



# New Student Registration Checklist 2017-2018 School Year

To register your child for the 17-18 school year, please complete the following steps:

1. Go to the District Website [www.d70schools.org](http://www.d70schools.org) and select the “Student Registration” link from the Home menu. Click the link to 17-18 New Students.
2. Complete the **online Pre-Registration form**. It is linked at the top of the registration web page. \*If you do not have Internet access, please make an appointment to come to the District Office for assistance.
3. Complete the following forms (you may download these from the registration page.)
  - a. Residency Requirements, **and provide 3 proofs of residency**
  - b. Family Background Form (KDG: Sections A and C Gr. 1-8: Sections A and B)
  - c. Grades 1-8 only complete **Consent for Exchange of Information** form.
  - d. **EVERYONE:** bring an **original** birth certificate (**with an official seal**) to the District Office. (**We will make a copy and return your original to you.**) A hospital certificate does not meet state requirements.
  - e. **MAKE AN APPOINTMENT with the Registrar (847-362-9695) to drop off your paperwork and review your packet to ensure it's complete.**
4. After submitting information noted above to the district office, you will receive a “snapcode” from Infosnap, the District’s online registration system.
5. Upon receipt of your “snapcode,” login to the Infosnap registration system and follow the directions to complete the **full online registration form** for your child. \* If you do not have Internet access, please make an appointment to come to the District Office for assistance.
6. The textbook rental/technology fee for Kindergarten – 5<sup>th</sup> grade is \$95.00 and for grades 6-8 the fee is \$110.00. Pay with a credit card at the time you complete the online registration with Infosnap or payment may be made at the District Office by cash or check (payable to District 70) after completion of the online process. To apply for a waiver of fees, select that option on the payment page of Infosnap, then **complete the paperwork for the waiver**. Federal Eligibility Guidelines can be found in the packet and on the New Student Registration website. Applications for waivers may be picked up at the District Office and must be **returned to the District Office when complete, along with applicable financial information required to verify eligibility**.
7. Medical forms and other information will be provided to incoming Kindergarteners at Orientation in April. The medical forms are also available for download on the registration website for students entering Grades PreK-8. These documents should be completed and returned to the child’s school prior to the first day of school.
8. **Your child is not officially registered until the Infosnap online registration process is complete and fees have been paid (or the fee waiver has been approved.)**

# LIBERTYVILLE SCHOOL DISTRICT 70

LIBERTYVILLE, IL 60048

847-362-9695

• Adler Park School • Butterfield School • Copeland Manor School • Rockland School • Highland Middle 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 the 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 (land line 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: \_\_\_\_\_

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 \_\_\_\_\_

OVER

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 not 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 School 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.**

**LIBERTYVILLE SCHOOL DISTRICT 70**

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

www.d70schools.org

**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)

- |   |          |                              |                             |
|---|----------|------------------------------|-----------------------------|
| <input type="checkbox"/> Speech/Language services at ages _____ | Concern? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Occupational therapy at ages _____     | Concern? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Physical therapy at ages _____         | Concern? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Developmental therapy at ages _____    | Concern? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other (please explain) _____           |          |                              |                             |

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

- Yes     No

**B. Transferring Students**

**Transfer 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 reverse**

**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**

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:** \_\_\_\_\_

**Libertyville Public School District 70, Libertyville, IL 60048**  
**CONSENT FOR EXCHANGE OF INFORMATION**

**Child's Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For the purpose of appropriate educational planning, I hereby authorize my child's educational team at Libertyville Public 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:**

- |  |  |
|--|--|
| <input type="checkbox"/> Adler Park School<br>1740 N. Milwaukee Avenue<br>Libertyville, IL 60048<br>847-362-7275 (phone) 847-362-8158 (fax)  | <input type="checkbox"/> Highland Middle School<br>310 W. Rockland Road<br>Libertyville, IL 60048<br>847-362-9020 (phone) 847-362-0870 (fax) |
| <input type="checkbox"/> Butterfield School<br>1441 W. Lake Street<br>Libertyville, IL 60048<br>847-362-3120 (phone) 847-816-5613 (fax)      | <input type="checkbox"/> Rockland School<br>160 W. Rockland Road<br>Libertyville, IL 60048<br>847-362-3134 (phone) 847-247-8618 (fax)        |
| <input type="checkbox"/> Copeland Manor School<br>801 S. Seventh Avenue<br>Libertyville, IL 60048<br>847-362-0240 (phone) 847-247-8617 (fax) |  |

I understand and agree to the conditions and information above.

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Student (if over 12) Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Adult Witness Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_