



Proof of Custody and Residency Form

Illinois law provides that the residence of a student is deemed to be the same as the residence of the person who has legal custody of the student and permits only students who are residents of the School District to enroll and attend on a tuition-free basis. The person claiming custody must also reside in the District. To assist the District in determining residency and legal custody, this form must be completed. The District may investigate the residency of any student before or after enrollment and require the involved persons to provide additional information to be considered by the District in determining residency. Enrollment is not completed, and attendance will usually not be permitted, until all residency issues are resolved.

I. Identification: (Please Print):

Student:

Name

Birth Date

Student School ID #

Person Claiming Custody/Enrolling Student:

Name

Address

Address

Phone

Relationship to Student

Residency of Person with Whom Student Lives and Who Claims Custody of the Student:

As initial proof of residency, **the person with whom the student lives in the District and who claims custody of the student** must attach one item from Category A and one item from Category B, all of which must be acceptable to the District.

If the person enrolling the student claims the student is (1) homeless, or (2) attending school upon a determination of the Department of Children and Family Services, only the appropriate line in Category C must be checked.

*** It is not required to show personal information (account #'s, payment amounts \$, etc.) on these forms. Please feel free to block out any of the personal information that does not relate to proof of your residency. All documents must be current and include the address of the student's residence.**

*Category A. Check and attach a copy of at least one of the following documents:

- ____ 1. The most recent real estate tax bill for my residence showing me as the tax payer
- ____ 2. Mortgage Papers/Statement
- ____ 3. Signed lease for my residence
- ____ 4. A closing statement for the purchase of my residence
- ____ 5. Notarized Affidavit of Resident Regarding Residency of Others Form (must provide 2 proofs from Cat. B)
- ____ 6. Notarized statement claiming month to month lease (must provide 2 proofs from Cat. B)

*Category B. Check and attach a copy of at least one of the following documents:

- ____ 1. Current Gas, Electric, or Water Bill (dated within one month of the student registration date)
- ____ 2. Valid government issued picture ID with current address in which the student resides.
- ____ 3. Public Aid Card/Food Stamp Card/Medical Card
- ____ 4. Current homeowners/renters insurance certificate
- ____ 5. Current Telephone or Cable Bill
- ____ 6. Vehicle Registration

Category C. None of the documents in categories A or B above are applicable because:

- ____ 1. The student is homeless and eligible for enrollment under the Illinois Education for Homeless Children Act
- ____ 2. The student is enrolling based on the determination of the Department of Children and Family Services, attach evidence from DCFS
- ____ 3. Proof of Residency will be established within 30 calendar days; however, a real estate contract, closing statement or lease MUST be presented as initial proof of residence. If the student does not become a resident of the district within 30 days, the parents/legal guardians may be charged tuition and the student may be removed from school.

Warning and Affirmation: Illinois law has made it a crime, punishable by imprisonment and fine, to knowingly or willfully present any false information regarding the residency of a student for purposes of enabling that student to attend on a tuition-free basis or to knowingly enroll or attempt to enroll as a student on a tuition-free basis when the student is known to be a non-resident of the School District. The District will seek prosecution to the full extent of the law any person who the District believes has committed any residency-related violation. Additionally, a civil lawsuit may be initiated by the District.

I affirm that I am a resident of this District and that the information presented in this affidavit and in connection with any investigation of my residency or the residency of the student is true, complete and accurate.

Signature of the person claiming custody /enrolling student

Date

Intentionally left blank

Student Name: _____ Student ID #: _____

School: _____



English

1. Is a language other than English spoken in your home?

Yes ☐ No ☐ What language? _____

2. Does your child speak a language other than English?

Yes ☐ No ☐ What language? _____

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

☐ By checking this box you waive the requirement to receive district communications in your native language and agree to accept all district communications in English

Polski/Polish

1. Czy w domu posługują się Państwo innym językiem niż angielski?

Tak ☐ Nie ☐ Jakim językiem? _____

2. Czy Państwa dziecko posługuje się innym językiem niż angielski?

Tak ☐ Nie ☐ Jakim językiem? _____

Jeśli udzielili Państwo twierdzącej odpowiedzi na którekolwiek z powyższych pytań, przepisy wymagają, aby szkoła sprawdziła znajomość języka angielskiego Państwa dziecka.

☐ Zaznaczając to pole, anulują Państwo wymóg bezpośredniej komunikacji w języku ojczystym i akceptują bezpośrednią komunikację w języku angielskim.

Español/Spanish

1. ¿Se habla en su casa otro idioma que no es el inglés?

Sí ☐ No ☐ ¿Cuál idioma? _____

2. ¿Habla su niño(a) un idioma que no es el inglés?

Sí ☐ No ☐ ¿Cuál idioma? _____

Si la respuesta a cualquiera de las preguntas es "Sí", la ley requiere que la escuela evalúe la fluidez de su niño en el idioma Inglés.

☐ Deseo recibir toda comunicación en Inglés y declino mi derecho de recibir la misma en mi idioma nativo

ગજી રાતી /Gujarati

1. શ તમારા ઘરમા અંગ્રેજી જિસવાયની ભાષા બોલાય છે?

હા ☐ ના ☐ કઈ ભાષા? _____

2. શ તમારે બાળક અંગ્રેજી જિસવાયની કોઈ ભાષા બોલે છે?

હા ☐ ના ☐ કઈ ભાષા? _____

જો કોઈ પણ પ્રશ્નનો જવાબ હા હોય, તો કાયદો શાળાને તમારા બાળકની અંગ્રેજી ભાષાન ભાષા પ્રાવીણ્ય

☐ આ બોક્સ ચકાસીને તમે તમરી માતૃભાષામાં જિલ્લા સંદેશાવ્યવહાર પ્રાપ્ત કરવાનો અધિકારનો ત્યાગ કરો છો અને તમામ જિલ્લા સંદેશાવ્યવહાર અંગ્રેજીમાં સ્વીકારવા

Urdu/ودرا

1. کیا آپ کے گھر میں انگریزی کے علاوہ کوئی دوسری زبان بولی جاتی ہے؟

ہاں ☐ نہیں ☐ کون سی زبان؟ _____

2. کیا آپ کا بچہ انگریزی کے علاوہ کوئی دوسری زبان بولتا ہے؟

ہاں ☐ نہیں ☐ کون سی زبان؟ _____

اگر دونوں میں سے کسی سوال کا جواب ہاں میں ہے، تو قانون کا تقاضا ہے کہ اسکول

آپ کے بچے کی انگریزی زبان کی استعداد کی تشخیص کرے۔

☐ اس باکس کو چیک کر کے آپ اپنے مادری زبان میں ڈسٹرکٹ کے مواصلات حاصل کرنے کے تقاضے سے دستبردار ہوجائیں گے اور تمام ڈسٹرکٹ کے مواصلات کو انگریزی میں قبول کرنے کے لیے اتفاق کریں گے۔

23 Illinois Administrative Code (Ch.I.S.228.15, f) Section 228.15 Identification of Eligible Students

a) Each school district shall administer a home language survey with respect to each student in preschool, kindergarten or any of grades 1 through 12 who is entering the district's schools for the first time, for the purpose of identifying students who have a language background other than English. The survey shall include at least the following questions:

1) Whether a language other than English is spoken in the student's home and, if so, which language; and
2) Whether the student speaks a language other than English and, if so, which language.

e) The district shall screen the English language proficiency of each student identified through the home language survey as having a language background other than English by using the prescribed screening instrument applicable to the student's grade level or the prescribed screening procedures identified by the preschool program. This screening shall take place within 30 days either after the student's enrollment in the district or, for preschool programs, after the student commences participation in the program, for the purpose of determining the student's eligibility for bilingual education services

Parent/Legal Guardian Signature

Date

HOME LANGUAGE SURVEY

This form MUST be kept in the Student's Cum Folder

Student Name: _____ **Student ID #** _____

School: _____



School District U-46

Tagalog

1. Bukod sa Ingles, mayroon bang ibang wika na sinasalita sa inyong tahanan?

Mayroon ☐ Wala ☐ Anong wika? _____

2. Bukod sa Ingles, may ibang wika ba na sinasalita ang inyong anak?

Mayroon ☐ Wala ☐ Anong wika? _____

Kung ang sagot sa alinmang tanong ay mayroon, hinihingi ng batas sa paaralan na sukatin ang kahusayan ng inyong anak sa Ingles.

☐ Kapag nilagyan mo ng check Ang kahong Ito, inaalalis mo na ang iyong karapatang makatanggap ng mga sulat mula sa distrito sa iyong katutubong-wika, at sumasang-ayon sa pagtanggap ng lahat ng sulat mula sa distrito sa Ingles.

Vietnamese

1. Ngôn ngữ khác tiếng Anh có được sử dụng trong nhà quý vị không?

Có ☐ Không ☐ Ngôn ngữ gì? _____

2. Con quý vị có nói một ngôn ngữ khác ngoài tiếng Anh không?

Có ☐ Không ☐ Ngôn ngữ gì? _____

Nếu câu trả lời cho một trong hai câu hỏi trên là có thì luật pháp yêu cầu trường học phải đánh giá khả năng thông thạo Anh ngữ của con quý vị.

☐ Bằng cách chọn hộp này, bạn từ bỏ yêu cầu nhận nội dung giao tiếp của quận bằng ngôn ngữ bản địa của bạn và đồng ý chấp nhận toàn bộ nội dung giao tiếp bằng tiếng Anh.

ພາສາລາວ/Lao

1. ມີການເວົ້າພາສາອື່ນທີ່ບໍ່ແມ່ນພາສາອັງກິດຢູ່ໃນເຮືອນຂອງທ່ານແມ່ນບໍ່?

ແມ່ນ _____ ບໍ່ແມ່ນ _____

ພາສາຫຍັງ? _____

2. ລູກຂອງທ່ານເວົ້າພາສາອື່ນໃດໜຶ່ງທີ່ບໍ່ແມ່ນພາສາອັງກິດແມ່ນບໍ່?

ແມ່ນ _____ ບໍ່ແມ່ນ _____

ພາສາຫຍັງ? _____

ຖ້າຄໍາຕອບຕໍ່ກັບໜຶ່ງໃນສອງຄໍາຖາມຂ້າງເທິງວ່າແມ່ນ, ກົດໝາຍກຳນົດໃຫ້ໂຮງຮຽນຕ້ອງປະເມີນຄວາມຄ່ອງແຄ້ວດ້ານພາສາອັງກິດຂອງລູກທ່ານ.

☐ ໂດຍການກວດເບິ່ງກ່ອງນີ້ ທ່ານຈະບໍ່ເສຍຄ່າທຳນຽມໃນການຂໍໃຫ້ສື່ສານເປັນພາສາທ້ອງຖິ່ນຂອງທ່ານ ແລະ ເຫັນດີໃຫ້ໄດ້ຮັບການສື່ສານເປັນພາສາອັງກິດໃນທຸກຕົວເມືອງ.

漢語 (繁體)Chinese (Traditional)

1. 您的家庭是否說英語之外的其它語言？

是的 _____ 不是 _____

什麼語言？ _____

2. 您的子女是否說英語之外的其它語言？

是的 _____ 不是 _____

什麼語言？ _____

如果兩條問題中有任何一道的答案為“是的”，那麼根據法律要求，學校將評測您子女的英語水準。

☐ 通過檢查這個箱子您放棄要求接受在您的母語的區通信和同意接受所有區通信用英語

23 Illinois Administrative Code (Ch.I.S.228.15, f) Section 228.15 Identification of Eligible Students

a) Each school district shall administer a home language survey with respect to each student in preschool, kindergarten or any of grades 1 through 12 who is entering the district's schools for the first time, for the purpose of identifying students who have a language background other than English. The survey shall include at least the following questions:

- 1) Whether a language other than English is spoken in the student's home and, if so, which language; and
- 2) Whether the student speaks a language other than English and, if so, which language.

e) The district shall screen the English language proficiency of each student identified through the home language survey as having a language background other than English by using the prescribed screening instrument applicable to the student's grade level or the prescribed screening procedures identified by the preschool program. This screening shall take place within 30 days either after the student's enrollment in the district or, for preschool programs, after the student commences participation in the program, for the purpose of determining the student's eligibility for bilingual education services

Parent/Legal Guardian Signature

Date



NEW U.S. DEPARTMENT OF EDUCATION
RACE AND ETHNICITY DATA STANDARDS
DISTRICT RECORDS
SCHOOL DISTRICT U-46

Student Name: _____ Student Birth date: _____

School: _____ District ID #: _____ State ID #: _____

INSTRUCTIONS: This form is to be filled out by the student's parents/guardians, and **BOTH questions must be answered.** Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

☐ **No, not Hispanic/Latino**

☐ **Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? **Choose one or more.**

☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

☐ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Parent/Guardian Signature

Date

☐ _____
Observer Identification

Intentionally left blank

**LANGUAGE AND EDUCATION BACKGROUND FORM**ELL EDUCATIONAL SERVICES
SCHOOL DISTRICT U-46

Student Name _____ Birthdate _____

ID# _____ Age _____ Grade _____

Section I – Language Background (to be filled out by the parent)

1. Parents speak language other than English **fluently**? Yes _____ No _____ What language? _____
2. Parents speak English **fluently**? Yes _____ No _____
3. Student speaks language other than English **fluently**? Yes _____ No _____
4. Student speaks English **fluently**? Yes _____ No _____
5. Siblings speak language other than English **fluently**? Yes _____ No _____
6. Siblings speak English **fluently**? Yes _____ No _____
7. If the child has a child care provider other than parents, does care taker speak a language other than English **fluently**? Yes _____ No _____
8. Does care taker speak English **fluently**? Yes _____ No _____
9. Time with care taker: _____

Section II – Education Background

1. Years of education in another country _____ Country _____ Grade completed _____
Language of Instruction _____ Student reads/writes in First Language? Yes _____ No _____
2. Has student participated in a Bilingual Program? Yes _____ No _____
Where? _____ How many year? _____ What grade levels? _____
3. Has student been retained? Yes _____ No _____
Where? _____ What grade? _____
4. Has student received special education? Yes _____ No _____
Where? _____ What services? _____

For Office Use Only

Interviewer _____

Interviewer and program information was gathered in: L1(Primary Language) _____ English _____

Date _____ Interviewers Initials _____

Intentionally left blank



PRE ADMISSION HEALTH INFORMATION FORM

HEALTH SERVICES
SCHOOL DISTRICT U-46

Student's Name _____

Birthdate _____ Grade: _____

Has this child ever attended a U-46 school, including Preschool?

Yes _____ No _____ Where _____

Family History:

Number of children in family? _____

This child in order of birth? _____

Are all family members healthy? _____

Birth History:

Was mother healthy during pregnancy? _____

Was baby full term? _____ Any delivery problems? _____

Did mother and baby leave hospital on same day? _____

Developmental History:

Age of walking _____ Age of talking _____

Age toilet trained: day _____ night _____

Health History:

	Yes	No	
Does this child have:			
allergies	_____	_____	
asthma	_____	_____	When was last one? _____
recurrent ear infection	_____	_____	_____
any chronic illness	_____	_____	_____
any seizures	_____	_____	_____
any physical limitations	_____	_____	_____
any sleeping difficulties	_____	_____	_____

Has this child been:

hospitalized _____

seriously injured _____

prescribed/on medication _____

examined for vision _____

Does he/she wear glasses _____

Concerns:

Are there any health problems to which the teacher/nurse should be alerted? _____

Reminder:

I understand that all students must have a physical exam and complete record of immunizations on file at school in order to remain in attendance. (Illinois School Code, Sec. 27-8.1).

Parent Signature

Date

Intentionally left blank