picking them up.)

***Payments are expected at the time of registration.**

Parent/Guardian Signature _____ **Date** _____

OFFICE USE ONLY

Revised 07/2021

AM Bus# ___ PM Bus# ___ Fee Paid ___ Fee Waiver ___ Speech ___ Foster Child ___ IEP ___ Band ___ Chorus ___ SIS# _____



Oakwood Community Unit School District No. 76

12190 U.S. Route 150
Oakwood, Illinois 61858

Telephone: (217) 446-6081

Fax: (217) 446-6218

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 #	

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 - 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)?	Yes*/No
		TB disease (past or present)?	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.

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Restorative Care — amalgams, composites, crowns, etc. | Appointment Date: _____ |
| <input type="checkbox"/> Preventive Care — sealants, fluoride treatment, prophylaxis | Appointment Date: _____ |
| <input type="checkbox"/> Pediatric Dentist Referral Recommended | Treatment Completion Date: _____ |

Dental Office Address: _____ Office phone number: _____

Signature of Dentist _____ Date _____

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



Oakwood Community Unit School District No. 76

12190 U.S. Route 150
Oakwood, Illinois 61858

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

STUDENT HANDBOOK AGREEMENT

Name of Student: _____

Name of Parent: _____

Grade: *(check one)*

OGS: K 1 2 3

4 5 6

7 8

OHS: 9 10 11 12

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)

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 _____