

Cypress Elementary School Student Registration Form 2015- 2016

Student Data

Date: _____

First Name:	Middle Name:	Last Name:
Mailing Address:	Physical Address:	SSN:
Grade Level:	Birth Date:	Birth Place:
Primary Home Language:		
Allergies/Health Information: <i>Please list allergic reactions and/or any other health problems your child might experience.</i>		
Email Address: (Access Online Student Data)		

Contact Information

Father's Name:	Place of Employment:		
Address:	Home Phone:	Cell Phone:	Work Phone:
Mother's Name:	Place of Employment:		
Address:	Home Phone:	Cell Phone:	Work Phone:

Other Emergency Contacts: *Please provide at least two other emergency contacts.*

Name:	Relation:	Home Phone:	Cell Phone:
Name:	Relation:	Home Phone:	Cell Phone:
Name:	Relation:	Home Phone:	Cell Phone:
Name:	Relation:	Home Phone:	Cell Phone:
Name:	Relation:	Home Phone:	Cell Phone:

If there are individuals your child CANNOT be released to, please list names:

I hereby certify that the residency information on this registration form is correct. I understand that supplying false information may result in prosecution.

Signature: _____ Date: _____

*A person who knowingly or willfully provides false information to a school district regarding the residency of a pupil to attend any school district without the payment of a nonresident tuition charge commits a class c misdemeanor. Reported to the office of the Johnson County State's Attorney, this type of violation will be prosecuted. 105ILSC5/20.12b

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Student's Name _____

CGS Website: In an effort to keep students of CGS safe, we will only identify them by their first name if a photo/work of your child is included on the website. The only time first and last name will be used will be without a photo of the student. An example would be listing students for honor roll. *I allow CGS to use my child's information on the school website.*

Parent Signature: _____

Date: _____

Use of Name and Photograph: *Please mark one.*

_____ I give permission for my child's name/photograph to be printed and broadcast in the school yearbook/newspaper/television/radio.

_____ I give permission for my child's name/photograph to be printed in the **school yearbook only**.

_____ At this time, I **do not** want my child's name/photograph to be printed and broadcast in the school yearbook/newspaper/television/radio.

Parent Signature: _____

Date: _____

Field Trip Permission: I hereby give my permission to allow my child to participate in school-sponsored field trips.

Parent Signature: _____

Date: _____

Home Language Survey

Is a language other than English spoken in your home?

Does your child speak a language other than English?

If so, what language?

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent Signature: _____

Date: _____

One Call Now: The One Call Now system is used for informational updates, announcements, and to keep you up to date in emergency situations. Please provide up to six numbers that you would like the system to call.

Name:	Relationship to Child	Phone Number:	Is this a cell?
1.			Yes/No
2.			Yes/ No
3.			Yes/No
4.			Yes/No
5.			Yes/No
6.			Yes/No

SCHOOL MEDICATION AUTHORIZATION FORM

Student's Name _____

Birthdate _____

Address _____

Phone _____ Grade: _____

TO BE COMPLETED BY STUDENT'S PHYSICIAN OR PARENT:

Physician's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Name of medication _____

Purpose: _____ Dosage: _____ Frequency _____

Prescription Date: _____ Discontinuation Date: _____

Time medication is to be administered or under what circumstance:

Diagnosis requiring medication: _____

MUST THIS MEDICINE BE ADMINISTERED DURING THE SCHOOL DAY IN ORDER TO ALLOW THE CHILD TO ATTEND SCHOOL OR TO ADDRESS THE STUDENTS MEDICATION CONDITION?

Yes No

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Physician's Signature

Date

Asthma Inhalers - *Parent(s)/Guardians(s) please attach prescription label here:*

For only parents/guardians of students who need to carry asthma medication or an epinephrine auto-injector:

I authorize Cypress Elementary School and its employees and agents, to allow my child to carry and self-administer his or her asthma inhaler and/or use his or her epinephrine auto injector: (1) while in school, (2) while at a school sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parents(s)/guardians(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30). If you agree please initial: _____

Parent/Guardian Signature

Date

For all parents/guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Cypress Elementary School and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer pursuant to State Law, while under the supervision of the employees and its agents of Cypress Elementary School), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

ALLERGY ALERTS

We currently have students in our school who have severe food allergies to PEANUTS as well as students who are allergic to LATEX.

Exposure to these allergens could cause a life-threatening reaction. It is our goal to ensure that every student in our school is safe. Because these students cannot be in contact with foods containing this allergen, we are asking that you do not send foods containing peanuts to school. We also ask that you do not bring any latex items.

- ✓ Items containing peanuts or that have been processed in a facility with peanuts will not be served in school lunches.
- ✓ Students are asked not to bring items containing peanuts in their sack lunches.
- ✓ Items containing peanuts or that have been processed in a facility with peanuts will not be allowed for snacks or school parties. Please read labels.
- ✓ Balloons must be latex free.

Thank you for your consideration and help in this matter. Please call if you have any questions or concerns.

Sincerely,

Kimberly Shoemaker
Superintendent

I have read the allergy information contained above and agree to follow the “peanut free” guidelines to help ensure the safety of all of our students.

Parent/Guardian Signature

Date