



DUE MAY 24, 2019

Dear District #66 Parents:

This is your registration packet for the 2019-2020 school year. **ALL REGISTRATION PACKETS FOR NEXT SCHOOL YEAR MUST BE RETURNED TO THE OFFICE NO LATER THAN MAY 24, 2019. Even if you plan on coming to registration in August please return this paperwork by May 24, 2019.** This will give us time to see what class sizes look like; get class lists together and to get children and schedules organized. We also need to get all of the information updated in our system over the summer. You may send your payment with registration now, or you can remit payment by mail or online at any time during the summer. We need to receive your payment on or before August 6, 2019 to avoid a late fee of \$25.00 per child. If you choose to mail your payment you can mail it to:

Newark Grade School
503 Chicago Rd.
Newark, IL 60541
Attn: Registration

The first day of school for Grades K thru 8 is Thursday, August 15, 2019. This will be an early dismissal day.

Dismissal times on Aug. 16th will be NGS – 1:30p.m.; MJH – 1:15p.m.

Regular school hours are as follows:

NEWARK GRADE SCHOOL (K-4)	8:10A.M. - 3:10P.M.
MILLBROOK JR. HIGH (5-8)	8:05A.M. - 2:50P.M.

SHUTTLE BUS FOR MILLBROOK LEAVES NEWARK GRADE SCHOOL AT 7:52 A.M. PROMPTLY!!

*****Reminder*** The following must be in by the 1st day of school**

Second grade students: Proof of a recent dental exam

Sixth grade students: 1. Proof of a recent physical exam

2. Proof of a recent dental exam

3. The following additional immunizations:

- first meningococcal vaccine after 11th birthday
- 2nd dose of varicella (chicken pox)--if not given earlier
- 3 doses of Hepatitis B vaccine
- Tdap (tetanus, diphtheria, acellular pertussis)

Seventh and Eighth grade students: The following additional immunizations:

- Tdap, if not given earlier
- 2nd varicella if not given earlier
- Meningococcal vaccine, if not given earlier

If you have any questions please call Newark Grade School Office 815-695-5143.

NEWARK GRADE SCHOOL/MILLBROOK JR. HIGH 2019-2020

***Please be sure to notify the school office of any changes to this information during the school year.**

1. _____
2. _____
3. _____
4. _____

Last Name	First	Middle	M/F	D.O.B.	Grade	Allergies/Medications
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MAILING ADDRESS _____
P.O. Box _____ Number & Street _____ County _____
HOME PHONE _____
(Town) _____ (Zip) _____

With whom does the student(s) live at the above address: Child resides with:
 Father & Mother Father Only Mother Only Father & Stepmother
 Mother & Stepfather Legal Guardian(s) Other

A. MOTHER'S NAME _____
(Address if different) _____
EMPLOYED BY _____
WORK PHONE () _____ HOURS _____ CELL PHONE () _____

B. FATHER'S NAME _____
(Address if different) _____
EMPLOYED BY _____
WORK PHONE () _____ HOURS _____ CELL PHONE () _____

C. NAME OF STEP-PARENT OR GUARDIAN IF LIVING WITH STUDENT: _____
EMPLOYED BY _____ HOURS _____ CELL PHONE () _____

IN CASE OF EMERGENCY, PLEASE LIST PEOPLE TO BE CONTACTED:

1 st	A B C	2 nd	A B C
3 rd	_____	_____	_____
	Name	Home and/or Cell Number	Relationship
4 th	_____	_____	_____
	Name	Home and/or Cell Number	Relationship

PHYSICIAN _____
Name _____ Phone Number _____

HOSPITAL _____

E-Mail Address _____ (Will not be used in student directory)

Ethnicity: (please circle) White Hispanic/Latino Black American Indian/Alaskan Native Asian
Hawaiian/Pacific Islander Two or more races

Primary Language spoken in the home English Spanish Other _____

Does the child speak any other language other than English? YES NO

If yes what other languages are spoken? _____

Are any other languages other than English spoken in the home? YES NO

If yes what other languages are spoken in the home? _____

Parent/Guardian is a member of a branch of the armed forces of the United States and who is either deployed to active duty or expects to be deployed to active duty during the school year. YES NO

1. I give permission to school personnel to make whatever emergency (i.e. first aid, disaster, evacuation) measures as judged necessary for the care and protection of my child under the supervision of the school.

In case of medical emergency, I understand that my child will be transported to a hospital by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of the parents.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

2. I give permission for my child to participate in all field trips during the 2019-2020 school year. I also give permission for my child to ride the shuttle bus between Newark Grade School and Millbrook Jr. High for any school related activities that take place during the 2019-2020 school year. I understand that I will be given information relating to each field trip/activity before it takes place.

I also understand that by consenting to allow my child to go on a field trip or ride the shuttle bus between Newark and Millbrook, I waive the right to bring suit for damages against any employee of the Newark Grade School District #66 for any injuries said pupil may incur during a conducted field trip or bus shuttle.

3. I give permission for Newark Grade School/Millbrook Jr. High School to take my child's picture. I understand that the picture(s) may be used for publicity purposes (i.e. newspaper, slide presentation, etc.)

4. A student directory including student name, parents/guardians names, grade, address and phone number will be printed.

YES, include my child/children in the directory

NO, DO NOT include my child/children in the directory

My signature authorizes 1, 2, 3, and 4 above.

Date _____ Parent/Guardian Signature _____

PRESCHOOL CHILDREN:

PLEASE LIST NAMES AND BIRTHDATES OF ANY PRESCHOOLERS AT HOME:

NAME _____ BIRTHDATE _____

NAME _____ BIRTHDATE _____

Newark Grade School District 66
Registration Fees 2019-2020

FAMILY NAME _____

<u>CURRICULUM / BOOK RENTAL FEES 2019-2020</u>	<u>AMOUNT</u>
Grades K-4	105.00
Grades 5-8	130.00
K-8 Technology Fee	25.00

(Student's Name)

Kindergarten for _____	_____
1 st Grade for _____	_____
2 nd Grade for _____	_____
3 rd Grade for _____	_____
4 th Grade for _____	_____
5 th Grade for _____	_____
6 th Grade for _____	_____
7 th Grade for _____	_____
8 th Grade for _____	_____

Late Fee: If paid after final registration date August 6, 2019 - \$25.00 per student

STUDENT PLANNER - \$5.00 for Grades 4-8 _____

SCHOLASTIC BOWL - \$25 for Grades 6-8 _____

SPORTS FEES (\$50.00 each)

Soccer for _____
(5-8 Grade) _____

Volleyball _____
(5-8 Grade Girls) _____

Boys Basketball for _____
(5-8 Boys) _____

Girls Basketball for _____
(5-8 Grade Girls) _____

Cheerleading for _____
(5-8 Grade) _____

Track for _____
(5-8 Grade) _____

A SPORTS FEE OF \$50.00 FOR SOCCER, VOLLEYBALL, BASKETBALL, CHEERLEADING AND/OR TRACK MUST BE PAID BY ALL ATHLETES PRIOR TO THE FIRST PRACTICE.

PE – ROLLER SKATING - \$10.00 (K-4) _____

MUSIC (\$15.00) Recorder Fee

Mandatory for 4th Grade Only

Recorder Fee for _____

P.E. Uniform (\$15.00) 5-8 (if needed, can use same one as last year) _____

Shirt Size Youth Small Youth Medium Youth Large
 _____ _____ _____ _____

 Adult Small Adult Medium Adult Large Adult XL
 _____ _____ _____ _____

Short Size Youth Small Youth Medium Youth Large
 _____ _____ _____ _____

 Adult Small Adult Medium Adult Large Adult XL
 _____ _____ _____ _____

MILK \$.35 each

1 Day=\$.35 5 Day = \$1.75 10 Day= \$3.50 20 Day= \$7.00

<u>NAME</u>	<u>GRADE</u>					<u>AMOUNT</u>
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____

LUNCH

	<u>1 Day</u>	<u>5 Days</u>	<u>10 Days</u>	<u>20 Days</u>
Grades K-8	\$3.00	15.00	30.00	60.00
High School	\$3.50	17.50	35.00	70.00
Adult	\$3.50	17.50	35.00	70.00
Entrée	\$1.00 extra per day for High School			

<u>NAME</u>	<u>GRADE</u>					
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____
_____	_____	1	5	10	20	_____

TOTAL _____

PLEASE MAKE ALL CHECKS PAYABLE TO: **NEWARK GRADE SCHOOL**
 PAY ONLINE AT: ngsd66.org and look for the EPay logo on the right side of home page

MANDATORY FORMS ATTACHED

Newark Grade School District #66 / Newark Community High School District #18

SCHOOL BUS ACCIDENT

Release of Minors Involved in School Bus Incidents

POLICY

STATEMENT: Incidents involving school buses pose unique challenges to the EMS provider in assuming proper release of uninjured children. Once Medical Control confirms that the minor children are not injured, the custody and responsibility for these uninjured children will remain with the responding EMS provider until the children are transferred to parents, legal guardians, school officials or the hospital. If no procedure exists to have children transferred to a parent, legal guardian or school official, then these children will need to be transported to the hospital.

PURPOSE: To reduce the number of uninjured children transported to the hospital and to reduce the EMS time and resources used at the scene of school bus accidents.

PROCEDURE:

- A. On arrival at the scene, EMS personnel shall determine the category of the incident and request appropriate resources. EMS must also accomplish a complete assessment of the scene to include at least: mechanism of injury, number of patients, damage to the vehicle, triage as outlined in the System Plan. Once this has been accomplished, then the patients may be assigned to one of the following categories:
 1. **CATEGORY A:** Mechanism of injury, school bus occupancy indicates that at least one child may reasonably be expected to have significant injuries: (IE: roll-over, high speed impact, intrusion into the bus etc.) or significant injury is present in one or more children. All children in this incident category must be transferred to an appropriate hospital unless a System refusal form is signed by a parent or legal guardian.
 2. **CATEGORY B:** Mechanism of injury, school bus occupancy indicates that at least one child may reasonably be expected to have minor injuries: (IE: speed of impact, intrusion into bus, etc.) or minor injury in one or more children exists with no obvious mechanism of injury that could reasonably be expected to cause significant injuries. EMS personnel must complete an EMS multiple casualty form and secure a signature of an appropriate school official.
 3. **CATEGORY C:** Mechanism of injury, school bus occupancy indicates no injuries may be present and that the release of uninjured children may be the only EMS need. No injuries are present in any children and no obvious mechanism of injury exists (use approved System Multiple Patient Release School Bus Incident form).
 4. **CATEGORY D:** If the pediatric patient(s) have special healthcare needs and/or communications difficulties, then all of these patients must be transported to the hospital for evaluation and disposition unless approval for release is received from Medical Control or parent/legal guardian has signed the approval refusal form.
- B. After determining the category of the incident, EMS personnel shall determine the extent of EMS involvement and contact Medical Control. Medical Control shall approve the implementation of this policy.

MANDATORY FORMS ATTACHED

- C. Adults, victims 18 years old and older, and occupants of other vehicles will be treated or released in accordance with routine system operating procedures.
- D. If Medical Control has approved usage of this policy/plan, then each provider will implement their procedure for contacting parents, legal guardians or appropriate school officials to receive custody of uninjured children.

The approval system Multiple Casualty form for School Bus Incidents must be utilized for all children who will not be transported.

Each child transported must have a completed run report.

One run report indicating the nature of the incident (etc.) shall be completed and must include all information regarding the incident including the number of patients released. Keep a copy of this report with the release form or with refusal forms signed by the parents.

Parents/legal guardian(s) or appropriate school official must be given a copy of the Patient Education sheet for refusal release of care.

Any parent or legal guardian who arrives on scene to remove and assume responsibility for their child will be requested to sign an individual refusal form.

- E. EMS providers shall use reasonable means to contact the parents and school officials. This could include use of telephone, cellular phone or direct contact by police. If contacted by phone, EMS providers shall take reasonable means to confirm the identity and authority of the parent or school official.
- F. Once the identity and authority of the parent or school official has been established, the EMS provider may release the child to the parent, guardian, school official or alternate transport source. School officials will follow their established program for informing parents and/or legal guardians in regard to incidents.
- G. *The health and safety of the child is the primary concern. It is the responsibility of the EMS provider to assure the child is returned to the parent or placed on the schools alternate transport vehicle. If the EMS provider on the scene determines a child should receive a physician evaluation or offered medical care, the child WILL BE TRANSPORTED to the hospital unless the parents are on scene and consent to refusal.*
- H. Each Pre-hospital provider agency in the System who may likely respond to a school bus accident, must contact the school superintendent in their district to obtain the name and title of the "appropriate school official" who may take responsibility for the children on the bus involved in the accident.
- I. Utilization review (CQI) will be conducted by the EMS System of the agency(s) involved for each implementation of this procedure.

MANDATORY – PLEASE RETURN

FAMILY BUS INFORMATION (K-12)

Newark H.S., Millbrook Jr. High, Lisbon Grade, Newark Grade School

2019/2020 School Year

(check all that apply)

Student Name: _____ Grade _____ Walker _____ Reg. Bus _____
Bus to H.S. 1st hour - 8th gr. _____ Shuttle to and from NGS to MJH _____

Student Name: _____ Grade _____ Walker _____ Reg. Bus _____
Bus to H.S. 1st hour - 8th gr. _____ Shuttle to and from NGS to MJH _____

Student Name: _____ Grade _____ Walker _____ Reg. Bus _____
Bus to H.S. 1st hour - 8th gr. _____ Shuttle to and from NGS to MJH _____

Student Name: _____ Grade _____ Walker _____ Reg. Bus _____
Bus to H.S. 1st hour - 8th gr. _____ Shuttle to and from NGS to MJH _____

Student Name: _____ Grade _____ Walker _____ Reg. Bus _____
Bus to H.S. 1st hour - 8th gr. _____ Shuttle to and from NGS to MJH _____

Street Address: _____ Phone: _____

Parent Name: _____ Parent Signature: _____

My child (children) will ride the bus to and from the "designated stop" closest to his/her home on a consistent basis, and may also be transported by bus for any school related function (IE: fieldtrips, trips, FFA activities, band, chorus, sporting events, etc.)

My child (children) does not ride a bus on a daily basis to and from school, but can be transported by bus for any school related function (IE: field trips, FFA activities, band, chorus, sporting events, etc.)

PLEASE CALL 815-695-5164 IF ANY CHANGES IN YOUR CHILD'S TRANSPORTATION IS NECESSARY. Please do NOT make arrangements for your child to go to a friend's home after school on the school bus, unless it is an emergency. Due to capacity limits we may not approve this type of change.

MANDATORY – PLEASE RETURN
NEWARK GRADE SCHOOL DISTRICT #66 / NEWARK HIGH SCHOOL DISTRICT #18

Bus Accident Policy

I/We, have received, read and understand the Newark Community High School District #18 "Bus Accident Policy".

SIGNATURE OF PARENT/GUARDIAN

DATE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

AFTER A BUS ACCIDENT PARENT REQUEST FORM

CHECK ONLY ONE BOX

YES

In the event of a school bus accident in which the Emergency Medical Service (EMS) personnel determine that at least one passenger has a significant injury and must be transferred to an appropriate hospital, I want my child (children) also transported to the hospital to be checked.

This decision is made even though the EMS personnel determine that my child (children) was (were) not injured and was (were) not to be sent to the hospital, I further agree that my request to send my child (children) will be at my expense and not at the expense of the school district.

NO

In the event of a school bus accident in which the Emergency Medical Service (EMS) personnel has determined that my child (children) was (were) **NOT** injured and was (were) **NOT** to be sent to the hospital, I give permission for the EMS personnel to release my child (children) to an authorized school official. I understand that my child (children) will be transported back to NCHS.

SIGNATURE OF PARENT/GUARDIAN

DATE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

NAME of STUDENT

GRADE

Continued on next page

Proof of Residency Requirements

Below are the requirements and actions that must be completed when anyone is seeking to enroll a student into District #66, Newark Community Consolidated School District.

Any student seeking enrollment must present a certified copy of a student's birth certificate.

Must present proof of residency within the District by providing the required number of documents from each of the following categories:

Category I (One document required)

- ❖ Most recent property tax bill and proof of payment, example canceled check or Form 1098 (homeowners)
- ❖ Mortgage papers (homeowners)
- ❖ Signed and dated lease and proof of last month's payment, example canceled check or receipts (renters)
- ❖ Letter from manager and proof of last month's payment, example canceled check or receipt (trailer park residents)
- ❖ Letter of residence from landlord in lieu of lease
- ❖ Letter of residence to be used when the person seeking to enroll a student is living with a District resident

Category II (Two documents showing proper address is required)

- ❖ Driver's license
- ❖ Vehicle registration
- ❖ Voter registration
- ❖ Most recent credit card bill and / or cable television
- ❖ Current bank statement
- ❖ Current public aid card
- ❖ Current homeowners/renters insurance policy and premium payment receipt
- ❖ Most recent gas, electric, and/or water bill
- ❖ Current library card
- ❖ Receipt for moving van rental

Military Personnel Enrolling a Student for the First Time in District #66

Must provide one of the following within 60 days after the date of student's initial enrollment

- ❖ Postmarked mail addressed to military personnel
- ❖ Lease agreement for occupancy
- ❖ Proof of ownership of residence

Military Personnel with Legal Custody of a Child Who Want to Keep the Child Enrolled in the District Despite Having Changed Residence Due to a Military Service Obligation

- ❖ Upon submitting a written request, the student's residence will be deemed to be unchanged for the duration of the custodian's military service obligation. The District, however, is not responsible for the student's transportation to or from school.

Military Personnel Placing Nonresident Child with Non-Custodial Parent While on Active Military Duty

- ❖ A student will not be charge tuition while he or she is placed with a non-custodial parent (a person who has temporary custody of a child of active duty military personnel and who is responsible for making decisions for the child). Must provide any “special power of attorney” created by the student’s parent/guardian for the District to follow. A special power of attorney authorizes: (1) the student to enroll in a district of the non-custodial parent, and (2) the non-custodial parent to make decisions for the student. Any special power of attorney will be filed in the student’s temporary record.

Anyone with a Custody Order Seeking to Enroll a Student

- ❖ Present court order, agreement, judgment, or decree that awards or gives custody of the student to any person (including divorce decrees awarding custody to one or both parents).

Non-Parent Seeking to Enroll a Student

- ❖ Must complete and sign *Evidence of Non-Parent’s Custody, Control, and Responsibility of a Student* form.

IMPORTANT:

District #66 reserves the right to evaluate the evidence presented, and merely presenting the items listed in this procedure does not guarantee admission.

WARNING:

If a student is determined to be a nonresident of the School District from whom tuition must be charged, the persons enrolling the student are liable for nonresident tuition from the date the student began attending a District school as a nonresident.

A person who knowingly enrolls or attempts to enroll in the School District on a tuition-free basis a student known by that person to be a nonresident of the District is guilty of a Class C misdemeanor, except in very limited situations as defined in State law. 105 ILCS 5/10-20.12b(e).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in the District with the payment of a nonresident tuition charge is guilty of a Class C misdemeanor. 105ILCS 5/10-20.12b(f).

MEDICAL INFORMATION & EMERGENCY CARE PLAN 2019-2020

Student's Name _____ Grade _____
Sex: M or F _____ DOB _____ School _____
Parent/Guardian Name _____ Phone # (Home) _____ (Work) _____
Parent/Guardian Name _____ Phone # (Home) _____ (Work) _____
Other (Relationship) _____ Phone # (Home) _____ (Work) _____
Physician's Name _____ Office Phone # _____
Hospital of Choice _____

PLEASE CHECK ALL HEALTH CONCERNS THAT APPLY TO YOUR CHILD:

ASTHMA DIABETES SEIZURES BEE STING ALLERGY FOOD ALLERGY
 LATEX ALLERGY ADD/ADHD OTHER _____
 NO HEALTH CONCERNS

Please COMPLETE ONLY the sections that apply to your child:

ASTHMA

Medications at this time?	Yes	No	Self-Administered?	Yes	No
Medication _____			Dosage _____		Times Given _____
Medication _____			Dosage _____		Times Given _____

Any restrictions/limitations due to the asthma? _____
Procedure to follow when your child has an asthma attack: _____

Approximately how often does your child have an acute episode? _____
Does your child understand asthma and how to manage it? Yes No

DIABETES

Medications at this time?	Yes	No	Self-Administered?	Yes	No	Insulin Pump?	Yes	No
Medication _____			Dosage _____			Times Given _____		
Medication _____			Dosage _____			Times Given _____		

How long has your child been diabetic? _____ Currently under control? Yes No
Does your child understand diabetes/its management? Yes No Does your child recognize symptoms? Yes No
What symptoms does your child experience when becoming hypoglycemic (low blood sugar)? _____

What form of glucose will be provided for a hypoglycemic reaction? _____
Are snacks required during the school day? Yes No Please specify type of snacks and time to be given: _____

Procedure to follow when your child has an insulin reaction: _____

SEIZURE

Medications at this time?	Yes	No		
Medication _____			Dosage _____	Times Given _____
Medication _____			Dosage _____	Times Given _____

When was the last seizure? _____ Describe the type of seizure: _____
Any restrictions/limitations due to the seizures? _____
Procedure to follow when your child has a seizure: _____

OVER....SIGNATURE REQUIRED ON REVERSE SIDE

BEE STING ALLERGY

Will your child have an Epi-Pen at school? Yes No
When was the last reaction? _____ What medical treatment was provided and by whom? _____

Describe the signs/symptoms of the reaction? _____
Procedure to follow when your child has a reaction: _____

FOOD ALLERGY

What food(s) is your child allergic to? _____
What symptoms does your child exhibit when they are having a reaction? _____

Does he/she react to: (Circle all that apply)
Ingestion Touch Smell

Does your child understand his/her food allergy and what he/she needs to do to manage it? Yes No

Does your child have an Epi-Pen? Yes No

Does your child know how and when to use the Epi-Pen? Yes No

Medications at this time? Yes No

Medication _____ Dosage _____ Times Given _____

Procedure to follow when your child has a reaction: _____

LATEX ALLERGY

What symptoms does your child exhibit when they are exposed to latex? _____
When was the last reaction? _____ What medical treatment was provided and by whom? _____

Procedure to follow when your child is exposed to latex: _____

ADD/ADHD

When was your child diagnosed with ADD or ADHD? _____

Medications at this time? Yes No

Medication _____ Dosage _____ Times Given _____

OTHER HEALTH CONCERNS

List any other health concerns/diagnoses your child has: _____

When was he/she diagnosed? _____ Does your child understand the diagnosis? Yes No

Medications at this time? Yes No

Medication _____ Dosage _____ Times Given _____

Medication _____ Dosage _____ Times Given _____

List any restrictions/limitations related to the diagnosis: _____

IN ORDER TO MEET THE HEALTH AND EDUCATIONAL NEEDS OF THE STUDENT, I UNDERSTAND THAT THIS INFORMATION MAY BE SHARED WITH MEMBERS OF THE EDUCATIONAL TEAM. THIS WILL BE DONE ON A "NEED TO KNOW" BASIS, IN A CONFIDENTIAL MANNER.

Parent/Guardian Signature: _____ Date: _____

MEDICAL INFORMATION & EMERGENCY CARE PLAN 2019-2020

Student's Name _____	Grade _____
Sex: M or F _____	DOB _____
Parent/Guardian Name _____	Phone # (Home) _____ (Work) _____
Parent/Guardian Name _____	Phone # (Home) _____ (Work) _____
Other (Relationship) _____	Phone # (Home) _____ (Work) _____
Physician's Name _____	Office Phone # _____
Hospital of Choice _____	

PLEASE CHECK ALL HEALTH CONCERNS THAT APPLY TO YOUR CHILD:

ASTHMA DIABETES SEIZURES BEE STING ALLERGY FOOD ALLERGY
 LATEX ALLERGY ADD/ADHD OTHER _____
 NO HEALTH CONCERNS

Please COMPLETE ONLY the sections that apply to your child:

ASTHMA

Medications at this time?	Yes	No	Self-Administered?	Yes	No
Medication _____			Dosage _____		Times Given _____
Medication _____			Dosage _____		Times Given _____

Any restrictions/limitations due to the asthma? _____
 Procedure to follow when your child has an asthma attack: _____

Approximately how often does your child have an acute episode? _____
 Does your child understand asthma and how to manage it? Yes No

DIABETES

Medications at this time?	Yes	No	Self-Administered?	Yes	No	Insulin Pump?	Yes	No
Medication _____			Dosage _____			Times Given _____		
Medication _____			Dosage _____			Times Given _____		

How long has your child been diabetic? _____ Currently under control? Yes No
 Does your child understand diabetes/its management? Yes No Does your child recognize symptoms? Yes No
 What symptoms does your child experience when becoming hypoglycemic (low blood sugar)? _____

What form of glucose will be provided for a hypoglycemic reaction? _____
 Are snacks required during the school day? Yes No Please specify type of snacks and time to be given: _____

Procedure to follow when your child has an insulin reaction: _____

SEIZURE

Medications at this time?	Yes	No		
Medication _____			Dosage _____	Times Given _____
Medication _____			Dosage _____	Times Given _____

When was the last seizure? _____ Describe the type of seizure: _____
 Any restrictions/limitations due to the seizures? _____
 Procedure to follow when your child has a seizure: _____

OVER....SIGNATURE REQUIRED ON REVERSE SIDE

BEE STING ALLERGY

Will your child have an Epi-Pen at school? Yes No
When was the last reaction? _____ What medical treatment was provided and by whom? _____

Describe the signs/symptoms of the reaction? _____
Procedure to follow when your child has a reaction: _____

FOOD ALLERGY

What food(s) is your child allergic to? _____
What symptoms does your child exhibit when they are having a reaction? _____

Does he/she react to: (Circle all that apply)
Ingestion Touch Smell

Does your child understand his/her food allergy and what he/she needs to do to manage it? Yes No

Does your child have an Epi-Pen? Yes No

Does your child know how and when to use the Epi-Pen? Yes No

Medications at this time? Yes No

Medication _____ Dosage _____ Times Given _____

Procedure to follow when your child has a reaction: _____

LATEX ALLERGY

What symptoms does your child exhibit when they are exposed to latex? _____

When was the last reaction? _____ What medical treatment was provided and by whom? _____

Procedure to follow when your child is exposed to latex: _____

ADD/ADHD

When was your child diagnosed with ADD or ADHD? _____

Medications at this time? Yes No

Medication _____ Dosage _____ Times Given _____

OTHER HEALTH CONCERNS

List any other health concerns/diagnoses your child has: _____

When was he/she diagnosed? _____ Does your child understand the diagnosis? Yes No

Medications at this time? Yes No

Medication _____ Dosage _____ Times Given _____

Medication _____ Dosage _____ Times Given _____

List any restrictions/limitations related to the diagnosis: _____

IN ORDER TO MEET THE HEALTH AND EDUCATIONAL NEEDS OF THE STUDENT, I UNDERSTAND THAT THIS INFORMATION MAY BE SHARED WITH MEMBERS OF THE EDUCATIONAL TEAM. THIS WILL BE DONE ON A "NEED TO KNOW" BASIS, IN A CONFIDENTIAL MANNER.

Parent/Guardian Signature: _____ Date: _____

MEDICATION ADMINISTRATION

Subject: Administering Medication to Students

Purpose: To establish a procedure for the administration of medication during school hours.

It shall be the policy of Newark Grade School / Millbrook Junior High School District 66 that the administration of medication or supervision of self-medication to students during regular school hours should be discouraged, unless necessary to maintain the student in school or in the event of an emergency. The objective of any medication program is to promote self-responsibility. The school nurse or his/her designee can facilitate this process by providing information to the parents(s) or guardian and students on the process to be followed in administration of medication during school hours. The Board of Education will insure and indemnify personnel designated to administer or supervise the self-administration of medication when such personnel follow the policy and procedures put forth in this document. School personnel will not diagnose or treat illnesses.

The Illinois Department of Professional Regulation (IDPR) issued a legal opinion, which allows a school employee to stand in the place of a parent or guardian in administration of medication or supervision or self-medication in the school setting. School employees who do not hold a valid IDPR license must receive training in the correct procedure to be used to administer medication and/or provide specific treatment. This does not prohibit any school employee from administering emergency assistance to a student.

A certified school nurse or registered nurse must manage the medication administration program following the "Recommended Guidelines for Medication Administration in Schools" developed by the Illinois Department of Human Service (IDHS) and the Illinois State Board of Education (ISBE), September 2000. A designated administrator will be responsible for medication administration or supervision of self-medication when a nurse is not available. Teachers or other employees cannot be required to administer medication or supervise self-medication although they may volunteer to do so.

RECOMMENDED GUIDELINES FOR MEDICATION ADMINISTRATION IN SCHOOLS

Introduction

The purpose of administering medication in school is to help each student maintain an optimal state of health to enhance his or her education. The administration of medication to students should be discouraged unless absolutely necessary for the student's health. (See Appendix A 105 ILCS 5/10-22.21b for legal citations regarding the administration of medication.)

An objective of any medication administration program is to promote self-responsibility. This can be achieved by educating students and their families. The school nurse can facilitate this process by providing information regarding the action, dosage and side effects of medication.

The intent of these guidelines is to assure safe administration of medications for those students who require them. Local school district policies must be established that assure this process. (See Appendix A, 105 ILCS 5/10-20.14b for legal citations regarding policy development.)

I. Definitions

- A. Administration** - accepted nursing practice holds that "to administer" means to select the correct medication, deliver it by the correct route, and give it to the student at the time prescribed.

The district should consult with its own nursing advisers to ensure that its use of the term in the district's policy is consistent with generally accepted nursing practice.

- B. Certificated School Nurse** - as referred to in this document is a registered professional nurse who holds an Illinois State Board of Education Type 73 Certificate with an endorsement in school nursing. (See Appendix A, 105 ILCS 5/10-22.23 and 23 Ill.Adm.Code 1.760(c).)
- C. Controlled Substance** - a drug, substance or immediate precursor as listed in the Illinois Controlled Substance Act.
- D. Health Care Plan** - A health care plan (504 Plan or IEP) is required for all students who require medication and/or treatment while in school attendance. The student health care plan is a tool for responding to the temporary and/or long-term medical needs of a student. The plan provides a format for summarizing health information; it may include a problem/need statement, goals, plan of action and outcome expected.

504 Plan - (Section 504 of the Rehabilitation Act of 1973) "*Individual with handicaps* means any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. As used in this definition, the phrase--

(1) Physical or mental impairment includes--

(i) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or

(ii) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction, and alcoholism;

(2) Major life activities includes functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working;

(3) Has a record of such an impairment means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities; and

(4) Is regarded as having an impairment means--

(i) Has a physical or mental impairment that does not substantially limit major life activities but is treated by the Department (of Education) as constituting such a limitation;

(ii) Has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward the impairment; or

(iii) Has none of the impairments defined in paragraph (1) of this definition but is treated by the Department as having such an impairment."

A 504 plan will describe (1) the disabling condition, (2) the major life function affected by the condition in the school setting, (3) how the major life activity within the school setting is limited, and (4) the services to be provided by the school district to meet the need(s) identified, e.g. ADHD-difficulty learning, staying on task, paying attention - service provided by the school district will include a medication administration and monitoring program.

IEP - (Public Law 94-142, passed in 1975 and ultimately renamed the Individuals with Disabilities Education Act (IDEA) in 1990.) - an Individualized Education Program (IEP) developed at the onset of special education services by a multi-disciplinary team which addresses the child's unique needs, including learning strengths and weaknesses, special education and support services required and projected educational goals. When a student has a health problem that requires the administration of medication or treatment during the school day, the IEP should contain a health care plan for the student. The IEP serves as a written contract describing what services the school district will provide for the student.

E. Long-term medication - medication used to treat chronic illnesses including both daily and PRN (as needed) medication.

F. Medication - as used in this document will refer to both prescription and non-prescription drugs.

G. Medication Error

1. Giving the wrong medication dosage
2. Giving medication to the wrong child

3. Failing to give a dose of medication

4. Giving medication at the wrong time

H. Medication Record – the individual medication record or medicine log used to record the medication given to a student. [The individual medication record is a part of the temporary health record and should be maintained in accordance with the Illinois School Student Records Act (105 ILCS 10/1 et seq.) By comparison, the “Certificate of Child Health Examination” is included in the permanent health record.](See Appendix A, 105 ILCS 10/2 and 23 Ill. Adm. Code 375.10 for legal citations regarding student records.)

I. Non-prescription drugs - medication that may be obtained over-the-counter (OTC) without a prescription from a licensed prescriber.

J. Prescription drugs - Medication requiring a written order for dispensing, signed by a licensed prescriber.

K. PRN (As Needed) Orders - Orders by a licensed prescriber to administer a specific medication for a specific student under certain circumstances, e.g. inhaler for acute asthma attack.

L. Self-administration – medication administered by the student under the direct supervision of the school nurse, principal or principal’s designee. The self-administration of medication may also include medication taken by a student in an emergency situation not under the supervision of a school nurse, principal or principal’s designee and/or emergency medication carried on their person, (e.g. asthma inhaler).

M. Short-term medication - medication administered over a short period of time to treat short-term illnesses, e.g. an antibiotic.

N. Standing orders - written protocol for administering a medication for all students as opposed to a PRN order for a medication written for a specific student, e.g. acetaminophen to be given to any student who has a headache. **STANDING ORDERS ARE NOT RECOMMENDED FOR SCHOOLS.**

O. Supervision - monitor the administration of medication by legally qualified persons.

II. Prescription/Dispensation/Administration Authority

State laws exist to assure the safe prescribing, dispensing and administration of medication. The state agency responsible for monitoring this process is the Illinois Department of Professional Regulation (IDPR). IDPR approves educational programs that prepare individuals to administer, dispense and prescribe medication. Upon the successful completion of an approved program, IDPR issues a license to those who may perform these duties.

A. Prescribe Medication (Licensed Prescriber):

1. **Physician** - a physician licensed to practice medicine in all of its branches including Medical Doctors and Doctors of Osteopathy;

2. **Dentist** - a person licensed to practice dentistry in any of its branches;

-
3. **Podiatrist** - a physician licensed to practice podiatric medicine;
 4. **Optometrist** - a person licensed to practice optometry;
 5. **Physician Assistant** - a person licensed as a physician assistant in accordance with written guidelines required under the Physician Assistant Practice Act of 1997;
 6. **Advanced Practice Nurse** - an advanced practice nurse in accordance with a written collaborative agreement required under the Nursing and Advanced Practice Act of 1998.

B. Dispense Medication:

1. **Pharmacist** – an individual currently licensed by this State to engage in the practice of pharmacy.
2. **Licensed Prescriber** – as defined in A above.

C. Administer Medication :

1. **Certificated School Nurse** – a registered professional nurse who holds a Type 73 School Service Personnel Certificate with an endorsement in school nursing or any non-certificated registered professional nurse who was employed in the school district of current employment before July 1, 1976. (See Appendix A, 105 ILCS 5/10-22.23 and 23 Ill Adm.Code 1.760 (c)).
2. **Registered Nurse (R.N.)** – holds a current Illinois Registered Professional Nurse license from the Illinois Department of Professional Regulation. (See Appendix B 225 ILCS 65/5-10 (k) and (j) for a definition and scope of practice a RN may provide.)
3. **Licensed Practical Nurse (LPN)** – holds a current Illinois Practical Nurse license from the Illinois Department of Professional Regulation and has completed the required pharmacology course that allows him/her to administer medication. (See Appendix B 225 ILCS 65/5-10 (j) for a definition and scope of practice a LPN may provide.)

Note: 105 ILCS 5/10.22.23 does not authorize local school districts to employ a LPN to function as a school nurse. **A LPN MUST always work under the direction of a properly licensed person as determined by IDPR.** (See Appendix B 225 ILCS 65/5-10 (j).)

Because of their “in loco parentis” status as set forth in 105 ILCS 5/24-24, school employees are afforded liability protection from negligence in the administration of medication and treatment in a school setting. (See Appendix A.) Those school employees who do not hold a valid IDPR license must receive training in the correct procedure to be used to administer medication. Any properly trained staff member at the school – whether certificated or not – may administer medication in an emergency.

III. Guidelines:

- A. Medications should be limited to those required during school hours which are necessary to maintain the student in school and those needed in the event of an emergency. **These guidelines**

do not prohibit any school employee from providing emergency assistance to a student. (See Appendix A, 105 ILCS 5/10-22.21b.)

- B. A policy for administration of medication to students must be developed and approved by the local school board in accordance with 105 ILCS 5/10-20.14 b Medication Policy. (See Appendix A.) A sample policy is included in Appendix C.
- C. A program for administration of medications to students in schools must be developed and managed by a certificated school nurse or registered nurse in accordance with the *Recommended Guidelines for Medication Administration in Schools*. Each school district must determine who (e.g. superintendent, principal) is responsible for administering medication in the absence of a certificated school nurse or registered nurse. Pursuant to section 105 ILCS 5/10-22.21b of the School Code, teachers and other non-administrative employees **cannot be required** to administer medication, although they may volunteer to do so. The components of such a program are as follows:
1. Each dose of medication shall be documented in the student's individual medication record. Documentation shall include date, time, dosage, route by which the medication is to be administered, and the signature of the person administering the medication or supervising the student in self-administration. In the event a dosage is not administered as ordered, the reasons shall be entered in the record. A daily accounting (count) shall be maintained of any controlled substance prescribed for any student. This documentation is considered part of the student's temporary record.
 2. The certificated school nurse or registered nurse may, in conjunction with a licensed prescriber and parent(s) or guardian, identify circumstances in which a student may self-administer medication.
 3. Effectiveness and side effects shall be assessed with each administration and documented as necessary in the student's individual medication record. Documentation of effects of long-term medications should be summarized at least quarterly or more frequently as determined by the certificated school nurse or registered nurse.
 4. A procedure shall be established for written feedback to the licensed prescriber and the parent(s) or guardian at scheduled, appropriate intervals for long-term medication or as requested by the licensed prescriber.
 5. Permission for long-term medication shall be renewed at least annually. Changes in medication shall have written authorization from the licensed prescriber.
 6. All medication errors must be documented on the student's medication record and an accident report form must be completed. The student's parent or guardian and the licensed prescriber must be notified immediately that a medication error has been made.
 7. A health care plan shall be developed for any student who requires a long-term medication to be administered in school.
- D. All medications given in school, including non-prescription drugs, shall be prescribed by a licensed prescriber on an individual basis as determined by the student's health status. Such written documentation must be maintained in the student's individual medication record.

1. A written order for prescription and non-prescription medications must be obtained from the student's licensed prescriber. The order includes:

- ?? Student's Name
- ?? Date of Birth
- ?? Licensed Prescriber, Signature and Date
- ?? Licensed Prescriber Phone and Emergency Number(s)
- ?? Name of Medication
 - dosage
 - route of administration
 - frequency and time of administration
- ?? Diagnosis Requiring Medication
- ?? Intended Effect of the Medication /Possible Side Effects
- ?? Other Medications Student is Receiving
- ?? Time Interval for Re-Evaluation
- ?? Approval for Self-Administration
- ?? Approval for students to carry emergency medication on their person (i.e. inhaler, Epi-Pen)

2. Medication must be brought to the school in a container, labeled appropriately by the pharmacist or licensed prescriber.

a) Prescription medication shall display:

- ?? Student's Name
- ?? Prescription Number
- ?? Medication Name and Dosage
- ?? Administration Route or Other Directions
- ?? Date and Refill
- ?? Licensed Prescriber's Name
- ?? Pharmacy Name, Address and Phone Number
- ?? Name or Initials of Pharmacist

b) Over the Counter Medication (OTC):

OTC (non-prescription) medication shall be brought in with the manufacturer's original label with the ingredients listed and the child's name affixed to the container.

- E.** In addition to the licensed prescriber's order, a written request shall be obtained from the parent(s) or guardian requesting that medication be given during school hours. The request must include the name of the student, the parent(s) or guardian's name and phone number in case of emergency. It is the parent(s) or guardian's responsibility to ensure that the licensed prescriber's order, written request and medication are brought to the school.
- F.** Students should be evaluated on an individual basis regarding the need to carry emergency medication. A written statement signed by the student's physician and parent or guardian verifying the necessity and student's ability to self-administer the medication appropriately should be on file in the health office.

-
- G. Medications must be stored in a separate locked drawer or cabinet. When the medication being stored is a controlled substance, the locked cabinet must be securely affixed to the wall. Medications requiring refrigeration must be kept in a locked refrigerator separate from food products.**
 - H. At the end of the school year or the end of the treatment regime, the student's parent(s) or guardian will be responsible for removing from the school any unused medication. If the parent(s) or guardian does not pick up the medication by the end of the school year, the certificated school nurse or registered nurse will dispose of the medication(s) and document that it was discarded. Medication must be discarded in the presence of a witness and documentation signed by both parties.**
 - I. Nurses are responsible for their own actions regardless of the licensed prescriber's written order. It is the nurse's responsibility to clarify any medication order which is deemed inappropriate or ambiguous. Nurses have the right and responsibility to decline to administer a medication if they feel it jeopardizes student safety.¹ In such instances, the nurse must notify the parent, or guardian, student's physician and administrator.**
 - J. A student has the right to refuse medication, and in some instances may do so. In such instances, it is the nurse's responsibility to explain to the student as fully and clearly as possible the importance of taking the medication.² If the student continues to refuse to comply, the parent or guardian, student's physician, and administrator must be notified.**

IV. Options for Implementation of Guidelines

Options should be based on the needs of the student and the school district. Work with the licensed prescriber and the parent(s) or guardian to adjust medication administration time. The following options will meet these guidelines:

- A. Have one certificated school nurse or registered nurse per building available for administering medications.**
- B. In circumstances where one certificated school nurse or registered nurse must provide services for multiple buildings, use a schedule that will allow staggered station times. The nurse should be assigned in an area where one to three buildings are in close proximity.**
- C. Have one certificated school nurse responsible for the district administration policy supplemented by other registered nurses who are supervised in the administration of medication.**
- D. Contract with a local community agency, e.g., local health department, visiting nurses association or local hospital to employ registered nurses to come into the school and administer medication.**

¹ Craven, Ruth F. and Hirle, Constance J., 1996. Fundamentals of Nursing, Human Health and Function, 2nd Edition. Philadelphia: Lippincott. p. 590

² Craven, Ruth F. and Hirle, Constance J., 1996. Fundamentals of Nursing, Human Health and Function, 2nd Edition. Philadelphia: Lippincott. p. 591

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- E.** A student's parent or guardian may come to the school to administer medication(s) to his/her own child. (Note: Parent action is purely voluntary and may not be forced. The district is responsible for administering medication under Section 504 and IDEA.)

**Newark Community Consolidated School
District # 66**

Newark Grade School
503 Chicago Road
Newark, Illinois 60541
Phone 815-695-5143
Fax 815-695-5776
Demetra Turman, Superintendent

Millbrook Jr. High
8411 Fox River Drive
Millbrook, Illinois 60536
Phone 630-553-5435
Fax 630-553-1027
Jan Lenci, Principal

**Authorization and Permission for Administration of Medication
(For Use of Prescription and Over-the-Counter Medication)**

Student's Name (Last, First, MI)	Birthdate	Grade Level	Date
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School medications and health care services are administered following these guidelines:

- *Physician/Prescriber signed dated authorization to administer the medication.*
- *The medication is in **the original labeled container** as dispensed or the manufacturer's labeled container.*
- *The medication label contains the student name, mane of the medication directions for use and date.*
- *Annual renewal of authorization and immediate notification, in writing, of changes.*

Physician Authorization:

Medication/Treatment	Dose	Time to be administered
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Please list other medication and additional information:

Circle One: Discontinue	Re-evaluate	Follow-up date: _____
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Prescriber's Signature	Date Signed	Prescriber's Name (Print)
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Prescriber's Phone Number	Prescriber's Address
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Parental Permission:

I acknowledge 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 Newark Grade School District 66 and its employees and agent, on my behalf and in my stead, to administer, or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agent of the school district), 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. I further acknowledge and agree that when the lawfully prescribed medication is so administered or attempts to be administered, I waive any claims I might have against Newark Grade School District 66, its employees, and agent arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify NGSD 66, its employees and agent, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent Signature	Phone number and alternate phone number	Date
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**Newark Community Consolidated School
District # 66**

Newark Grade School
503 Chicago Road
Newark, Illinois 60541
Phone 815-695-5143
Fax 815-695-5776
Demetra Turman, Superintendent

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8411 Fox River Drive
Millbrook, Illinois 60536
Phone 630-553-5435
Fax 630-553-1027
Jan Lenci, Principal

5-8 MANDATORY – PLEASE RETURN

Student _____ **School year** 2019-2020

To be read and signed by the student-participant and his/her parent/guardian:

Dear Parents/Guardians:

Millbrook Jr. High/Newark CCSD 66 is requesting that 5th, 6th, 7th and 8th grade students participate in a curriculum-based 1:1 Technology Program. You must authorize your child's participation in the program by agreeing to the following terms and discussing them with your child. This authorization and agreement needs to be signed only once while your child is enrolled in the District.

Your child must also sign the District's *Acceptable Use of Electronic Networks* agreement to participate in the program, which has been provided to you in your handbook, and that agreement will be given the first day of school. The violation of any laws or Board policies while participating in the program may result in the loss of your child's privilege to participate in the program. Remember that you are legally responsible for your child's actions. If you agree to allow your child to participate in 1:1 program, sign the authorization and agreement below and return it to your school.

The teacher's role in the program is that of instructor in your child's classroom. If there are technical difficulties with your student's device, they should contact Mr. Lee. Parents/guardians and their children share the responsibility for technical support and providing a properly charged device. If the student's device has technical difficulties at no fault of the student: (1) another device may be provided, if available, or (2) students may be asked to partner with another student who has a functioning device during a lesson. The District will also expect you and your child to keep the device free from viruses, malware, and/or any other harmful programs that could damage the District's electronic network. Finally, the right to privacy on your child's device is limited as this device is being provided to the student and should not contain any information that is not relevant to the educational goals of the district.

Repair Fees if Necessary:

Replace Entire Device	\$200	Motherboard	\$95.00
LCD screen panel	\$ 85	Battery	\$45.00
Keyboard	\$ 35	Trackpad	\$25.00
AC Adapter/Cord	\$ 25		

Dings/Chips or other damage not covered above will be a buy-out cost at the end of the year for the cost of the device.

**Newark Community Consolidated School
District # 66**

1:1 Technology Program Participation Authorization and Responsible Use Agreement

I hereby request that my child be allowed to participate in the District's 1:1 program. *(Please indicate agreement by initialing the checkbox.)*

- I have read this *1:1 Participation Authorization and Responsible Use* agreement. I understand the program is designed for educational purposes and that the District's Internet gateway must be accessed to minimize access to inappropriate material.
- I will hold harmless the District, its employees, agents, and Board members, for any harm caused by materials or software obtained via the District's network and compliance with federal law(s) (the Children's Internet Protection Act (CIPA) requirements).
- I have read, discussed with my child and signed the *Student Acceptable Use Policy* form and *Policy 6:235 Access to Electronic Networks* (available on our webpage and in the handbook section of the agenda.)
- I understand that my child and I share the responsibility for keeping the device free from viruses, malware and/or any other harmful programs that could infect or harm the District's electronic network.
- I understand that the District provides liability protection for the 1:1 device, but if continual problems or replacements are required due to my student's neglect, I may be assessed an additional fee, as stated on page 1.
- I understand that my child's privacy rights in his/her school's device is limited as this device is being provided to the student and should not contain any information that is not relevant to the educational goals of the district.
- I consent that my child may not share another student's device, or in the alternative, be asked to share his/her device with another student, unless directed by the classroom teacher or administration.
- I understand that my child may not share their personal login/password with another student or individual other than myself.

Parent/Guardian (please print)

Date

Parent/Guardian signature

Student signature

To be read and signed by student and parent/guardian who is not participating:

I have decided **not to participate** in the 1:1 program sponsored by the School District for this school year. In order for me to participate in the 1:1 program at a later date, I understand that I must contact the Building Principal and sign the above *1:1 Technology Program Participation Authorization and Responsible Use Agreement Form*.

Parent/Guardian (please print)

Date

Parent/Guardian signature

Student signature

**Newark Community Consolidated School
District # 66**

5-8 Grades

*Ms. Demetra Turman, Superintendent
Ms. Jan Lenci, Principal*

PLEASE FILL OUT 1 FORM PER ATHLETE FOR THE 2019-2020 SCHOOL YEAR (5-8 Only)

PARENT OR GUARDIAN PERMISSION FOR SPORTS PARTICIPATION

Date of Birth _____ Grade _____ Soccer _____ Volleyball _____ Cross Country _____
Cheerleading _____ Boys' Basketball _____ Girls' Basketball _____
Boys' Volleyball _____ B/G Track _____

_____ has my permission to participate in athletics at Newark Grade
Student's Name School/Millbrook Jr. High School

FATHER'S NAME _____ Home Phone _____ Work Phone _____

MOTHER'S NAME _____

In case of an emergency and we are unable to contact either parent, we need the names and phone numbers of one blood relative and one neighbor who would be able to locate the parents, and/or act on their behalf.

RELATIVE'S NAME _____ Home Phone _____ Work Phone _____

NEIGHBOR'S NAME _____

Please list your hospital and doctor preference:

Hospital _____ Phone # _____ Doctor _____ Phone # _____

PLEASE READ BEFORE COMPLETING AND SIGNING

I hereby give my permission to any qualified physician or trainer to administer emergency treatment to the above named student when the supervisor/coach feels there is such a need for emergency treatment. YES NO

The student named above is covered by my family hospitalization and medical insurance. If yes, name of company: YES NO
_____ OR

The student named above is covered by the insurance offered by the school. (Student MUST be covered by this insurance unless covered by family insurance listed above.) YES NO

I have received and understand the district eligibility policy.

I have received and understand the district concussion policy.

SIGNATURE OF PARENT OR GUARDIAN _____

Newark CCSD 66 | 2019-20 CALENDAR

JULY						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

4th of July

JANUARY '20						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

1 New Year's Day
 6 Teacher Institute No School
 7 Classes Resume
 17 School Improvement Day -
 MJH 1:15 Dismissal; NGS 1:30
 Dismissal
 20 M.L. King Day No School

AUGUST '19						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

6 Late Registration 1:00-6:30
 13 Teacher Institute Day - No
 School
 14 Teacher Institute Day - No
 School
 15 First Day of Student
 Attendance - MJH 1:15
 Dismissal; NGS 1:30 Dismissal

FEBRUARY '20						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

14 School Improvement Day -
 MJH 1:15 Dismissal; NGS 1:30
 Dismissal
 17 Presidents' Day No School

SEPTEMBER '19						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

2 Labor Day No School
 5 School Improvement Day -
 MJH 1:15 Dismissal; NGS 1:30
 Dismissal

MARCH '20						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

20 School Improvement Day -
 MJH 1:15 Dismissal; NGS 1:30
 Dismissal
 23-27 Spring Break No School

OCTOBER '19						
S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

11 School Improvement Day
 - MJH 1:15 Dismissal; NGS 1:30
 Dismissal
 14 Columbus Day No School
 23 Parent Teacher
 Conferences 4-7
 24 Parent Teacher
 Conferences 2-7 Early
 Dismissal - MJH Dismissal 1:15;
 NGS Dismissal 1:30
 25 No School
 31 Halloween

APRIL '20						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

10 Good Friday No School
 12 Easter Sunday
 13 Easter Monday No School

NOVEMBER '19						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

11 Veterans Day
 26 School Improvement Day
 - MJH 1:15 Dismissal; NGS 1:30
 Dismissal
 27 No School
 28 Thanksgiving Day No
 School
 29 No School

MAY '20						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

8 School Improvement Day -
 MJH 1:15 Dismissal; NGS 1:30
 Dismissal
 10 Mother's Day
 22 Last Day of Student
 Attendance - MJH 1:15
 Dismissal; NGS 1:30 Dismissal
 25 Memorial Day
 26-29 Emergency Day/E-
 learning

DECEMBER '19						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

20 Last Day of Student
 Attendance - Early Dismissal -
 MJH 1:15 Dismissal; NGS 1:30
 Dismissal
 23 Winter Break until January
 7th
 25 Christmas

JUNE '20						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

1 Emergency Day
 21 Father's Day

NEWARK GRADE SCHOOL AND MILLBROOK JR. HIGH
STUDENT SCHOOL SUPPLY LIST
2019-2020

Listed below are the school supplies your children will need to bring in August. ALL STUDENTS (K-8) MUST HAVE AN EXTRA PAIR OF GYM SHOES TO BE KEPT AT SCHOOL. All supplies are to be replaced as needed throughout the year. **PLEASE PUT YOUR CHILD'S NAME ON ALL THINGS!**

KINDERGARTEN & FIRST GRADE

4 Boxes of 24 Crayola crayons
6 pocket folders with prongs
1 blank notebook (no lines)/sketch pad
12 #2 pencils
2 Expo Markers
2 large erasers
3 large glue sticks or 8 small
2 boxes of Kleenex 200 count
1 backpack, no wheels or plastic handles
1 box of baby wipes or Clorox wipes 88 count or higher
1 plastic pencil box (no zipper)
*1 box of plastic bags (sizes by last name)
Gallon Size A-K
Quart Size L-Q
Snack Size R-Z
1 clean sock
Gym shoes to leave at school
Headphones

SECOND GRADE

24 #2 pencils (plain yellow, not decorated)
2 large erasers
2 boxes of Kleenex 200 count
Small Elmer's glue
2 boxes of 24 Crayola crayons
2 large 1 oz. glue sticks
Scissors
2 spiral notebooks – 70 sheets each
5 plastic pocket folders with prongs
2 Composition notebooks
1 plastic pencil box
Classic markers 8 count
4 Expo Markers (low odor)
Book bag – no wheels or plastic handles
1 ruler – metric/standard
1 clean sock
1 container of Clorox wipes
*1 box of plastic bags
Boys – sandwich bags
Girls – snack size bags
Gym shoes to leave at school

THIRD GRADE

3 spiral notebooks – wide ruled
1 loose leaf paper (wide ruled)
1 School Box
Crayons 24 count
Scissors
Glue 4oz
3 large glue sticks
Classic markers 8 count
5 plastic folders with prongs
5 folders with pockets
24 #2 pencils
2 boxes of Kleenex 200 count
1 Sharpie (black) Marker (not fine tip or wide)
2 pink pearl erasers
Book bag - no wheels or plastic handles
Gym shoes to leave at school
2 Containers of Clorox Wipes
1 Ruler – metric/standard
2 Packs of dry erase markers (thin)
4 Packs of Post-it notes
1 Pack of 4 highlighters
*1 box of plastic bags (sizes by last name)
Gallon Size A-M
Snack Size N-Z

**NEWARK GRADE SCHOOL
AND MILLBROOK JR. HIGH
STUDENT SCHOOL SUPPLY LIST
2019-2020**

FOURTH GRADE

1 box of 10 colored markers
1 box of 24 crayons
1 box of 24 colored pencils
Scissors
12 small glue sticks
Ruler – metric/standard
24 #2 wooden, solid colored pencils
2 pink erasers
2” black binder
1 package of loose leaf paper – wide ruled
7 folders, solid color (1 of each) in red, orange, yellow, green, blue, and black
2 boxes of Kleenex – 200 count minimum
7 wide ruled black composition notebooks
2 containers of disinfectant wipes
1 clear, solid colored, plastic pencil box for writing supplies & pencils
1 paint shirt for art
1 box of gallon sized Ziploc bags (boys)
1 box of sandwich sized Ziploc bags (girls)
1 pack of chisel tip, regular sized dry erase markers
4 packs post-it notes
Basic calculator
2 regular sized highlighters
(green, blue, pink, or orange preferred)
Book bag that fits in locker – no wheels or Plastic handles
Gym shoes to leave at school

FIFTH- EIGHTH GRADE

8 two pocket folders
Ruler
#2 pencils – enough for the year (**At least 24**)
1-24 pack of pencils for classroom
Erasers – large and pencil caps
1 packs of loose leaf paper
Crayons
Markers
Colored pencils
Blue or black pens
2 Black Sharpie Fine Point Pens
1 Black Sharpie Fine Point Marker
4 pack of glue sticks for science
2 large glue sticks
2 packs of notecards – lined
180 sheet notebook for math
100 sheet notebook for 5th grade L.A.
1 Three ring binder – 1” for math (5th)
1 Three ring binder- 1” for health (5th-8th)
1 Three ring binder – 1” for L.A. (5th – 8th)
Pack of dry erase markers for math
Highlighters
1 container of disinfectant wipes
3 boxes of Kleenex – 200 count
Pencil box or pouch
Scissors
Divider Tabs
Headphones
2 inch 3 ring binder for science
1 inch 3 ring binder for social studies
70 page spiral notebook for art 5th & 6th grade
1 folder for art – 5th & 6th grade
Simple Calculator – 5th Graders ONLY

SIXTH - EIGHTH GRADE MATH ONLY

Scientific calculator