

2018-2019 KINDERGARTEN AND NEW STUDENT REGISTRATION CHECKLIST



What: Register Your Child for the 2018-2019 School Year

Who: All Kindergartners and New or Transferring-In Students

In order for the District to plan for adequate staffing for Kindergarten classes, your urgent attention to completing all steps as soon as possible is requested.

Go to the District Website www.d70schools.org and select the “**NewStudents2018-2019**” link from the Home menu.

1

Complete the online Pre-Registration form. If you do not have internet access, please make an appointment to come to the District Office for assistance: 847-362-9695.

2

Complete the attached required forms:

- Residency Requirements AND **provide 3 proofs of residency**
- Family Background Form
 - Kindergarten: Sections A & C
 - Grades 1-8: Sections B & C
- Consent for Exchange of Information – Grades 1-8 ONLY

3

A Birth Certificate, **with an official seal**, must be brought to the registrar. A hospital certificate is not sufficient. (We will make a copy and return the original.)

4

Call the District Office at 847-362-9695 **to make an appointment** to meet with the registrar to go over forms, verify residency, copy the birth certificate, and answer any questions you may have.

5

After steps 1, 2, 3 and 4 are complete, you will receive an email with a link to the PowerSchool Registration site (formerly known as Infosnap) with your personal “code” to complete the online registration process. Registration is not complete until Steps 1-5 are done.

6

Attend Kindergarten Orientation

2018-2019 Kindergarten Students and Parents: Plan to attend Kindergarten Orientation on April 17, 2018 from 6-7 PM at your child’s school. You will have the opportunity to meet one of the Kindergarten teachers, as well as other staff members, and you will learn more about the Kindergarten program.



LIBERTYVILLE SCHOOL DISTRICT 70

Libertyville IL 60048 www.d70schools.org

Adler Park School • Butterfield School • Copeland Manor School • Highland Middle School • Rockland School

RESIDENCY REQUIREMENTS

Prior to enrollment, at a change of attendance center, or when moving to a different residence within the district, each student must present evidence that he/she may attend school in District 70 on a tuition-free basis. At the time of registration, all new and/or transferring students must complete a Certificate of Residence form below. In addition, the following items must be presented as evidence of residence.

Category I (one document showing proper name and address)

- Most recent real estate tax bill
- Mortgage statement
- Blue assessment card from Lake County Assessor’s Office
- Closing statement for purchase of residence
- Current signed lease plus proof of last two (2) rent payments (cancelled checks or landlord’s receipts); landlord’s name, address and phone number must be on the lease

AND

Category II (two documents showing proper name and address)

- Gas, electric or water bill in the last 60 days (limit 1 utility bill)
- Telephone bill in the last 60 days (landline only / no cell phones)
- Car insurance or car registration
- Voter registration card
- Public Aid card
- Driver’s License

CERTIFICATE OF RESIDENCE

NAME OF STUDENT: _____ AGE: _____

Address: _____ Primary phone: _____

Parent #1 living at above address: _____

Relationship to Student: _____

Parent #2 living at above address: _____

Relationship to Student: _____

- CONTINUED -

Please answer the following questions:

1. Are the student's parents divorced or separated? Yes No (If no, proceed to #2)

a. Who has legal custody of the student?

Mother Father Joint Other _____

b. If custody is jointly held, who claims the student as a dependent on federal income tax return?

Please provide copy of custody papers.

Mother Father

c. With which parent does the student reside? _____

2. Does the student reside with a person other than his or her parents?

Yes No (If no, proceed to #3)

If yes, answer the following questions:

What is the name of the adult with whom the student now resides?

a. Address: _____

b. Is this person a relative of the student? Yes No

c. If yes, what relation is he/she to the student? _____

d. Is the person with whom the student resides the legal guardian of the student?

Yes No

3. Does an Illinois public agency have legal guardianship of the student?

Yes No

I certify that I am the parent or legal guardian of the above-named student and that this child's residence has been established solely for the purpose of attending District 70 schools. I further certify that the information contained herein is correct to the best of my knowledge.

Parent or Guardian Signature

Date

NOTE: Pursuant to Illinois Code 720, 5/17-6, it is contrary to the policy of the Board of Education 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 may result in your child being excluded from school and may expose you to monetary liability under Illinois law for payment of tuition for such time as your child was illegally enrolled in District 70. Additionally, falsification of this information could subject you to prosecution under the State Benefits Fraud Act.

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FAMILY BACKGROUND FORM

Child's Name: _____
Last First Middle

Parent: Please complete the appropriate sections regarding background information for your child.

A. Early Childhood Experiences
Kindergarten Students (incoming) - Complete Section A and C

My child has attended (check all that apply and tell what ages your child was while attending):

- Day care at ages _____
- Preschool at ages _____ (could be private schools, head start, etc.)
- Special Education classroom at ages _____ (ages 3-5, provided by District)

Early Intervention Services

My child has received the following service/s between birth and age 5:
(Check Yes or No to indicate if you continue to be concerned with this area)

- Speech/Language services at ages _____ Concern? Yes No
- Occupational therapy at ages _____ Concern? Yes No
- Physical therapy at ages _____ Concern? Yes No
- Developmental therapy at ages _____ Concern? Yes No
- Other (please explain) _____

Have you provided District 70 with previous evaluations and service plans reflective of these services?

- Yes No

B. Transferring Students
Incoming Grades 1-8 students (from another district) – Complete Sections B and C

My child has received the following services since entering kindergarten:(check all that apply)

- Remedial services in reading in grade/s _____
- Remedial services in math in grade/s _____
- Title I services in grade/s _____
- Gifted Education in grade/s _____
- Social Work/Guidance/Counseling in grade/s _____
- ELL/Bilingual in grade/s _____

Has your child received services on a Section 504 Plan? Yes No
If yes, state qualifying condition(s): _____

Has your child been evaluated for possible Special Ed. Services? Yes No

Did your child receive special education services through an IEP? Yes No
If yes, for what areas (please check all that apply):

- Classroom support under category of _____
- Speech/Language Therapy Occupational Therapy Physical Therapy
- Other (please state) _____

Has your child been dismissed from Special Education? Yes No

Please also complete sections on page 2

B. Transferring Students - Continued

Previous school/education information:

Previous School Attended: _____

School Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Grade Level: _____ Last date of attendance: _____

Siblings attending other schools:

Name: _____ School: _____ Grade Level: _____

Name: _____ School: _____ Grade Level: _____

Name: _____ School: _____ Grade Level: _____

C. Additional Information (Incoming Grades K-8)

Has there been a death, divorce, serious illness, or traumatic experience that you feel has had an effect on your child? If yes, please explain.

a. Did you notice a change in your child’s academic performance after this event?

b. Did you notice a change in your child’s behavior after this event?

c. Did you notice a change in your child’s social-emotional functioning (friendships, mood changes, anger, etc.) after this event?

What are your child’s strengths?

What are your child’s weaknesses or areas of difficulty?

If you have additional information about your child that you feel the school should be aware of, please indicate below:

Signature of person completing this form: _____

Relationship to the child: _____ **Date:** _____



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Consent For Exchange of Information (Only for new transfer students enrolling in grades 1-8)

Child's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian: _____ Date: _____

For the purpose of appropriate educational planning, I hereby authorize my child's educational team at Libertyville School District 70 to release/obtain the following information to/from:

School/Agency/Provider Name: _____

Street Address: _____

City / State / Zip: _____

Contact Name: _____ Phone: _____ Fax: _____

Specific Information to be Disclosed:

- Academic Records (may include attendance, report cards, standardized test results)
- Special Services Records (may include MDC reports, IEPs, PT/OT reports, Audiological/Vision Reports, School Psychologist reports, Social History, Enrichment, 504 Plans)
- Health and Medical Records (including hearing and vision screenings, physical exam reports)
- Psychological or Psychiatric Treatment Reports
- I further allow Libertyville School District 70 to discuss with the agent, physician, or school (above), issues relating to the appropriate educational planning for my child.
- Other: _____

This authorization remains valid for one year, from _____ until _____ and is specifically limited to the information listed above. It is released only to that facility named and shall not be further disclosed or utilized for any purpose not specified herein. I understand that I have the right to revoke this authorization at any time by submitting such request in writing, that I have the right to inspect and copy the information disclosed, or to challenge the contents of the record. I further understand that my refusal to consent to the release of information specified above will prevent disclosure of this information to the facility named above. Information from these records may become part of the student's temporary file.

Please send information to:

Adler Park School
1740 N. Milwaukee Avenue
Libertyville IL 60048
847-362-7275 (phone) 847-362-8158 (fax)

Highland Middle School
310 W. Rockland Road
Libertyville IL 60048
847-362-9020 (phone) 847-362-0870 (fax)

Butterfield School
1441 W. Lake Street
Libertyville IL 60048
847-362-3120 (phone) 847-816-5613 (fax)

Rockland School
160 W. Rockland Road
Libertyville IL 60048
847-362-3134 (phone) 847-247-8618 (fax)

Copeland Manor School
801 S. Seventh Avenue
Libertyville IL 60048
847-362-0240 (phone) 847-247-8617 (fax)

I understand and agree to the conditions and information above.

Parent Signature: _____

Date: _____

Student Signature (if over 12) _____

Date: _____

Adult Witness Signature: _____

Date: _____