



WHITESIDE SCHOOL DISTRICT 115

111 Warrior Way
Belleville, Illinois 62221

Telephone 618 239-0000
Middle School Fax 618 239-9240
Elementary School Fax 618 233-7931

<http://www.wssd115.org>

Mark Heuring

Superintendent

Monica Laurent

Middle School Principal

Jaime Cotto

Middle School Assistant Principal

Nathan Rakers

Elementary Principal

Kim Bossler

Elementary Assistant Principal

Documents Needed for New Student Registration

2024-2025 Required Documents
Certified Birth Certificate
<i>*if applicable Most Recent Custody Documents</i>
Proofs of Residency
<i>*Mortgage Statement/ Closing documents/ Property Tax or Lease Agreement AND Occupancy Permit</i>
<i>*Two Current Utility Bills</i>
Most Recent Physical and Immunization Records
<i>*Students coming from out of state need to have a Physical on the IL. Certified Form</i>

Call Whiteside School Office with any questions
618-239-0000.



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SCHOOL FEES 2024-2025 School Year

The School Board may establish fees and charges to fund certain school activities. It is recognized that some students will be unable to pay these fees. Consequently, students shall not be denied educational services or academic credit due to the inability of parents or guardians to pay fees.

Whiteside School District's textbook & materials fees are currently as stated below

2024-2025 Registration Fees	
Registration: Early Childhood, Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, & 8th	\$80.00
<i>*Reduced Lunch Registration (upon approval of Household Eligibility Application)</i>	<i>\$26.40</i>
Tech Fee: Early Childhood, Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, & 8th	\$20.00
Late Fee (as of 10-1-24)	\$10.00
Classroom Fees	
Band Course Fee (not considered an activity fee)	\$25.00
Music/Recorder Fee (All 3rd Grade & New to Whiteside 4th Graders)	\$5.00

Registration, Tech, and Band Participation Fees should be paid at Registration in July/August. Fees MUST be paid in full by October 1, 2024. Fees not paid by the deadline will be charged a \$10.00 Late Fee. Fees for students enrolling *after* the first day of school are due at the time of registration. **ALL FEES ARE SUBJECT TO CHANGE.**

Note: All fees must be paid in full prior to Middle School Sports Try-outs.

Students whose parents are unable to afford student fees may receive a waiver of some of the fees based upon approval of a completed Household Eligibility Application. However, these students are not exempt from charges for lost and damaged books, locks, materials, supplies and equipment.

Whiteside's mission is to help all learners reach their maximum potential so that they may become tomorrow's leaders.



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SCHOOL PHYSICAL & IMMUNIZATION REQUIREMENTS – 2024-2025

All students must be up to date with physical and immunizations by the start of school.

Students will NOT be able to attend school until ALL required health information is on file.

It is not too early to begin scheduling physical and immunization appointments.

- Physical - The Health History portion is a requirement and must be completed by parent or guardian.
- Immunizations
- Dental
- Vision

Requirements by Grade:

Preschool Students

- Physical Exam on Illinois Form
- Complete Immunization Record
- (4) DTaP, (3) Polio, (4) Hib, (3) Hep B, (1) MMR, (1) C.pox, (4) Pneumococcal

Kindergarten Students

- New Physical Exam on Illinois Form (Preschool Exam cannot be used for Kindergarten)
- Complete Immunization Record
- (5) DTaP, (4) Polio, (4) Hib, (3) Hep B, (2) MMR, (2) C.pox, (4) Pneumococcal
- Dental Exam on Illinois Form
- Eye Exam on Illinois Form

Second Grade Students

- Dental Exam on Illinois Form

Sixth Grade Students

- New Physical Exam (dated 8/15/22 or later) on Illinois Form.
- Complete Immunization Record
- (1) Tdap, (3) Hep B, (2) MMR, (2) C.pox, (1) Meningitis-(on or after 11 birthday)
- Dental Exam on Illinois Form

Ninth Grade Students

- NEW Physical Exam on Illinois Form
- Complete Immunization Record Including
- (1) Tdap, (3) Hep B,, (2) C.pox, (1) Meningitis
- Dental Exam on Illinois Form

Religious Exemption

- A New Religious Exemption Certificate is required for children entering Kindergarten, sixth, or ninth grade.

5th-8th Grade Sports

- A Yearly Sports Physical and Sports Packet is required to try out and participate in sports.
 - Sports Packets are available in the office

**Whiteside School District #115
2024-2025 School Calendar**

August	12	Teacher Institute - <u>No Student Attendance</u> Elementary Open House - TBD
	13	Teacher Institute - <u>No Student Attendance</u> Middle School Open House - TBD
	14	First Day of Class - Full day (<u>Kindergarten - Only Last names A-K attend</u>) (8:15 am - 2:45 pm - Middle School / 8:30 am - 3:00 pm Elementary School)
	15	<u>Kindergarten - Only Last names L-Z attend</u>
	21	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
September	2	Labor Day - <u>No School</u>
	4	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	18	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
October	2	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	11	End of 1st Quarter
	14	Columbus Day - <u>No School</u>
	16	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	22	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School) Parent-Teacher Conferences 4:00 pm - 7:30 pm
	24	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School) Parent-Teacher Conferences 4:00 pm - 7:30 pm
	25	Teacher Conference Day - <u>No School</u>
	27	Teacher Conference Day - <u>No School</u>
November	4	<u>No School</u>
	5	<u>No School</u> - Election Day Holiday
	11	<u>No School</u> - Veterans' Day Observation
	20	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	27 - 29	Thanksgiving Break - <u>No School</u>
December	4	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	18	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	20	End of 2nd Quarter
	23	First Day of Winter Break - <u>No School</u>
January	6	Teacher Institute - <u>No School</u>
	7	School Resumes
	15	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	20	Dr. Martin Luther King, Jr. Day - <u>No School</u>
February	5	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	17	Presidents' Day - <u>No School</u>
	19	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	28	End of 3rd Quarter
March	4	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School) Parent-Teacher Conferences 4:00 pm - 7:30 pm
	5	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	6	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School) Parent-Teacher Conferences 4:00 pm - 7:30 pm
	7	Teacher Conference Day - <u>No School</u>
	19	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	28	<u>No School</u> - Teacher Institute Day
	31	End of 4th Quarter
April	2	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	16	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	17 - 21	<u>No School</u> - Spring Break
May	7	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	21	End of 4th Quarter Last Day of attendance IF no emergency days used
	22	11:15 Dismissal - Middle School / 11:30 Dismissal Elementary School (no lunch)
	29	Last Day of attendance IF 5 emergency days used 11:15 Dismissal - Middle School / 11:30 Dismissal Elementary School (no lunch)

WHITESIDE SCHOOL 2024-2025 SUPPLY LIST

KINDERGARTEN

- 1 book bag - No wheels (Mark with Name)
- 1 plastic school supply box (8" x 5") (Mark with Name)
- 1 pair FISKARS brand student scissors (Mark with Name)
- 4 boxes Crayola Crayons (24 count) (used to replenish during the year)
- 2 boxes Crayola Markers (Classic Colors) NOT Thin markers (used to replenish during the year)
- 1 set Crayola Watercolor paints
- 24 Elmer's glue sticks
- 1 spiral single subject notebook (wide rule)
- 1 large pink eraser
- 4 dry erase markers - black
- 24 plain yellow #2 pencils - Sharpened
- 3 pkgs baby wipes (1 for computers)
- 3 boxes Kleenex 200 ct. (1 is for Library)
- 2 containers Clorox Wipes
- 1 roll paper towels
- 1 package of Napkins
- 1 box of gallon size Zip-Loc bags
- 1 box of sandwich size Zip-Loc bags (Girls Only)
- 1 box of quart size Zip-Loc bags (Boys Only)

Optional Kindergarten Items

- Paper plates, large or small
- Play dough
- Paper / plastic cups
- Bingo daubers - any color
- Dot stickers - any color

GRADE 1

- 1 pair FISKARS brand scissors (metal blade) (Mark with Name)
- 20 Elmer's glue sticks
- 2 boxes Crayola Markers: thick tip, classic colors
- 2 boxes Crayola Crayons (24 count.)
- 1 pkg twistable Crayola Crayons (10 count)
- 30 plain yellow #2 pencils - Sharpened
- 2 pink erasers
- 3 boxes Kleenex 200 ct.
- 2 spiral single subject notebooks (wide rule) (Mark with Name)
- 2 2-pocket folders - Five Star Brand (thick coated cardboard) (Mark with Name)
- 1 Spacemaker School box (plastic cigar box size) (Mark with name)
- 1 large roll paper towels
- 1 package of baby wipes (for Library)
- 1 package of baby wipes or Wet Ones (Girls Only)
- 1 package of Lysol or Clorox wipes (Boys Only)
- 1 box of quart size Zip-Loc bags (Girls Only)
- 1 box of gallon size Zip-Loc bags (Boys Only)
- 4 dry erase markers
- 1 bottle Germ-X
- 1 red plastic 3-prong folder
- 1 blue plastic 3-prong folder
- 1 10 pack clear page protectors
- Headphones (Mark with Name)

GRADE 2

- 30 Ticonderoga Pencils -- Sharpened
- 3 boxes Crayola Crayons (24 ct.) leave in original box (1 for Music)
- 2 10 ct. box Crayola Markers (classic colors, thick tip) leave in original box
- 1 pair FISKARS brand pointed school scissors (student size)
- 3 boxes Kleenex tissue 200 ct.
- 1 large roll paper towels or napkins
- 4 pink erasers
- 1 12" ruler (Inches & centimeters)
- 10 Large Elmer's glue sticks
- 4 2-pocket paper folders
- 2 2-pocket plastic red folders
- 1 spiral single subject notebook (wide rule)
- 1 Zipper Pencil Bag
- 1 box unscented wipes (Boys Only)
- 1 container Clorox Wipes (Girls Only)
- 1 Crayola Watercolor paints (Art)
- 1 Bottle Hand Sanitizer (for Library)
- 2 Sharpie highlighters
- 3 dry erase markers
- Headphones

GRADE 3

- 1 box Crayola crayons (24 ct. only)
- 1 pair FISKARS brand pointed school scissors (student size)
- 4 boxes Kleenex 200 ct.
- 5 Elmer's glue sticks
- 2 pink erasers
- 4 dozen #2 pencils -- SHARPENED please!!
- 1 compact pencil sharpener
- 1 Spacemaker pencil box (no larger than 9" x 5")
- 8 Dry Erase Markers
- 1 box Crayola markers
- 1 box Crayola colored pencils
- 1 12" wooden ruler (Inches & centimeters)
- 2 spiral single subject notebooks (wide rule)
- 3 double-pocket plastic folders
- 1 container of Clorox wipes
- Pencil and folder for Music
- 2 large rolls of paper towels (1 is for Library)
- 1 box of quart size Zip-Loc bags (Boys Only)
- 1 box of gallon size Zip-Loc bags (Girls Only)
- Earbuds / Headphones
- Reusable Water Bottle
- \$5.00 for Recorder (Purchased at school) NO DOLLAR TREE OR WALMART RECORDERS.

GRADE 4

- 3 EXPO dry erase markers
- 48 #2 pencils (Ticonderoga recommended) - please sharpen
- 1 pink eraser
- 1 hand held pencil sharpener
- 1 box Crayola crayons (24 ct.)
- 1 box Crayola markers - classic colors (water colors - not permanent)
- 2 boxes Crayola colored pencils (12 ct.)
- 1 pair FISKARS brand pointed school scissors
- 8 Elmer's glue sticks
- 5 plastic folders with prongs (one must be red)
- 1 non flexible ruler (Inches and centimeters)
- 1 roll scotch tape
- 1 small zipper pencil case
- 2 highlighters (two different colors)
- 1 package wide ruled notebook paper - unopened
- 1 composition notebook
- 4 1-subject SPIRAL notebooks
- 1 black sharpie marker
- Earbuds (cheap)
- 1 bottle Elmer's white glue
- 1 pack Index cards
- 1 box of quart size freezer bags (Girls Only)
- 1 box of gallon size freezer bags (Boys Only)
- 1 container Clorox Wipes
- 3 boxes Kleenex 200 ct.
- 2 rolls paper towels
- \$5.00 for music recorder (purchased at school) NO DOLLAR TREE OR WALMART RECORDERS

ART ROOM NEEDS:

Glue Sticks, Paper Towels, Watercolor Paints, Black Sharpies, Kleenex, Crayola Markers (10 ct Classic colors),

COMPUTER ROOM NEEDS:

Kleenex, Hand Sanitizer

MUSIC ROOM NEEDS:

Kleenex, Crayola Colored Pencils, Crayola Crayons

Please put names on all supplies including book bag, lunch box, jackets, hats, or anything that could get lost.
ALL GRADE LEVELS MUST HAVE CLEAN TENNIS SHOES WITH SHOESTRINGS FOR P.E.
Additional Items may be required by grade level.

WHITESIDE SCHOOL 2024-2025 SUPPLY LIST

****NO Birthday Treats are to be sent to school to be handed out in the classrooms or the lunchroom****

GRADE 5

- 3 large boxes of Kleenex (2-Homeroom/1-Specials)
- 3 rolls of paper towels
- 1 package loose leaf paper (wide rule)
- 9 spiral notebooks-wide rule (orange, yellow, green, red, blue, Purple, + 3 more any color – DO NOT LABEL)
- 1 package note cards
- 1 pair of scissors (blunt-tip)
- 10 2-pocket 3-prong folders (orange, yellow, green, red, blue, purple, + 4 more any color) DO NOT LABEL
- 2 black sharpies (fine point)
- 6 dozen #2 pencils
- 1 pink eraser & 1 pkg. eraser heads
- 1 10 pack of red pens
- 1 box of crayons
- 1 box of markers
- 1 package colored pencils
- 4 multi-colored highlighters
- 4 EXPO markers
- 2 glue sticks
- 3 Scotch tape
- 1 dictionary (Webster's paperback)
- 1 book bag
- 1 zippered pencil bag
- 1 package post-it notes
- 1 see-through 12" ruler (Inches & cm.)
- 2 Hand held pencil sharpeners w/cover (manual)
- 3 Tubs Disinfecting wipes
- 1 bottle of hand sanitizer
- 2 pr. Earbuds with traditional jack (no Bluetooth) – 1 for classroom & 1 for computers
- 1 box Gallon Baggies (Boys)
- 1 Box Sandwich Baggies (Girls)

GRADE 6

- 5 boxes of Kleenex
- 1 roll of paper towels
- Clorox Wipes
- Hand sanitizer
- 1 trapper keeper with dividers
- 2 single subject spiral notebooks
- 2 Composition notebooks
- 4 packages loose leaf paper
- 7 2-pocket folders
- 3 pkg. 3" x 5" index cards
- 1 pack dry erase markers
- 1 pencil bag
- 1 roll of clear tape
- 48+ Pencils with erasers
- 1 pkg. mechanical pencils
- 2 erasers
- 1 box sandwich bags
- 1 handheld pencil sharpener
- 1 pkg. black or blue ballpoint pens
- 2 red pens
- 1 pkg. multi-colored highlighters
- 1 pkg. colored pencils
- 1 pkg. markers
- 6 glue sticks
- 1 pr. Earbuds with traditional jack (no Bluetooth)

GRADE 7

- 5 boxes of Kleenex
- 3 rolls of paper towels (Science)
- 1 tub Clorox/Lysol wipes or hand sanitizer
- 1 zippered trapper keeper or 2" 3 Ring Binder
- 4 100-page wide ruled composition notebooks (2 Science & 2 Comp)
- 1 spiral notebook (Math)
- 1-300ct. pkg. 3" x 5" Index cards (S, C, Library)
- 6 pocket folders with holes (S, C, SS) (will be collected)
- 1 pencil bag
- 40+ Wooden Pencils with erasers (will be collected)
- Mechanical Pencils or Pens (if desired, not collected)
- 1 pkg. colored pencils
- Simple 4 function calculator (non-scientific) (Strongly recommended)
- 8 glue sticks (will be collected)
- 2 Sharpie markers (Science)
- 1 pr. Earbuds with traditional jack (no Bluetooth) (for classroom)

GRADE 8

- 4 boxes of tissues for homeroom
- 1 tub Clorox wipes
- 2 rolls of paper towels (Science)
- 3 packages loose leaf paper- college rule
- 1 composition notebook
- 1 binder, 1-1/2" size (Composition)
- 5 2-pocket folders
- 1 pencil bag
- 1 Binder / Trapper Keeper for organization
- 1 pkg. graph paper (Science, Math)
- 5 packs 3x5" index cards
- 1 solar scientific calculator with fraction capability (TI-30XA or equivalent)
- 2 pkgs. Colored pencils (Science)
- 2 pkgs. Fine tip markers (Literature)
- Black and Blue pens
- Mechanical pencils with extra lead
- Highlighters
- 2 dry erase markers (Math)
- Erasers
- 12 glue sticks (Science)
- 2 pr. Earbuds with traditional Jack (no Bluetooth) – 1 for classroom & 1 for computers

6-8 BAND STUDENTS

- 1 black binder, 1 inch
- 1 pkg clear page protectors

6-8 ART STUDENTS

- 6th Gr: Pocket Folder
- 7th & 8th Gr: Pocket Folder & unlined sketchbook 8 1/2x 11

Students in 6th, 7th, and 8th Grade MUST purchase a P.E. uniform from Whiteside School. They must also have a pair of white socks and tennis shoes for P.E. class. Students will put their names on their uniform with permanent marker the first week of school. Black sweatpants and a gray sweatshirt may be worn as weather conditions warrant.

Please put names on all supplies including book bag, lunch box, jackets, hats, or anything that could get lost.
ALL GRADE LEVELS MUST HAVE CLEAN TENNIS SHOES WITH SHOESTRINGS FOR P.E.
Additional Items may be required by grade level.

Whiteside School District #115
Enrollment Form

Enrolling in Grade: _____

Student's Name: _____
(Last Name) (First Name) (Middle Name)

Male Female

Address: _____
(Street) (City) (Zip Code)

Phone: _____
(main contact number)

Student's Birthdate: _____ City / State of Birth: _____

Name of Mother or Legal Guardian: _____ Maiden Name: _____

Mother's Cell # () _____ Work # () _____ Home # () _____

E-mail address: _____ Employer: _____

Mother's home address (if different than Student): _____

Name of Father or Legal Guardian: _____

Father's Cell # () _____ Work # () _____ Home # () _____

E-mail address: _____ Employer: _____

Father's home address (if different than Student): _____

Student's ethnic or racial background: Middle Eastern/ North African White
 American Indian / Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander

Must also check one box below:

Hispanic or Latino Not Hispanic or Latino

Is either Parent / Guardian Military (Active Duty / Reserves)?
Must check one box below:

Yes No

Military deployed or about to deploy?
Optional:

Yes No

Status of Parents (please check all that apply):

Married Separated Divorced Single Mother Deceased Father Deceased

Does a court order or decree prevent either parent from receiving student records or having limited or no access to the student?

Yes No *If yes, please provide a copy of the court document to the school.*

Child lives with (please check all that apply):

Parents Mother Father Legal Guardian Foster Homeless

Other (Give name: _____) Relationship to Student (_____)

Please complete back side

SCHOOL USE ONLY

Student ID _____ Teacher _____ Grade _____ Bus # _____ Bus Stop _____ Car / Walk _____

Start date: _____ IL Transfer _____ Out of State Transfer _____ Special Ed _____ Birth Cert _____

Waiver: _____ Registration approved by: _____

List the persons (other than Parent / Guardian to contact if you are unable to be reached. These people also have permission to pick up your child. List in preferred order of contact.

Name of person	Relationship to child	Cell #	Home / Work #

List NAMES and BIRTHDATES of student's brothers and sisters

School attended last year (Name of School / address) _____

Does your child receive special education services? Yes No

If yes, please indicate the program: Speech L.D. Services Self-contained Other (specify) _____

Was your child in an intervention (RTI) program for reading? Yes No

Was your child in an intervention (RTI) program for math? Yes No

Was your child in a gifted / honors program? Yes No

What language(s) other than English does your child speak? _____

Other language(s) spoken at home: _____

Has your child ever attended Whiteside School District #115 before? Yes No

Health Information

Please Circle: None Asthma ADD/ADHD Seizures Diabetes Allergies

Other Explain _____

Preferred Hospital _____

The District has permission to allow the media to use my child's picture and/or place my child's picture on the website / social media or newspaper for special recognition purposes.

Yes No

Students will be given textbooks to use at the beginning of the school year. It is the students' responsibility to turn their book into the classroom teacher. If textbooks are not returned, or are returned damaged beyond normal wear and tear, the student's account will be charged for the cost of replacement or repair. If not paid for, the account will be turned over to a collection agency. Fee waivers do NOT cover lost, damaged or stolen textbooks. Parent Initials

My signature indicates that I will read a copy of the school's Student Handbook online at wssd115.org (under Information, click Student Handbook).

I voluntarily furnish the above information and hereby certify that the student listed above and I are legal residents of Whiteside School District #115 residing within the boundary lines of said district as mandated by the State of Illinois. I understand that I may be charged with a Class C misdemeanor and may be required to pay back tuition for providing false information.

Signature of parent / legal guardian _____ Date _____



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AUTHORIZATION TO RELEASE RECORDS

Name of Student

Grade this school year

Date of Birth

Sent to or receive records from:

School name

Street Address

City, State, Zip Code

I hereby consent to the release of the following information on the above child to the Whiteside School District #115, Belleville, IL.

1. Permanent Record Information (Identifying information, grades, attendance and health records).
2. Temporary Record Information (Ability and Achievement Test results and other pertinent information).
3. Special Education Records (including MDC and IEP), Individual Psychological Test and special testing information.
4. All School Record Information on file.

K-4 Records

Whiteside Elementary School
2028 Lebanon Ave
Belleville, IL 62221
Fax: 618-233-7931
E-mail: julie.burns@wssd115.org

5-8 Records

Whiteside Middle School
111 Warrior Way
Belleville, IL 62221
Fax: 618-239-9240
E-mail: sarah.castiller@wssd115.org

I understand that the information thus obtained will be treated in a confidential manner.

Signed / Relationship to Student

Address

Date

Whiteside's mission is to help all learners reach their maximum potential so that they may become tomorrow's leaders.

WHITESIDE SCHOOL DISTRICT #115
24-25 SCHOOL YEAR

STUDENT AUTHORIZATION FOR ELECTRONIC NETWORK ACCESS

STUDENT NAME: _____
Last, First (Please print)

Student Section

I understand and will abide by the Whiteside School District 115 *Student Acceptable Use Policy for Electronic Networks*. I understand that the district and/or its agents may access and monitor my use of the Internet, including e-mail and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the district's electronic network connection and having access to public networks, I hereby release the school district and its board members, employees, and agents from any claims and damages arising from my use, or inability to use the Internet.

USER SIGNATURE: _____ DATE: _____

Parent/Guardian Section

I have read the Whiteside School District 115 *Student Acceptable Use Policy for Electronic Networks*. I understand that access is designed for educational purposes and that the district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the district to restrict access to all controversial and inappropriate materials. I will hold harmless the district, its employees, agents, or board members for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed this authorization with my child. I hereby request that my child be allowed access to the Whiteside School District 115 Electronic Network.

PARENT/GUARDIAN NAME *(Please print)*: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

AUTHORIZATION FOR USING A PHOTOGRAPH OR VIDEO OF A STUDENT

Parent/Guardian Section

I grant consent to Whiteside School District 115 to identify a picture of my child or ward, by full name and/or the school he or she attends, in any school-sponsored material, publication, video, or website. This consent is valid for the entire time my child or ward is enrolled in Whiteside School District 115. I may revoke this consent at any time by notifying the Building Principal in writing.

I deny consent to Whiteside School District 115 to include a photo of my child in any school-sponsored material, publication, video, or website, even if my child is not identified by name

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Pictures of students taken by non-school agencies: While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student. School staff members will not, however, identify a student for an outside photographer.

HANDBOOK RECEIPT

_____ (parent/guardian initials) I have received the Student & Parent Handbook/Agenda and understand that my child and I are responsible for following the rules and policies as stated in the handbook. Note: The handbook may be updated throughout the school year. Notice of handbook amendments will be sent to parents through Skyward and will be published in the monthly Smoke Signals Newsletter.

MOVIE PERMISSION FORM

_____ I give permission for my child to watch "G" and "PG" rated movies as might pertain to the curriculum.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Grade: _____

2024-2025

Hour: _____

Whiteside P.E. Uniform

(\$15.00 per set)

Students Name _____

Date _____

Adult Shirt Size: X-Small Small Medium Large X-Large XX-Large
(Circle One)

Adult Short Size: X-Small Small Medium Large X-Large XX-Large
(Circle One)

No. of Uniforms _____

Amount _____

Collected by _____

Uniform(s) issued by _____

Date _____

Grade: _____

2024-2025

Hour: _____

Whiteside P.E. Uniform

(\$15.00 per set)

Students Name _____

Date _____

Adult Shirt Size: X-Small Small Medium Large X-Large XX-Large
(Circle One)

Adult Short Size: X-Small Small Medium Large X-Large XX-Large
(Circle One)

No. of Uniforms _____

Amount _____

Collected by _____

Uniform(s) issued by _____

Date _____

Whiteside School District #115
Medical History

Student Name: _____

Birth Date: _____

ALLERGIES: (food, Drug, Insect, other) Reaction: _____	MEDICATION: (List all prescribed or over the counter taken on a regular basis) Home: _____ School: _____
Diagnosis of Asthma? <input type="checkbox"/> Y <input type="checkbox"/> N Triggers _____	Inhaler use? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Home <input type="checkbox"/> School
Birth Defects <input type="checkbox"/> Y <input type="checkbox"/> N	Loss of function of one of the paired organs (eye, ear, kidney, testicle) <input type="checkbox"/> Y <input type="checkbox"/> N
Developmental Delay <input type="checkbox"/> Y <input type="checkbox"/> N	Hospitalizations <input type="checkbox"/> Y <input type="checkbox"/> N Please explain _____
Blood Disorders? Hemophilia, Sickle Cell, Other. <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____	Surgeries <input type="checkbox"/> Y <input type="checkbox"/> N Please explain _____
Diabetes Type: _____ <input type="checkbox"/> Y <input type="checkbox"/> N _____ Blood sugar testing _____ Insulin injection _____ insulin pump	
Head Injuries <input type="checkbox"/> Y <input type="checkbox"/> N _____ concussion (age & treatment) _____ _____ skull fracture (age & treatment) _____	
Seizures <input type="checkbox"/> Y <input type="checkbox"/> N Please describe _____	Serious Injury or illness <input type="checkbox"/> Y <input type="checkbox"/> N Please explain _____
Heart Problems Shortness of Breath <input type="checkbox"/> Y <input type="checkbox"/> N Heart Murmur <input type="checkbox"/> Y <input type="checkbox"/> N High Blood Pressure <input type="checkbox"/> Y <input type="checkbox"/> N Dizziness or chest pain with exercise <input type="checkbox"/> Y <input type="checkbox"/> N Restrictions <input type="checkbox"/> Y <input type="checkbox"/> N	Eye / Vision Problems <input type="checkbox"/> Y <input type="checkbox"/> N _____ Glasses _____ Contacts _____ Amblyopia (lazy eye) _____ Loss of Vision _____ right eye _____ left eye
	Ear / Hearing Problems <input type="checkbox"/> Y <input type="checkbox"/> N _____ Hearing loss _____ right ear _____ left ear _____ Hearing aids _____ right ear _____ left ear
	Dental <input type="checkbox"/> _____ _____ Braces _____ Bridge _____ Plate _____ other
	Childhood Illnesses: _____ Chickenpox (yr) _____ _____ Pertussis or Whooping Cough (yr) _____
Bone / Joint problems / Injury; scoliosis <input type="checkbox"/> Y <input type="checkbox"/> N Explain _____	
Other Concerns: _____	

Physician:	Phone #:
Dentist:	Phone #:
Orthodontist:	Phone #:
Preferred Hospital:	Phone #:

Information may be shared with appropriate personnel for health and educational purposes. I further give permission for school medical personnel to contact my medical providers during the school year to clarify appropriate care for my child.

Parent / Guardian Signature _____

Date _____

Phone: _____

