

**Elwood School District #203**  
**Registration Checklist**  
**2023-2024 School Year**

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Please read the instructions carefully and complete the registration materials attached and return to the Elwood School office.

**Please use this checklist:**

- ☐ Completed *Student Registration* form
- ☐ Residency Proof Documents
- ☐ Completed *Health Information* form
- ☐ Completed *Home Language Survey* form
- ☐ Completed *Authorization* form
- ☐ Completed *Bus Transportation* form
- ☐ Completed *Physical/Immunization* form  
(Kindergarten & 6<sup>th</sup> Grade)
- ☐ Completed *Dental* form  
(Kindergarten, 2<sup>nd</sup> Grade & 6<sup>th</sup> Grade)
- ☐ Completed *Vision* form  
(Kindergarten)
- ☐ Birth Certificate  
(Must be original birth certificate to make a copy of).
- ☐ Children's Garden Permission Slip
- ☐ Volunteer Form  
(only if you want to volunteer)

**For Office Use Only:**

Date Received: _____, 20__	Initials _____
Date Received: _____, 20__	Initials _____
Date Received: _____, 20__	Initials _____
Date Received: _____, 20__	Initials _____
Date Received: _____, 20__	Initials _____
Date Received: _____, 20__	Initials _____
Date Received: _____, 20__	Initials _____
Date Received: _____, 20__	Initials _____
Date Received: _____, 20__	Initials _____
Date Received: _____, 20__	Initials _____
Date Received: _____, 20__	Initials _____

**Tuition Fees:**

Please make check or money order payable to: **ELWOOD SCHOOL**  
**½ Day Kindergarten: \$55      K-5 grade: \$100      Jr. High: \$140**

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All Kindergarten and 6<sup>th</sup> grade students **MUST** have a physical examination **BEFORE** they can start school. Make your appointments early. Completed forms must be received in the Elwood School Office before the first day of school. Students will be excluded from starting school if these health requirements are not met.

Date received: \_\_\_\_\_ Payment received: \_\_\_\_\_ Cash or Check (Ck# \_\_\_\_\_)

**Elwood School District #203**  
**K – 8<sup>th</sup> Grade Student Registration Form**  
**2023-2024 School Year**

Elwood CCSD #203 requires all students attending to be legal residents of the school district. **At the time of registration, parent/guardian will be required to provide three (3) documents as proof of residency.**

**Residency Requirements:**

You must present one (1) of the following items from this category:

\_\_\_ Real Estate/Tax Bill      \_\_\_ Signed Lease      \_\_\_ Mortgage/Closing Papers

You must present two (2) of the following items from this category:

\_\_\_ Driver's License      \_\_\_ Gas/Electric Bill      \_\_\_ Vehicle Registration      \_\_\_ Insurance Papers

**Student Information:**

Student's Name: \_\_\_\_\_  
(first) (last) (middle)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ (F) \_\_\_\_ (M) Grade Level: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

**Transportation (Circle One):** WALK      BUS      CAR RIDER

**Military Affiliation:**

Is the student's mother, father or sibling in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list rank and branch of service: \_\_\_\_\_

**Parent/Guardian Information:**

**Parent/Guardian Contact #1 –**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different from student's)

Email Address: \_\_\_\_\_

**Parent/Guardian Contact #2 –**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different from student's)

Email Address: \_\_\_\_\_

Student resides with whom: \_\_\_\_\_

Are there any parent/guardian custodial concerns the school should be aware of? \_\_\_\_ Yes \_\_\_\_ No

If yes, we would ask you to please provide any relevant documents.

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**Special Program Information:**

Does your child have an IEP (Individual Educational Plan)? \_\_\_\_ Yes \_\_\_\_ No

If the answer is "yes", please check the appropriate box:

<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Behavior Disorder	<input type="checkbox"/>	Speech/Language Services
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Does your child have a 504 Plan? \_\_\_\_ Yes \_\_\_\_ No

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**Student's Ethnic Origin(\*):**

\_\_\_\_ Hispanic/Latino

\_\_\_\_ American Indian or Alaska Native

\_\_\_\_ Asian

\_\_\_\_ Black or African American

\_\_\_\_ Native Hawaiian/Other

\_\_\_\_ White

(\*Note: The Federal government requires us to collect information about ethnicity, race, and home language. If you do not provide us with this information, we are required to identify your child as best we can.)

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**Emergency Contact Information:** (In case of an emergency, when the parent/guardian cannot be reached, please list emergency contacts.)

Contact #1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Contact #3 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Contact #4 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

## **Parent/Student Handbook**

Please sign below acknowledging that you have read the information in the Elwood Community Consolidated School District #203's 2023-2024 Parent/Student Handbook and Calendar.

### **Technology Authorization**

I have read this handbook, as well as the technology portion of the Student Handbook located on pages 35-47, and agree to the terms and conditions listed within. I understand that I am bound to the conditions of the Technology Acceptable Use Policy and will treat my device as well as other students' devices with respect and care.

☐

Technology Policies – initialing in the box indicates that I have read and agree to the Policies.

### **Student Request for Loan of Textbooks:**

I hereby request the loan of secular textbooks in accordance with Public Act 79-761 of 1975. I understand that this request will remain valid as long as my student is enrolled at Elwood School District #203.

### **Fire Department Procedure:**

It is school policy to call Elwood Fire Department Rescue unit in the event of serious accident, injury, or illness. An "X" in the "E.F.D. Procedure" box (below) will indicate your approval of this procedure. Please note that if emergency transportation is provided for your child, the cost of that transportation remains the responsibility of the parent/guardian. Please sign below, indicating you have read and understand these statements.

Elwood School District #203 does not carry student accident insurance nor does it insure for such occurrences.

I have read and understand the school policies concerning Emergency Procedures.

☐

E.F.D. Procedure – an "x" in the box indicates my approval for the school to request the aid of the Elwood Fire Department Rescue Unit in the event of a serious accident, injury, or illness.

### **Website Authorization**

Each teacher and/or grade level will have a website linked to: [www.elwoodwoodschoo.com](http://www.elwoodwoodschoo.com)

During the year, various projects may be highlighted on these sites. We would like your permission to include your child's work. Please note the following:

- The use of photographs depicting children's projects does NOT require parent/guardian permission as long as no names are used.

The following items DO require your permission, by checking each box with your preference:

I DO grant permission	I do NOT grant permission	
		Photographs of activities that include children, but with no names.
		Actual child-written material and artwork using a code name for the child (the code name will be shared with the parent only).

Date: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Student Name (*Please Print*): \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

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**Elwood School District #203**  
**BUS TRANSPORTATION REQUEST**  
**2023-2024 School Year**

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Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

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**PLEASE NOTE; MEADOWBROOK SUBDIVISION RESIDENTS DO NOT QUALIFY FOR BUS SERVICE.**

*Bus transportation is provided to eligible students to and from school. Bus routes are assigned based on your home address. Bus drivers will contact you with specific pick-up and drop-off times. Transportation to or from a childcare provider at a different address other than your home address will be considered only if the arrangement is consistent 5 days per week. **Students MUST take their assigned bus route home from school every day. If they need to go to a different location (parties, scouts, overnights, etc.) they must be a car rider or walker that day. In short, the daily destination (home or babysitter) cannot be changed for a specific day.***

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Please indicate your child's transportation needs below:

☐ Please transport my child **TO & FROM** my home address (see above)

☐ I will need bus transportation **FROM** a childcare provider in the morning:

Childcare provider's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Childcare provider's Address: \_\_\_\_\_

☐ I will need bus transportation **TO** a childcare provider in the afternoon:

Childcare provider's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Childcare provider's Address: \_\_\_\_\_

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**ELWOOD SCHOOL DISTRICT #203**  
**HOME LANGUAGE SURVEY**  
**2023-2024 School Year**

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The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English. It also helps to identify the need for bilingual and English as a Second Language education services in the schools.

Please answer the questions below and return this survey to your child's school.

Student's Name: \_\_\_\_\_

1. Does anyone in your home speak a language other than English?

\_\_\_\_\_ YES                      What language? \_\_\_\_\_

\_\_\_\_\_ NO

2. Does your son/daughter speak a language other than English?

\_\_\_\_\_ YES                      What Language? \_\_\_\_\_

\_\_\_\_\_ NO

If the answer to either question is yes, the school will assess your child's English language proficiency. The school will measure your child's listening, speaking, reading and writing skills for students in grades 2 through 8.

Signed: \_\_\_\_\_  
                    Parent or Guardian

Date: \_\_\_\_\_