

**Returning Student Registration Packet for Grades PreK, 1st, 3rd,
4th, 5th, 7th, 8th, 10th, and 11th**

* To be signed and returned to office

+ To be returned to nurse

Plainfield Community Consolidated School District 202

We prepare learners for the future.



Administration Center

15732 Howard Street
Plainfield, IL 60544

(815) 577-4000 – telephone

Web: www.psd202.org

Student Health History

Student Name: _____ Grade: _____ School: _____

Gender: Male Female

Birth Date: _____ Phone Number: _____

Gender Identity: Male Female Non-binary

Doctor's Name: _____

(if you indicate YES for any category, please explain)

#	Concern	Yes or No	Explanation & Comments
1	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	*Uses EpiPen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	*Uses Inhaler	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Rarely <input type="checkbox"/> Once daily <input type="checkbox"/> More than once daily <input type="checkbox"/> For Sports
	*Uses Inhaler at School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Blood Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Daily Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	*Names of Medication(s)	At home	
	School Medications REQUIRE Medical Authorization Form	At school	
5	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Ear / Hearing Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Glasses / Contacts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last eye exam:
8	Eye / Vision Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Hospitalizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age:
11	Mental Health Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Neurological Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Physical Restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Serious Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age:
16	Surgery	<input type="checkbox"/> Yes <input type="checkbox"/> No	Age:
17	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I release this information to be shared with appropriate school and emergency personnel for health and educational purposes.

Parent / Guardian Signature

Date

Plainfield Community Consolidated School District 202

We prepare learners for the future.



Administration Center

15732 Howard Street
Plainfield, IL 60544

(815) 577-4000 – telephone

Web: www.psd202.org

Student Registration - Contact Information

Page 1 of 3

Please print clearly

Student Information			
School:	Student ID#: (for office use only)		
Student's Legal Name: (as listed on birth certificate-First, Middle, Last)			
First:	Middle:	Last:	
Name Student Goes By:			
Date of Birth:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Grade:
Birthplace:	City:	State/Country:	
Street Address:			
City:	State:	Zip Code:	
Subdivision:	Home Phone #:		

Student Resides With (at address above): Contact #1			
Relationship to Student:	<input type="checkbox"/> Mother <input type="checkbox"/> Aunt	<input type="checkbox"/> Father <input type="checkbox"/> Uncle	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian
	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Other: _____	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact's Legal Name: (Legal First, Middle Initial, Last)			
First:	Middle:	Last:	
Home Phone Number:	Cell Phone Number:		
Employer Name:			
Work Phone Number:	Education Level: <input type="checkbox"/> High School & Up		
E-mail Address:	<input type="checkbox"/> Unknown <input type="checkbox"/> Less than High School		
Preferred Language for School Written & Electronic Communication: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:			

Student Resides With (at address above): Contact #2			
Relationship to Student:	<input type="checkbox"/> Mother <input type="checkbox"/> Aunt	<input type="checkbox"/> Father <input type="checkbox"/> Uncle	<input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian
	<input type="checkbox"/> Step-Father	<input type="checkbox"/> Other: _____	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact's Legal Name: (Legal First, Middle Initial, Last)			
First:	Middle:	Last:	
Home Phone Number:	Cell Phone Number:		
Employer Name:			
Work Phone Number:	Education Level: <input type="checkbox"/> High School & Up		
E-mail Address:	<input type="checkbox"/> Unknown <input type="checkbox"/> Less than High School		
Preferred Language for School Written & Electronic Communication: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:			

Other Custodial Parent – Student Does Not Reside With

Relationship to Student:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Step-Mother	<input type="checkbox"/> Step-Father	Legal Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Guardian	<input type="checkbox"/> Other: _____	
Contact's Legal Name: (Legal First, Middle Initial, Last)					
First:		Middle:		Last:	
Street Address:					
City:			State:		Zip Code:
Home Phone Number:			Cell Phone Number:		
Employer Name:					
Work Phone Number:			Education Level: <input type="checkbox"/> High School & Up		
E-mail Address:			<input type="checkbox"/> Unknown		<input type="checkbox"/> Less than High School
Preferred Language for School Written & Electronic Communication: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:					

Emergency Contact #1

Contact's Legal Name: (Legal First, Middle Initial, Last)					
First:		Middle:		Last:	
Relationship to Student:	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Friend	<input type="checkbox"/> Childcare Provider
	<input type="checkbox"/> Other: _____				
Street Address:					
City:			State:		Zip Code:
Home Phone Number:			Cell Phone Number:		

Emergency Contact #2

Contact's Legal Name: (Legal First, Middle Initial, Last)					
First:		Middle:		Last:	
Relationship to Student:	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Friend	<input type="checkbox"/> Childcare Provider
	<input type="checkbox"/> Other: _____				
Street Address:					
City:			State:		Zip Code:
Home Phone Number:			Cell Phone Number:		

Emergency Contact #3

Contact's Legal Name: (Legal First, Middle Initial, Last)					
First:		Middle:		Last:	
Relationship to Student:	<input type="checkbox"/> Aunt	<input type="checkbox"/> Uncle	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Friend	<input type="checkbox"/> Childcare Provider
	<input type="checkbox"/> Other: _____				
Street Address:					
City:			State:		Zip Code:
Home Phone Number:			Cell Phone Number:		

Medical Information

Wears Glasses: Yes No

Wears Contact Lenses: Yes No

Medical Information: Please list any medical conditions we need to know about.

Previous Schooling Information

Previous School Student Attended:

Did your student receive special services and/or programs at their previous school?	Speech	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	ELL - English Language Learner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	ESL - English as a Second Language	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	IEP - Individualized Education Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Section 504 Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Gifted/Accelerated	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Title I	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	RTI - Reading Intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	RTI - Math Intervention	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Social Worker/Counselor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Direct Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Free / Reduced Waiver	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other:		

Has the student ever attended Plainfield Schools in the past? *If so, please provide school name.* Yes No
School: _____

Has your student previously attended USA schools? Yes No

Siblings that are currently attending Plainfield School District 202

Student Name	Current School	Grade	Date of Birth

It is imperative that all items on this registration form are complete.

As parent/guardian of the above named student, I affirm that I have completed this form in its entirety and to the best of my knowledge.

****NOTE: All information must be complete for a contact or emergency contact to be valid. ****

Print Name: _____

Signature: _____ Date: _____

RECORDED MESSAGE DISCLAIMER FOR ALL REGISTRATION PACKETS

Please Note: District 202 uses a message system incorporating recorded telephone calls, emails and text messages to communicate a wide range of emergency and non-emergency information with families.

This system operates through traditional land lines (telephone messages), computers (emails) and personal smart phones (telephone messages, text messages, apps, etc.).

District 202 will use all contact information provided on this form for automated telephone and text messages. You may contact your school directly to modify how you receive automated telephone and text messages, or to 'opt out' of such communications altogether.

Any modifications to how you receive automated telephone and text messages will not affect your school's ability to reach you through other communications, and will not affect your school's ability to use automated telephone and text messages for emergencies.

Plainfield Community Consolidated School District 202

We prepare learners for the future.



Administration Center

15732 Howard Street
Plainfield, IL 60544

(815) 577-4000 – telephone

Web: www.psd202.org

Authorization Form: ACCEPTABLE USE OF TECHNOLOGY POLICY (AUP) AUTHORIZATION FORM

**** *The following section must be completed by all employees, students, and users of District electronic resources* ****

By signing below, I acknowledge that I have received, read, and understand the Acceptable Use of Technology Policy (AUP), and any implementing administrative procedures, handbooks, and guidelines. I agree to all terms of the AUP and related materials. I understand that it is my responsibility to become acquainted with the AUP and related materials, and to keep up-to-date on any changes that may be implemented from time to time. I understand that I am expected to comply by the AUP and related materials, that I may not be notified immediately by the District of changes to the AUP and related materials, and that my ignorance of the AUP and related materials is not an excuse for a violation or other misconduct. I understand that I may be disciplined (up to and including suspension and expulsion, for students, and dismissal, for employees) and/or subject to other legal action for violations of the AUP and related materials.

User's Full Name (please print)	Date of Birth
User's Position (for Employees), Grade (for Students), or Relationship with District (for All Other Users) (please print)	
User's Signature	Date

**** *The following section must be completed by each student user's parent/guardian* ****

As the parent/guardian of the student signing above, I acknowledge that I have received, read, and understand the *Acceptable Use of Technology Policy (AUP)*, and any implementing administrative procedures, handbooks, and guidelines. I agree to all terms of the AUP and related materials for myself and for my student. I understand that it is my responsibility to make sure my student and I are acquainted with the AUP and related materials and keep up-to-date on any changes that may be implemented from time to time. I understand that my student is expected to comply with the AUP and related materials, that my student and I may not be notified immediately by the District of changes to the AUP and related materials, and that my or my student's ignorance of the AUP and related materials is not an excuse for a violation or other misconduct. I understand that my student may be disciplined (up to and including suspension and expulsion) and/or subject to other legal action for violations of the AUP and related materials.

Parent/Guardian's Full Name	Date
Parent/Guardian's Signature	