

Dakota Community Unit School District #201
NEW STUDENT CHECK LIST



New Student Information Packet

- **PROOF of Residency**
- **Permanent Enrollment Record**
- **Student Record Release**
- **Health Form for School Nurse**
- **Home Language Survey**
- **Summary of Behavior Interventions Policy**
- **Bus Transportation Information**
- **Student Driving** (if the student drives to school or CareerTEC)

What to bring into the School Office

- Completed New Student Information
- Residency Verification Documents
- Student Certified Birth Certificate
- If applicable: Child Custody Verification (legal)

SY 2021-2022 School Registration

All new students will use **on-line registration** through Skyward Family Access

Below are registration forms to view/downloaded from our website, for your information only. The forms DO NOT NEED to be completed/submitted to the office as they are part of the ONLINE registration process.

- **Student Registration Authorization**
 - Student(s)
 - Skylert
 - Family information
 - Residency (Family 1 Residential) (Family 2 Non-Residential)
 - Emergency Contacts
 - Emergency Medical consent
 - Parent/Student Handbook
- **Media Consent**
- **BioMetric Consent** (Grade 7-12 only)
- **Electronic Network Access: Acceptable Use Policy Agreement**
- **Chromebook**
- **Bus Transportation Information**
- **Student Driving** (if the student drives to school or CareerTEC)

Questions can be directed to either office @ the phone number 1-844-632-5682 or 1-844-6-DAKOTA



Dakota Community Unit School District 201

Dakota, Illinois 61018 1.844.632.5682

PROOF OF RESIDENCY

Name of Student(s) _____

School _____

Evidence of proof of residency presented:

Category 1 (one document)

- Real Estate Tax Bill
- Mortgage Papers
- Signed Lease
- An Agreement of Sale
- Notarized affidavit from local resident attesting registrant is living with the owner at no cost (Additional form necessary)

Category II (two documents showing proper address)

- Driver's License
- Auto Registration
- Voter Registration
- Credit Cards
- Library Card
- Public Aid Card
- Gas or Electric Bill (Telephone bill not accepted)
- Home/Apartment Insurance Papers



PERMANENT ENROLLMENT RECORD

STUDENT

LEGAL NAME: _____

LAST FIRST MIDDLE GRADE ENTERING

DATE OF BIRTH PLACE OF BIRTH (city/state) MALE/FEMALE AGE

ETHNICITY (circle) NO – not Hispanic/Latino YES - Hispanic/Latino

RACE (circle) White Black or African American American Indian or Alaska Native;
 Asian Native Hawaiian or other Pacific Islander

TRANSFER FROM YEAR SCHOOL LOCATION YEARS ATTENDED

4. Does your child currently receive special education services?
5. Has your child EVER received special education services? If so when?
6. Has there been anything in the home conditions or the family situation which you think may have affected or is affecting the child?

7. Names and Birth dates of ALL children: [List in order of oldest/youngest]

8. Other members of the household and relationship:

9. Does the child have any unusual problems at home?

Pre-K Students Only: 10. Was the child's development unusual in any way? (walking/talking etc.)

 PARENT OR GUARDIAN SIGNATURE

 RELATIONSHIP TO CHILD

PERMANENT ENROLLMENT RECORD

HOUSEHOLD INFORMATION / UPDATE FOR REGISTRATION

FAMILY 1 Custodial/Residential Household

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Primary Phone – SKYLERT

This number will be used to **notify all parents by phone within minutes** of an emergency or unplanned event that causes early dismissal, school cancellation or late start. This call could come in early morning or evening or sometimes during school hours.

Residential Address _____ City _____ IL _____ Zip _____

I certify that my child or ward resides within the boundaries of Dakota C.U.S.D. #201 and meets the statutory requirement for attendance at one of the Dakota schools. I understand that I may be asked to provide proof of eligibility to attend and that fraudulent enrollment will result in my child's removal from school and in legal action to recover per diem attendance costs as well as legal expenses.

**If there is a change of address, documentation needs to be given to the school district when the move takes place.*

Student resides at this address with whom: (CIRCLE) **Mother / Father / Step-Mother / Step-Father / Guardian**

1 Parent/Guardian Name	Relationship To Child	Phone	Type: Cell/Home	Email
	Place of Employment	Phone		Work Hours
2 Parent/Guardian Name	Relationship To Child	Phone	Type: Cell/Home	Email
	Place of Employment	Phone		Work Hours

FAMILY 2 Non-Residential Household

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Primary Phone – SKYLERT

This number will be used to **notify all parents by phone within minutes** of an emergency or unplanned event that causes early dismissal, school cancellation or late start. This call could come in early morning or evening or sometimes during school hours.

Address _____ City _____ St _____ Zip _____

1 Parent/Guardian Name	Relationship To Child	Phone	Type: Cell/Home	Email
	Place of Employment	Phone		Work Hours
2 Parent/Guardian Name	Relationship To Child	Phone	Type: Cell/Home	Email
	Place of Employment	Phone		Work Hours

EMERGENCY CONTACTS – *other than* Mother/Father/Guardian

Please list at least (2) two

Name	Relationship To Child	Phone	Type: Cell/Home
Name	Relationship To Child	Phone	Type: Cell/Home
Name	Relationship To Child	Phone	Type: Cell/Home



Dakota Community Unit School District 201

Dakota, Illinois 61018 1.844.632.5682

STUDENT RECORD RELEASE FORM

Date: _____

I hereby authorize: _____

School in which the student is transferring from _____

Address _____

City _____

State Zip _____

- To Release:
1. Cumulative Records
 2. Health Records
 3. Psychological Records
 4. IEP
 5. Special Education Testing
 6. Student Transfer Form (IL)
 7. Other _____

For: _____
STUDENT FULL NAME

STUDENT DATE OF BIRTH

Forward Information to:

**Dakota High School
Attn: Student Records
300 Campus Drive
Dakota IL 61018
FAX: 815.449.2322**

OR

**Dakota Elementary School
Attn: Student Records
400 Campus Drive
Dakota IL 61018
FAX 815.449.2459**

PARENT OR GUARDIAN SIGNATURE

RELATIONSHIP



Student's Name _____ Grade _____ Birth Date _____

Address _____ City _____ Zip _____

Phone _____ Parents/Guardians _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Please CIRCLE the following and DESCRIBE symptoms as it pertains to your child

Asthma _____ Frequent Ear Infections _____

Seizures _____ Frequent Strep Throat _____

A.D.D. _____ Bladder/Bowel Problems _____

Allergies _____ Congenital Defects _____

Bee Sting Allergy _____ Heart Condition _____

Epinephrine Kit ? _____ Positive TB Test _____

Medications _____ Diabetes _____

Bleeding Disorder (frequent nose bleeds, hemophilia)

Other _____

Hospitalizations _____

Surgeries _____

Has the child ever had an illness that kept him/her out of school for a month or more? _____

If so, When? _____

Explain any other medical problems that the school should be aware of

Birth History/Family History:

Full Term Pregnancy _____ Premature _____ Weeks Gestation _____

Any Complications? _____

Alcohol use/Drug use in pregnancy? _____

Child walked at age _____ Child spoke at age _____

Any Medical problems with family members? _____

THIS INFORMATION IS CONFIDENTIAL AND WILL BE TREATED AS SUCH. THANK YOU FOR YOUR COOPERATION.

Dakota School District Nurse

EMERGENCY Medical Treatment Consent:

If I cannot be reached and if in the judgment of school authorities immediate medical attention is indicated, I authorize responsible school personnel permission for emergency medical treatment or to send my child(ren) to an available hospital.

Parent Name

Parent Signature

Date



Home Language Survey

To be completed upon enrollment in Dakota CUSD201

The completed Home Language Survey is placed in the student's temporary record as defined in 23 Ill. Admin. Code 375 (Student Records)

Directions: Please answer the following questions. Sign your name and date at the bottom.

1. Is a language other than English spoken in your home? Yes No If yes, what is the language? _____

2. Does your child speak a language other than English? Yes No If yes, what is the language? _____

3. How many years has your child been enrolled in an English speaking school? _____

4. Has your child been screened for English Language Proficiency? Yes No If yes, when and where? _____

5. Has your child been enrolled in a Bilingual Program? Yes No If yes, when and where? _____

Signature of Parent/Guardian _____

Date _____

For Office Use Only

If the answer to either question is "Yes", the child is considered to have a non-English background.

The district shall, using the prescribed screening instrument, screen the English Language Proficiency of each student identified through the home language survey as having a non-English background.

Dakota Community Unit District No. 201
Dakota, Illinois

Summary of Behavior Interventions Policy for Students with Disabilities

It is the purpose of this document to outline the policy of Dakota Community Unit District 201 relative to the use of behavior interventions with students with disabilities. The fundamental principle of this policy is that nonaversive or positive interventions designed to develop and strengthen desirable behaviors shall be used to the maximum extent possible and are preferable to the use of aversive and restrictive interventions.

The use of positive interventions is consistent with the educational goals of enhancing students' academic, social, and personal growth. While positive approaches alone may not always succeed in controlling extremely inappropriate behavior, the use of more restrictive procedures should always be considered to be temporary and approached with caution and restraint. The use of restrictive interventions should maintain respect for the individual student's dignity and personal privacy and adhere to professionally accepted treatment practices. All of the procedural protection available to students with disabilities and their parents under the Individuals with Disabilities Education Act (IDEA), including notice and consent, opportunity to participation in meetings, and right to appeal, shall be observed when implementing and/or developing behavioral interventions.

It is the intent of Dakota Community Unit District 201 that interventions used with a student with disabilities will incorporate procedures and methods consistent with generally accepted practice in the field of behavioral intervention. Interventions that are considered non-restrictive are preferred because of the low risk of negative side effects and the high priority placed on behavior change rather than behavioral control. These interventions may be used without the development of a written Behavioral Management Plan or inclusion in the student's Individual Education Program (IEP).

Restrictive interventions should only be used when a Behavioral Management Plan has been developed by the IEP team, and included in the student's IEP or emergency situations. Restrictive interventions shall be used for the minimal amount of time necessary to control the individual's behavior and shall be used in conjunction with positive interventions designed to strengthen appropriate behaviors. Corporal punishment and expulsion with loss of services are illegal interventions and shall not be used.

When confronted with an emergency situation in which immediate intervention is needed to protect students, other individuals or the physical site from harm, school personnel may use an intervention that has not been delineated in the student's Behavior Management Plan. The emergency intervention selected shall be the least intrusive to reasonably responded to the situation. When an emergency intervention has been used with a student, the parents or guardians of the student will be notified as soon as possible. In addition, details related to the use of the emergency intervention will be documented.

District 201 maintains a Behavioral Intervention Committee to implement the district policy on the use of Behavioral Interventions. In addition, this committee monitors the use of restrictive interventions with students with disabilities.

District 201 has developed and adopted "Policies and Procedures For Use of Behavioral Interventions." A full copy of the policy and procedures is available from each principal's office upon request.

Freeport, Parochial & Dakota Transportation Request Form

2021- 2022 School Year

(busing guideline information and day variant information on back of this form)

**** If student has moved, MUST provide proof of residency to Enrollment before this form can be processed****

Student's Legal Name:

School:

Grade (if pre-k indicate am or pm session):

(Last Name, First Name, Middle Initial)

Home Address:

(Address, City, State ZIP Code)

Where will the student be picked up to go TO school?

Address (if no busing needed indicate by writing N/A):

(Address, City, State ZIP Code)

Where will the student be dropped off AFTER school?
N/A:

Address (if no busing needed indicate by writing

(Address, City, State ZIP Code)

If student has a pick up and/or drop off that is not the same every day, use the back of sheet to give specific information by day.

Parent/Guardian Name:

Phone 1:

(10 digit - numbers only)

Phone 2:

email address:

(10 digit - numbers only)

Childcare Provider (only fill out if picking up or dropping off at childcare provider address):

(Last Name, First Name)

Phone: _____ (10 digit - numbers only)

Where will your student be dropped off when school is let out early (if different than every other day)?

Address:

(Address, City, State ZIP Code)

Parent/Guardian Signature

Date

General busing guidelines to keep in mind when completing Transportation Request Form:

- Changes take between 24-48 hours once Transportation Request Form is turned in with a deadline each day of 1:00. Parent/guardian will be notified of effective date once busing request has been completed. New bus pass will be given to the driver to then be given to the student. Schools are also notified of busing changes from the Transportation Department.
- For pre-k students, changes take effect on Mondays only.
- If student has moved, must provide proof of residency to Enrollment before this form can be completed.
- Pick up and drop off locations must be within the homeschool boundary with exceptions as outlined by school board policy (for example, preschool, special needs, HAPP).
- Busing can be different on different days (day variant), however, the day variant must be the same every week (for example, same pick up and/or drop off every Monday, Wednesday and Friday). For the safety of students, one-day changes of these variants is not allowed.
- No one-day changes are allowed for the safety of the student; the same is true for all students including special needs, preschool, etc.

DAY VARIANT REQUESTS (same busing guidelines as above):

Monday:

Where will the child be picked up to go TO school?

Address (if no busing needed indicate by writing N/A):

(Address, City, State ZIP Code)

Where will the child be dropped off *AFTER* school?

Address (if no busing needed indicate by writing N/A):

(Address, City, State ZIP Code)

Tuesday:

Where will the child be picked up to go TO school?

Address (if no busing needed indicate by writing N/A):

(Address, City, State ZIP Code)

Where will the child be dropped off *AFTER* school?

Address (if no busing needed indicate by writing N/A):

(Address, City, State ZIP Code)

Wednesday:

Where will the child be picked up to go TO school?

Address (if no busing needed indicate by writing N/A):

(Address, City, State ZIP Code)

Where will the child be dropped off *AFTER* school?

Address (if no busing needed indicate by writing N/A):

(Address, City, State ZIP Code)

Thursday:

Where will the child be picked up to go TO school?

Address (if no busing needed indicate by writing N/A):

(Address, City, State ZIP Code)

Where will the child be dropped off *AFTER* school?

Address (if no busing needed indicate by writing N/A):

(Address, City, State ZIP Code)

Friday:

Where will the child be picked up to go TO school?

Address (if no busing needed indicate by writing N/A):

(Address, City, State ZIP Code)

Where will the child be dropped off *AFTER* school?

Address (if no busing needed indicate by writing N/A):

(Address, City, State ZIP Code)

Student Driving Form

Date/School Year: _____

Student Name/Grade _____

Student Name/Grade _____

This form is required to be on file in the Dakota High School office for all student drivers

- Check mark this box if you are reporting a change or update.* You are responsible for reporting any changes during the school year, including adding or removing a vehicle.

List all vehicles for which you may at one time or another drive to school.

License Plate	Make of Vehicle	Color
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Student or Parent _____ Date _____

Career Tec Permission to Drive/Transport/Ride

Signing this does not mean you HAVE to drive. The School Bus to CareerTEC is always available. This gives the student permission to drive/ride when needed

Name _____ permission to:

- Drive to CareerTEC no passengers. Permission to drive to Career Tec on a permanent basis is being requested.
- To Drive and Transport: _____ Permission to transport another student(s) to Career Tec on a permanent basis is being requested. Both students and parents must sign their permit before being approved.
- Ride with: _____ Permission to ride to CareerTEC with another student on a permanent basis is being requested. Both students and parents must sign their permit before being approved.

Approval to drive or ride with another student is granted only when both forms from each student are on file.

I understand that being tardy or absent will be handled exactly the same as being tardy or absent from classes at Dakota. In other words, if there are car problems, etc., the consequences will be followed as listed in the discipline handbook. Any change in arrangements, must be cleared through the office prior to boarding the bus.

(Student Signature) _____ (Parent Signature)

CareerTEC LATE ARRIVAL: Permission for late arrival to school when CareerTEC classes are not scheduled, or on days that CareerTEC classes are cancelled.

(Parent signature) _____ (Date)