



**Certificate of Residence Form
2024-2025 School Year**

Student's Name: _____ Date of Birth: _____ Grade: ____ School: _____

Student's Address: _____

Step 1: Family Information

Guardian 1 Name: _____ Relationship: Mother Father Other: _____

Guardian 1 Address: _____

Guardian 1 Phone: _____ Guardian 1 Email: _____

Guardian 2 Name: _____ Relationship: Mother Father Other: _____

Guardian 2 Address: _____

Guardian 2 Phone: _____ Guardian 2 Email: _____

1. Are the student's guardians divorced or separated? Yes* No
 - a. If "yes", who has custody of the student? Guardian 1 Guardian 2 Joint
 - b. If custody is jointly held, which guardian provides the student's primary regular fixed night-time abode? (i.e., at which guardian's residence does the student sleep on a regular basis?) Guardian 1 Guardian 2
2. Does the student reside with a person other than his/her parent(s)? Yes* No (If "no", skip to question 4)
3. If "yes", what is the name and address of the adult with whom the student now resides?

 - a. Is this person a relative of the student? Yes* No
 - b. If "yes", what relation is (s)he to the student? _____
 - c. If "no", who is the adult and why is the student residing with this individual? _____
 - d. Is the person with whom the student resides the legal guardian or custodian of the student? Yes* No
 - a. If "yes", please provide a copy of the guardianship or custody order.
 - b. If "no", please explain why not: _____
 - e. Has the military service obligation of the individual who has legal custody of the student caused a change in the student's residence such that the student now resides outside the District? Yes No
4. Is the student eligible for special education or other special services? Yes* No
 - a. If "yes" and you are new to the District, please provide a copy of the student's more recent Individualized Education Program (IEP) or Section 504 Plan and provide us with the name and address of the student's most recent prior school district of attendance.
 - b. If "yes" and your student is already enrolled in the district, you do not need to provide copies of the student's most recent IEP or Section 504 Plan.
5. Does an Illinois public agency have legal guardianship of the student? Yes* No
**If "yes", please provide proof of that agency's legal guardianship.*
6. Has a court ordered a residential placement for the student? Yes* No
**If "yes", please provide a copy of the court order.*
7. Is the student homeless? Yes* No
**If "yes":*
 - a. Is the student currently living in the Central School District 301 boundaries? Yes No
 - b. In what school district was the student last enrolled? _____
 - c. In what school district was the student enrolled when last permanently housed? _____



Step 2: Residency Status

Do you: ___ Own your own home ___ Rent

Step 3: Affirmation and Warning (MUST be completed in the presence of a District 301 employee)

I certify that I am the legal guardian of the above-named student and that this child's residence has not been established solely for the purpose of attending Central School District 301 schools. I further certify that the above information is correct to the best of my knowledge.

NOTE: It is contrary to the Board of Education's policy 7:60 to admit students who do not legally reside with their parents or legal guardians within the District boundaries. The information you provide will be used by school officials to help establish the eligibility of each applicant for admission. Falsification of information on this form or otherwise submitted to the District may result in your child being excluded from school, and may expose you to monetary liability under the Illinois law for payment of tuition for such time as your child was illegally enrolled in the District. Further, any person who knowingly enrolls or attempts to enroll a non-resident student in the District or presents to the District any false information regarding the residency of a student commits a Class C misdemeanor.

Parent/Guardian Signature: _____

Date: _____

Mandatory Paperwork

<u>School Office Use Only</u>	
Category A (1 required):	
___ Mortgage document or closing statement dated _____	
___ Real estate tax bill dated _____	
___ Signed & dated lease with proof of 2 rent payments	
Lease date: _____ Rent 1: _____ Rent 2: _____	
Category B (2 required plus a valid driver's license, state ID, Passport, or IL Public Aid Card)	Documents verified by:
___ Gas bill dated _____	_____
___ Electric bill dated _____	Administrator approval:
___ Water/sewer bill dated _____	_____
___ Insurance bill dated _____	Date:
___ Bank statement dated _____	_____
___ Credit card statement dated _____	

New Student Intake Form

Student's Legal First Name: _____ Student's Legal Middle Name: _____

Student's Legal Last Name: _____ Nickname: _____

Gender: Male Female Grade: _____ Date of Birth: _____ Country of Birth: _____

Primary Phone Number: _____ Student's Primary Address: _____

Siblings' Names & Schools Attending: _____

Family 1 (Student's Primary/Residential Family)

Guardian 1 Name: _____ Relationship: _____

Cell: _____ Email: _____ Legal Guardian: Yes No Pick-Up: Yes No

Guardian 2 Name: _____ Relationship: _____

Cell: _____ Email: _____ Legal Guardian: Yes No Pick-Up: Yes No

Family 2 (Student's Secondary Family)

Guardian 1 Name: _____ Relationship: _____

Cell: _____ Email: _____ Legal Guardian: Yes No Pick-Up: Yes No

Guardian 2 Name: _____ Relationship: _____

Cell: _____ Email: _____ Legal Guardian: Yes No Pick-Up: Yes No

Residency:

- Own Rent Other _____

Services Received:

- IEP
- 504
- Speech
- ELL/ESL
- OT
- PT
- Social Work
- Other _____

Will student be bussed from home location (if available)?

- Yes No Bus from alternate location

Home Language:

- Another language is spoken in the home: _____

Completed By: _____ **Relationship:** _____ **Date Completed:** _____

Office Use Only

Date Intake Form received _____ Received by _____

- | | | | |
|---|---|--------------------------|--|
| _____ Birth Certificate received | _____ SIS check complete | _____ Entered in Skyward | _____ Name matches BC |
| _____ Data Collection Form received | _____ Home Language Survey received | _____ HLS to ELL staff | _____ Verification of Residency complete |
| _____ Authorization for Release of Records received | _____ Records Release faxed | _____ Records received | _____ Online registration complete |
| _____ New Student Health Questionnaire | _____ ISBE Transfer Form received (IL public school only) | _____ Fees Assessed | _____ Chromebook Requested |

F/U 1 Date: _____ Via: _____ F/U 2 Date: _____ Via: _____ Admin F/U Date: _____ Via: _____

New Student Health Questionnaire

Child's Name: _____ Birth Date: _____ Grade: _____

An Individual Healthcare Plan (IHP) is necessary for students with asthma, diabetes, seizures, severe allergies, or other significant conditions. Forms are available on the district website (www.central301.net) or from the school health office.

1. Does your child have any **severe / life threatening allergies**? No Yes Explain: _____
Specify treatment needed at school: _____
2. Does your child have any **mild / moderate allergies**? No Yes **Food?** _____
Seasonal / environmental? _____
Other? _____
Specify treatment needed at school: _____
3. Does your child have **asthma**? No Yes How often? _____ Triggers: _____
Specify treatment needed at school: _____
4. Does your child have a history of **seizures**? No Yes What Type? _____ How often? _____
Actions to be taken at school: _____
5. Does your child have any **cardiac / heart history**? No Yes Explain: _____
Actions to be taken at school: _____
6. Does your child take any **medications** regularly? No Yes **Where?** at Home at School* Specify the medication, its purpose, dosage, frequency & other pertinent information: _____

* NOTE: Before any medications can be given at school, Med A or IHP forms must be completed by the parent/guardian and healthcare provider. See District website.

7. Does your child have any **vision problems**? No Yes Glasses? No Yes Contacts? No Yes
Specify problem(s) and treatment(s): _____
8. Does your child have any **hearing problems** or frequent ear infections? No Yes Which ear? Right Left Both
Specify problem(s) and treatment(s): _____
9. Does your child have any **emotional / psychological** concerns? No Yes Drug use? No Yes Self-injury? No Yes
Explain: _____
List any medications/drugs: _____
Actions to be taken at school: _____
10. Is there **anything else** about your child's medical, physical, or emotional health that you would like staff to know? _____

Authorization: I hereby authorize CCUSD 301 staff to release my child's health information / records to teachers, administration, transportation, sports coaches, and food service personnel for the purpose of treating or preparing for a medical situation for my child. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act. I also understand that if I prefer not to sign below, it will not interfere with my child's ability to obtain health care.

Name & Signature of Parent/Guardian: _____ Date: _____

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

DATA COLLECTION FORM

Student's Name: _____

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

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

AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORDS

I, _____, parent legal guardian surrogate parent primary caretaker,
 authorize _____ to release records checked
PREVIOUS DISTRICT & SCHOOL NAME AND ADDRESS
 below, regarding, _____, ____/____/____,
STUDENT BIRTHDATE
 to: _____, (____) _____
SCHOOL NAME PHONE

AGENCY, STREET ADDRESS, CITY, STATE, ZIP CODE FAX NUMBER

for the purpose of _____.

This consent is valid until ____/____/____, unless otherwise revoked by me in writing.

RECORDS TO BE RELEASED

The records released shall cover the dates of ____/____/____ to ____/____/____. (Optional)

PERMANENT RECORDS

- Student's Name, Address, DOB, Birthplace, Gender, Birth Certificate Parent's Name(s), Address(es)
- Attendance Records Accident Reports Health Records (excluding mental health)
- Academic Transcript Honors/Awards received Participation in Extracurricular Activities

TEMPORARY RECORDS

- Class Schedule Test Scores: intelligence, aptitude, achievement levels
- Disciplinary Information Family Background Information
- Special Education Records: IEP Psychological Evaluations Social Work Assessment
- ELL Access Scores Educational Evaluation & Reports Medical/Nursing Records
- ELL Screener Scores Speech, Physical or Occupational Therapy Evaluations/Reports
- Other Specialized Evaluations: psychiatric, audiological, vocational assessment
- Reports/Evaluations Received From _____

INSTITUTION/AGENCY/INDEPENDENT PRACTITIONER

Other _____.

NOTE: Release of MENTAL HEALTH records requires completion of a consent form in compliance with the Mental Health and Developmental Disabilities Act, 740 ILCS 110.

I understand that I have the right to INSPECT, COPY, and CHALLENGE the content of the school student records for which I am authorizing release. I also have the right to designate the school student records to be released or to identify specific portions of a school record to be released by this consent. Any such limitations have been noted above.



 AUTHORIZED SIGNATURE

 DATE

NOTICE TO AGENT/PERSON RECEIVING RECORDS Under the provision of the *Illinois School Student Records Act*, 105 ILCS 10/6/(d) and the *Federal Education Rights and Privacy Act*, you may not redisclose any of the information received without first obtaining specific, written, consent conforming with these Acts. Unauthorized rerelease of this information could result in your inability to receive future educational records for a period of five years.