

Whiteside School District #115
Enrollment Form

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

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

American Indian / Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander White

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 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? _____

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 students 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 _____



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>

AUTHORIZATION TO RELEASE RECORDS

RE:

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: karla.mckee@wssd115.org or
bridget.conley@wssd115.org

5-8 Records

Whiteside Middle School
111 Warrior Way
Belleville, IL 62221
Fax: 618-239-9240
E-mail: tami.muren@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
2019-2020 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: _____



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>

Peggy K. Burke

Superintendent

Monica Laurent

Middle School Principal

Jaime Cotto

Middle School Assistant Principal

Nathan Rakers

Elementary Principal

Kevin Johnson

Elementary Assistant Principal

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 8/1/18 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.



State of Illinois Certificate of Child Health Examination

Student's Name			Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle	Month/Day/Year			
Address			Parent/Guardian	Telephone # Home		Work
Street	City	Zip Code				

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
DTP or DTaP																		
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap	<input type="checkbox"/> Td	<input type="checkbox"/> DT	<input type="checkbox"/> Tdap	<input type="checkbox"/> Td	<input type="checkbox"/> DT	<input type="checkbox"/> Tdap	<input type="checkbox"/> Td	<input type="checkbox"/> DT	<input type="checkbox"/> Tdap	<input type="checkbox"/> Td	<input type="checkbox"/> DT	<input type="checkbox"/> Tdap	<input type="checkbox"/> Td	<input type="checkbox"/> DT	<input type="checkbox"/> Tdap	<input type="checkbox"/> Td	<input type="checkbox"/> DT
Polio (Check specific type)	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV	<input type="checkbox"/> IPV	<input type="checkbox"/> OPV
Hib Haemophilus influenza type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps Rubella																		
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		

Comments:

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
 *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.
 Date of Disease Signature Title

3. Laboratory Evidence of Immunity (check one) Measles* Mumps** Rubella Varicella Attach copy of lab result.
 *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
 **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
 Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

Last	First	Middle	Birth Date Month/Day/Year	Sex	School	Grade Level/ ID
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER						
ALLERGIES (Food, drug, insect, other)	Yes No	List:	MEDICATION (Prescribed or taken on a regular basis.)	Yes No	List:	
Diagnosis of asthma? Child wakes during night coughing?	Yes No	Yes No Yes No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	Yes No	
Birth defects?	Yes No	Yes No	Hospitalizations? When? What for?	Yes No	Yes No	
Developmental delay?	Yes No	Yes No	Surgery? (List all.) When? What for?	Yes No	Yes No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes No	Yes No	Serious injury or illness?	Yes No	Yes No	
Diabetes?	Yes No	Yes No	TB skin test positive (past/present)?	Yes*	No	*If yes, refer to local health department.
Head injury/Concussion/Passed out?	Yes No	Yes No	TB disease (past or present)?	Yes*	No	
Seizures? What are they like?	Yes No	Yes No	Tobacco use (type, frequency)?	Yes No	Yes No	
Heart problem/Shortness of breath?	Yes No	Yes No	Alcohol/Drug use?	Yes No	Yes No	
Heart murmur/High blood pressure?	Yes No	Yes No	Family history of sudden death before age 50? (Cause?)	Yes No	Yes No	
Dizziness or chest pain with exercise?	Yes No	Yes No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate Other			
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____			Information may be shared with appropriate personnel for health and educational purposes.			
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Parent/Guardian Signature _____ Date _____			
Ear/Hearing problems?	Yes No	Yes No				
Bone/Joint problem/injury/scoliosis?	Yes No	Yes No				
PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA						
HEAD CIRCUMFERENCE if <2-3 years old		HEIGHT		WEIGHT		BMI B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMD>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>						
LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)						
Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/>		Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/>		Blood Test Date		Result
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm .						
No test needed <input type="checkbox"/>		Test performed <input type="checkbox"/>		Skin Test: Date Read / /		Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____
		Blood Test: Date Reported / /		Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>		Value
LAB TESTS (Recommended)	Date	Results		Date	Results	
Hemoglobin or Hematocrit					Sickle Cell (when indicated)	
Urinalysis					Developmental Screening Tool	
SYSTEM REVIEW	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs	
Skin					Endocrine	
Ears		Screening Result:			Gastrointestinal	
Eyes		Screening Result:			Genito-Urinary LMP	
Nose					Neurological	
Throat					Musculoskeletal	
Mouth/Dental					Spinal Exam	
Cardiovascular/HTN					Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma			Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)					Other	
NEEDS/MODIFICATIONS required in the school setting				DIETARY Needs/Restrictions		
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup						
MENTAL HEALTH/OTHER Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal						
EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.						
On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)						
PHYSICAL EDUCATION Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>			INTERSCHOLASTIC SPORTS Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>			
Print Name		(MD,DO, APN, PA) Signature			Date	
Address				Phone		



PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year)
				/ /
Address:	Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:		Gender:	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Address (of parent/guardian):			

To be completed by dentist:

Oral Health Status (check all that apply)

- Yes No **Dental Sealants Present**
- Yes No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.
- Yes No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- Yes No **Soft Tissue Pathology**
- Yes No **Malocclusion**

Treatment Needs (check all that apply)

- Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- Restorative Care** — amalgams, composites, crowns, etc.
- Preventive Care** — sealants, fluoride treatment, prophylaxis
- Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date of Exam _____

Address _____
Street City ZIP Code

Telephone _____





State of Illinois Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician (such as an ophthalmologist) who provides eye examinations be submitted to the school no later than October 15 of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the first day of the school year the child enters the Illinois school system for the first time. The parent of any child who is unable to obtain an examination must submit a waiver form to the school.

Student Name _____
(Last) (First) (Middle Initial)

Birth Date _____ Gender _____ Grade _____
(Month/Day/Year)

Parent or Guardian _____
(Last) (First)

Phone _____
(Area Code)

Address _____
(Number) (Street) (City) (ZIP Code)

County _____

To Be Completed By Examining Doctor

Case History

Date of exam _____

Ocular history: Normal or Positive for _____

Medical history: Normal or Positive for _____

Drug allergies: NKDA or Allergic to _____

Other information _____

Examination

	Distance			Near
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation? Yes No

	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal exam (vitreous, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pupillary reflex (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glaucoma evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test.

Diagnosis

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other _____



State of Illinois Eye Examination Report

Recommendations

1. Corrective lenses: No Yes, glasses or contacts should be worn for:
 Constant wear Near vision Far vision
 May be removed for physical education

2. Preferential seating recommended: No Yes

Comments _____

3. Recommend re-examination: 3 months 6 months 12 months
 Other _____

4. _____

5. _____

Print name _____
 Optometrist or physician (such as an ophthalmologist)
 who provided the eye examination MD OD DO

License Number _____

Address _____

Phone _____

Consent of Parent or Guardian
 I agree to release the above information on my child
 or ward to appropriate school or health authorities.

 (Parent or Guardian's Signature)

 (Date)

Signature _____

Date _____

(Source: Amended at 32 Ill. Reg. _____, effective _____)

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



Nurse's office phone- x2313 (E), x3366 (M)

WHITESIDE SCHOOL MEDICATION PERMIT FORM

TO BE COMPLETED BY HEALTHCARE PROVIDER:

STUDENT'S NAME: _____ DATE OF BIRTH _____

MEDICATION/ HEALTH CARE TREATMENT: _____

ROUTE: _____ DOSAGE: _____ FREQUENCY OR TIME TO BE ADMINISTERED: _____

EXPECTED OR POSSIBLE SIDE EFFECTS: _____

ADDITIONAL INSTRUCTIONS: _____

DISCONTINUE * RE-EVALUATE * FOLLOW- UP:(CIRCLE ONE) DATE: _____

PRESCRIBER'S NAME (PRINT) _____

PRESCRIBER'S SIGNATURE: _____ DATE: _____

CONTACT PHONE # _____

PARENT/GUARDIAN AUTHORIZATION:

I hereby authorize Whiteside School District 115 and its employees and agents, on my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of Whiteside School District 115) lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that when the lawfully prescribed medication is administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Whiteside School Medication Policy:

All medicines to be given at school require a medication permit signed by a healthcare provider. The ONLY exception is for the use of an asthma inhaler.

All medicine must be in a pharmacy labeled container or original package, properly labeled.

Controlled medicine can only be brought in or picked up by an adult.

All medication permits must be filled out- one for each medicine and a new permit completed every school year.

ANY changes in the medication administration must be in writing and will require a new permit from the healthcare provider.

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

Whiteside School District #115
2019-2020

(4/10/19)

Tentative Calendar - subject to change based on State requirements

August	13	Teacher Institute - no student attendance Elementary Open House 5:30-7:30pm Middle School Open House 6:00-8:00pm
	14	Teacher Institute - no student attendance
	15	First Day of Class - full day, students attend 8:30am-3:00pm
September	2	Labor Day - <u>No School</u>
	18	Early Dismissal (2:00pm)
October	11	End of 1st Quarter
	14	Columbus Day - <u>No School</u>
	22	Parent-Teacher Conferences 4:00-7:30pm
	23	Early Dismissal (2:00pm)
	24	Parent-Teacher Conferences 8:30am-7:30pm - <u>No School</u>
	25	Teacher Conference Day - <u>No School</u>
November	11	Veterans' Day - <u>No School</u>
	27-29	Thanksgiving Break - <u>No School</u>
December	20	End of 2nd Quarter
	23	First Day of Winter Break - <u>No School</u>
January	6	School resumes
	15	Early Dismissal (2:00pm)
	20	Dr. Martin Luther King, Jr. Day - <u>No School</u>
February	17	Presidents' Day - <u>No School</u>
	19	Early Dismissal (2:00pm)
	25	Parent-Teacher Conferences 4:00-7:30pm
	27	Parent-Teacher Conferences 4:00-7:30pm
	28	Teacher Conference Day - <u>No School</u>
March	6	End of 3rd Quarter
	20	Teacher Institute - <u>No School</u>
April	8	Early Dismissal (2:00pm)
	9	Spring Break - <u>No School</u>
	10	Spring Break - <u>No School</u>
	13	Spring Break - <u>No School</u>
May	19	Last Day of attendance if no emergency days used - noon dismissal (no lunch)
	25	Memorial Day - <u>No School</u>
	27	Last Day of attendance if 5 emergency days used - noon dismissal (no lunch)

PreKindergarten and Early Childhood afternoon classes will not meet on Early Dismissal days.

WHITESIDE SCHOOL 2019-2020 SUPPLY LIST

GRADE 1:

Fiskars scissors (metal blade) - mark with name
20 Elmer's glue sticks
2 boxes Crayola Markers: thick tip, classic colors
2 boxes Crayola Crayons (24 ct.)
40 plain yellow #2 sharpened pencils
2 pink erasers
2 boxes Kleenex 200 ct.
3 spiral single subject notebooks (wide rule)
2 2-pocket folders - Five Star Brand (plastic coated cardboard)
1 Spacemaker School box (plastic cigar box size) - mark with name
2 large roll paper towels
1 package of baby wipes
1 box Ziploc storage bags (Quart size)
1 box Ziploc storage bags (Gallon size)
4 Dry Erase Markers
1 bottle Germ-X
2 red plastic 3-prong folders
1 package clear page protectors - heavy duty
1 bottle Elmer's liquid school glue
Ear Buds

GRADE 2

60 plain yellow #2 pencils - sharpened
3 boxes Crayola Crayons (24 ct.) leave in original box (1 for Library)
1 10 ct. box Crayola Markers (classic colors, thick tip) leave in original box
1 pair Fiskars pointed school scissors (student size)
3 boxes Kleenex tissue 200 ct.
1 large roll paper towels or napkins
4 pink eraser
1 12" ruler (inches & centimeters)
10 Large Elmer's glue sticks
6 2-pocket paper folders
2 spiral (wide rule) notebooks
1 roll Scotch tape (girls)
1 Zipper Pencil Bag
2 boxes unscented wipes (1 box goes to computers)
1 box Ziploc bags (snack size-girls, gallon size-boys, quart size-everyone)
1 Crayola Watercolor paints (Art)
2 Sharpie highlighters
1 package of white paper plates (boys)
3x3 Post-It notes (girls)
1" 3-ring binder (Mrs. Lay's Class)
Ear Buds

Grade 3

1 bottle of white Elmer's glue
1 box Crayola crayons (24 ct. only)
1 pair Friskars pointed school scissors (student size)
4 boxes Kleenex 200 ct.
5 Elmer's glue sticks
1 package Regular - lined loose leaf paper - wide rule NO college rule or narrow lines
2 pink erasers
6 dozen #2 pencils - **SHARPENED please!!**
1 Spacemaker pencil box (no larger than 9" x 5")
1 covered pencil sharpener
3 Dry Erase Markers
2 highlighter pens

1 box Crayola markers
1 box Crayola colored pencils
1 12" wooden ruler (inches & centimeters)
2 spiral notebooks (Wide Ruled)
3 double-pocket plastic folders that are 3 hole punched
1 large roll paper towels- Boys to bring
1 container of Clorox wipes-girls to bring
Pencil and folder for Music
1 box 12 count pencils (Library)
1 box Gallon size Ziploc Freezer Bags-Boys to bring
1 box Quart size Ziploc Freezer Bags-Girls to bring
Ear Buds (cheap)
\$5.00 for Recorder (Purchased at school) **NO DOLLAR TREE OR WALMART RECORDERS.**

GRADE 4

3 Dry Erase Markers (Expo)
48 #2 pencils - **SHARPENED**
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 count
1 pair Fiskars pointed school scissors
8 Elmer's glue sticks
7 folders with prongs & pockets (must have red, green, blue, orange, purple, black and yellow) Plastic preferred
1 non-flexible ruler (inches & centimeters)
2 rolls Scotch tape
3 boxes Kleenex 200 ct. and 2 large roll paper towels
1 small Space Maker pencil box or zipper case
2 highlighter pens
1 1" diameter 3-ring binder with 2 side pockets (not zippered)
1 unopened set of at least 5 tabbed dividers for 3 ring binder
2 packages Wide ruled notebook paper - unopened
2 composition notebooks
4 1 subject Wide ruled, SPIRAL notebooks
1 Black Sharpie
1 box Quart size Ziploc Freezer bags (Girls to bring)
1 box Gallon size Ziploc Freezer bags (Boys to bring)
1 package antibacterial wipes
1 plastic protractor
NO rolling backpacks (do not fit in all lockers)
1 package 3 x 3 Post-It Notes & 1 pkg. lined 3 x 5 index cards
Ear Buds (cheap)
\$5.00 for Recorder (Purchased at school) **NO DOLLAR TREE OR WALMART RECORDERS.**
1 bottle white Elmer's school glue

ART ROOM NEEDS:

Glue Sticks, Paper Towels, Kleenex, Gallon and Sandwich size Ziploc Bags

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 2019-2020 SUPPLY LIST

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

GRADE 5

4 large boxes of Kleenex (3-Homeroom/1-Specials)
2 rolls of paper towels
1 packages loose leaf paper (wide rule)
9 spiral notebooks-wide rule (orange, yellow, green, red, blue, Purple, + 3 more any color – DO NOT LABEL
1 composition notebook (any color)
1 pair of scissors (blunt-tip)
10 2-pocket 3-pronged folders (orange, yellow, green, red, blue, purple, + 4 more any color) DO NOT LABEL
1 1-1/2" 3-ring binder w/pockets
2 black sharpies (fine point)
6 dozen #2 pencils
1 pink eraser & 1 pkg. eraser heads
2 pkgs. red pens
1 box of crayons
1 box of markers
1 package colored pencils
2 highlighters
4 dry erase markers
4 glue sticks
6 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.)
Recorder (purchase in the office for \$5.00)
2 Hand held pencil sharpeners w/cover (manual)
3 Pkgs. Disinfecting wipes
Ziploc bags – sandwich
Ziploc bags – gallon size
Ziploc bags - quart
1 bottle of hand sanitizer
2 pr. Ear Buds with traditional jack (no Bluetooth) – 1 for classroom, & 1 for computers
1 can of shaving cream

GRADE 6

5 boxes of Kleenex (3-Homeroom/2-P.E.-Specials)
1 rolls of paper towels (for Art)
Clorox Wipes
Hand sanitizer
1 trapper keeper with dividers
2 single subject spiral notebooks
2 Composition notebooks (Composition & Math)
4 packages loose leaf paper (1 for Library)
6 2-pocket folders (1 for Library)
3 pkg. 3" x 5" index cards (Science, Composition, & SS)
5 dry erase markers (3 Math & 2 SS)
1 pencil bag
20+ Pencils with erasers
1 pkg. ballpoint pens (at least 1 red)
1 pkg. multi-colored highlighters
1 pkg. colored pencils
1 pkg. markers/crayons
4 glue sticks (2 for Math)
1 bottle liquid glue (Literature)
1 8-1/2x11" spiral sketchbook (Art Students Only – No Band)
Ear Buds with traditional jack (no Bluetooth)

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

GRADE 7

4 boxes of Kleenex
3 rolls of paper towels (Science)
Clorox/Lysol wipes or hand sanitizer
1 zippered trapper keeper
1 pkg. dividers with pockets for trapper keeper
3 100-page wide ruled composition notebooks (2 Science & 1 Comp)
1 pkg. loose leaf paper
1 spiral notebooks (Math)
1-300ct. pkg. 3" x 5" index cards (S, C, Library)
6 pocket folders (S, C, M, SS, L, & Library)
1 pencil bag
1 pkg. pens (at least 1 red pen)
20+ Pencils with erasers + extra lead for mechanicals
1 pkg. colored pencils
Hand held pencil sharpener
1 protractor
Simple 4 function calculator (non-scientific)
1 pr. safety scissors
6 glue sticks
2 rolls of scotch tape
4 Sharpie markers (Sci & PE)
4 dry erase markers (PE)
Ear Buds with traditional jack (no Bluetooth)
NEW STUDENTS ONLY: 8-1/2" x 11" spiral sketchbook (Art)

GRADE 8

4 boxes of tissues for homeroom
1 Clorox wipes
3 rolls of paper towels (Science)
5 packages loose leaf paper- college rule
2 composition notebooks - college rule (Science)
1 binders, 1-1/2" size (Composition)
5 2-pocket folders
4 divider tabs for binder (Composition)
1 pkg. graph paper (Science, Math)
4 packs 3x5" index cards
1 bottle of Elmer's White glue (Science)
1 solar scientific calculator with fraction capability (TI-30XA or equivalent)
1 pkg. Colored pencils (Science)
Fine tip markers (Literature)
Black and Blue pens
Red Pen
Mechanical pencils with extra lead
Highlighters
2-4 dry erase markers (Math)
Erasers
10 glue sticks (Math, Science)
Ear Buds with traditional jack (no Bluetooth)
NEW STUDENTS ONLY – 8-1/2" x11" spiral sketchbook (Art)
Not required, but helpful: pencil bag and Binder/Trapper Keeper for organization

STUDENTS IN 6TH, 7TH, & 8TH GRADE **MUST** PURCHASE A P.E. UNIFORM FROM WHITESIDE SCHOOL AT A COST OF \$15.00 PER UNIFORM. THEY MUST ALSO HAVE A PAIR OF WHITE SOCKS AND TENNIS SHOES FOR P.E. CLASS. STUDENTS WILL PUT THEIR NAMES ON THEIR CLOTHES WITH PERMANENT MARKER THE FIRST WEEK OF SCHOOL. BLACK SWEATPANTS AND A GREY 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.