

# Cypress Elementary School Student Registration Form 2018-2019

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**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: <u><i>Please list any medical diagnosis or medication that your child takes.</i></u>		
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:
Is a parent or guardian a member of a branch of the armed forces of the US who is or expects to be deployed to active duty during the school year?			

**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:
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I hereby certify that the residency information on this registration form is correct. I understand that supplying false information may result in prosecution. (105 ILSC 5/20.12b)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\*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

**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/social media.

\_\_\_\_\_ 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, TREE NUTS 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

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

Name of student(s): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Cypress Elementary School  
Internet Contract  
Acceptable On-Line Behavior

Name: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_

Use of the Internet provides great educational benefits to students. Unfortunately, however, some material accessible via the internet may contain items that are illegal, defamatory, or potentially offensive to some people. Access to the internet is given as a privilege to students who agree to act in a considerate and responsible manner. We require that students and parents or guardians read, accept, and sign the following rules for acceptable on-line behavior.

1. Students are responsible for good behavior on the Internet just as they are in school. General school rules for behavior and communications apply.
2. Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files will be private.
3. The following are not permitted:
  - a. Sending or displaying offensive messages or pictures
  - b. Using obscene language
  - c. Harassing, insulting, or attacking others
  - d. Damaging computers, computer systems, or computer networks
  - e. Violating copyright laws
  - f. Using another's password
  - g. Trespassing in/deleting another's folders or work files**
  - h. Intentionally wasting limited resources, including through the use of "chain letters" and messages broadcasted to mailing lists or individuals
  - i. Employing the network for commercial purposes
  - j. Revealing the personal address or phone number of yourself or any other person without permission from your instructor
  - k. Due to the risk of predators, internet chatting will not be allowed
4. Follow all computer classroom rules posted on the computer room wall, and procedures given by the classroom instructor for instructional purposes.
5. Violations may result in a loss of access as well as other disciplinary or legal action.

I have read the rules for acceptable on-line behavior, understand the rules, and agree to comply with the above stated rules. Should I violate these rules, I understand that I may lose network privileges at my school.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

As the parent, or legal guardian, of the minor student signing above, I grant permission for the above student to access the networked computer services such as electronic mail and the Internet. I understand that some materials on the Internet may be objectionable, but I accept responsibility for providing guidance to the above student on Internet use both inside and outside of the school setting, and for conveying standards for the above student to follow when selecting, sharing, or exploring information and media.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student Handbook**

I have read, reviewed with my child, and understand the contents of the 2018-2019 Student/Parent Handbook.

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Student Signature	Date
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Parent/Guardian Signature	Date
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