

# Pawnee Community Unit School District #11

810 North Fourth Street, Pawnee, IL 62558

Gary Alexander, Superintendent



Jennifer Loftus  
Grade School Principal

Phone 217.625.2231

Tim Kratochvil  
Junior High & High School Principal

Phone 217.625.2471

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## Student Transfer Record Request Form

Student's Name: \_\_\_\_\_ Entering: PK K 1 2 3 4 5 6

Birth Date: \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Last School Attended \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

School Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**This student listed above has enrolled at Pawnee Grade School. We would appreciate the following records as soon as possible:**

- Birth Certificate
- Health/Immunization Records
- Report Cards
- Assessment Data
- Accelerated Reading Data/DRA/Other Reading Data, if available
- Title I or RtI Records, if applicable
- Special Education Records (Please include most current Annual Review and last EDC)
- 504 Plan
- Other \_\_\_\_\_

Parental permission is no longer required when records are requested by authorized personnel. (Family Educational Rights and Privacy Act. Final rule on Education Records. Federal Register, June 17, 1976, Vol. 41, No 118, page 2463)

Please send information to:  
**Pawnee Community Unit # 11**  
Elementary Principal  
810 North Fourth Street  
Pawnee, IL 62558

# New Student & Pre-K & Kindergarten Registration

(For office use only: SDS # \_\_\_\_\_)

**Student's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_ **Circle One:** Male / Female **Grade Entering:** \_\_\_\_\_

**Birthplace (County):** \_\_\_\_\_ **State:** \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Grades/Dates attended last school:** \_\_\_\_\_

**Siblings (Names/Ages):** \_\_\_\_\_

**Student lives with:** \_\_\_\_\_

<b>Father/Stepfather/Guardian Name:</b>		<b>Mother/Stepmother/Guardian Name:</b>	
Street Address:		Street Address:	
		<input type="checkbox"/> Address is the same.	
<i>If PO Box, please also list physical address.</i>		<i>If PO Box, please also list physical address.</i>	
<b>Circle one:</b> Sangamon County    Christian County		<b>Circle one:</b> Sangamon County    Christian County	
Montgomery County		Montgomery County	
City/Zip code		City/Zip code	
Email		Email	
Cell Phone		Cell Phone	
Home Phone		Home Phone	
Place of Employment	Work Phone	Place of Employment	Work Phone

**Did your child participate in a Pre-K program?** \_\_\_\_\_ Yes    \_\_\_\_\_ No  
 If yes, name of program \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Does your child receive/have any of the following?** (Please circle any that apply.)

Speech/Language Services/IEP      Special Education Services/IEP      RtI Services      504 Plan

**VERY IMPORTANT! In the event of an emergency, and we cannot reach you, we must have a reliable emergency contact on file.**

Emergency Contact Person \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

## Military Service Status

ILSC 5/22-65 states at the time of enrollment or at any time during the school year the district must give the opportunity for an individual enrolling a student to state whether the student has a parent or guardian who is a member of a branch of the armed forces for the U.S and who is either deployed to active duty or expects to be deployed to active duty during the school year.

### Please Circle

I currently have a parent or guardian that is a member of the U.S. Armed Forces. **Yes No**

I currently have a parent or guardian that is deployed to active duty. **Yes No**

I currently have a parent or guardian that expects to be deployed to active duty during the 2016-17 school year. **Yes No**

Name of Student: \_\_\_\_\_

Name of Parent(s) in the Military: \_\_\_\_\_

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## Home Language Survey

1) Is there a language other than English spoken in your home? Yes \_\_\_\_ No \_\_\_\_

2) What is the language? \_\_\_\_\_

3) Does your child speak a language other than English? Yes \_\_\_\_ No \_\_\_\_

4) If so, what other language(s) does your child speak? \_\_\_\_\_

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## McKinney-Vento Homeless Act Housing Status

(Optional)

### Student & Parent/Guardian are currently living:

- |  |   |
|--|---|
| <input type="checkbox"/> in an emergency shelter                     | <input type="checkbox"/> foster youth awaiting placement                                    |
| <input type="checkbox"/> in a transitional shelter                   | <input type="checkbox"/> with family or friends due to loss of housing or economic hardship |
| <input type="checkbox"/> in a motel/hotel                            | <input type="checkbox"/> McKinney-Vento Homeless Act does not apply                         |
| <input type="checkbox"/> substandard housing                         |   |
| <input type="checkbox"/> unsheltered (car, park, garage, campground) |   |

**VERY IMPORTANT – BE SURE TO COMPLETE THIS SECTION:**

My child is current with required physical/immunization. Yes/No

**Note: If not, the law allows 30 days to become compliant.**

Does your child receive medicine at school? Yes/No **Note: If yes, please fill out the medication permission form and obtain necessary physician orders. See the School Nurse with questions.**

Does your child have any allergies? Yes/No

If yes, please describe:

# Authorization Form

## Pawnee Grade School

*Due to state requirements, a parent or guardian must authorize several items annually. Please check the boxes indicating your consent and sign on the space provided at the bottom of the page. If you have any questions concerning the items listed, please ask for assistance.*

**PARENT/STUDENT HANDBOOK/POLICIES**

I have received and read the Parent/student Handbook. (The HB will be provided on Registration Day in August.)

**LIBRARY**

My child has permission to check books out of our school library during the school year. I will be responsible for lost or damaged books and replacement costs

**FIELD TRIPS**

I authorize Pawnee Grade School staff to take my/our child on walking trips, special excursions, and to nearby public park facilities. I understand that these trips will be under the supervision of Pawnee Grade School staff and all possible precautions will be taken to ensure the health and safety of my/our child. I understand that these trips may be in a bus owned or leased by the District. Teachers will provide specific information.

**PHOTOGRAPHS**

I give permission for my child's name, picture, work and school-related information to appear in television broadcasts, Pawnee Community Unit School District #11's website and to be released to the media when appropriate, which includes the school/district's website.

**TECHNOLOGY ACCEPTABLE USE POLICY**

As a parent or legal guardian of the minor student listed below, I grant permission for my son/daughter to access District #11 networked computer services, including local area networks, wide area networks, and Internet access. I understand that individuals and families may be held liable for violations of the forgoing Technology Acceptable Use Policy. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of Internet use – setting and conveying standards for my son/daughter to follow when selecting, sharing or exploring information and media. I have discussed the terms of this authorization with my child. I hereby agree to hold harmless District #11, its employees, agents, and Board members, from any harm caused by materials or software obtained via any District #11 computer or Internet connection. I have been provided a copy of the Pawnee Community Unit School #11's Technology Acceptable Use Policy which is located in the Parent/Student Handbook.

Date \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

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

# STUDENT RESIDENCY

*To be completed by parent, guardian, or other person with whom student currently lives.*

**WARNING:** If a student is determined to be a nonresident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident. A person who knowingly enrolls or attempts to enroll in this 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 that district without the payment of a nonresident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b (f)).

I \_\_\_\_\_ hereby attest that my child(ren), listed below resides within the Pawnee Community Unit School District #11 boundaries. He/she/they reside at the following address:

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**List all children living in the household.**

PK \_\_\_\_\_

K \_\_\_\_\_

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_

5<sup>th</sup> \_\_\_\_\_

6<sup>th</sup> \_\_\_\_\_

7<sup>th</sup> \_\_\_\_\_

8<sup>th</sup> \_\_\_\_\_

9<sup>th</sup> \_\_\_\_\_

10<sup>th</sup> \_\_\_\_\_

11<sup>th</sup> \_\_\_\_\_

12<sup>th</sup> \_\_\_\_\_

**Documentation Required for Proof of Residency:**

(1) Drivers License, a copy of your lease, mortgage or tax bill, **AND** (2) Two other pieces of mail with name and current address (utility bills, cable bill, etc.)