



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>

Mark Heuring

Superintendent

Monica Laurent

Middle School Principal

Jaimé Cotto

Middle School Assistant Principal

Nathan Rakers

Elementary Principal

Kim Bossler

Elementary Assistant Principal

Documents Needed for New Student Registration

2024-2025 Required Documents
Certified Birth Certificate
<i>*if applicable Most Recent Custody Documents</i>
Proofs of Residency
<i>*Mortgage Statement/ Closing documents/ Property Tax or Lease Agreement AND Occupancy Permit</i>
<i>*Two Current Utility Bills</i>
Most Recent Physical and Immunization Records
<i>*Students coming from out of state need to have a Physical on the IL. Certified Form</i>

Call Whiteside School Office with any questions
618-239-0000.



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SCHOOL FEES

2024-2025 School Year

The School Board may establish fees and charges to fund certain school activities. It is recognized that some students will be unable to pay these fees. Consequently, students shall not be denied educational services or academic credit due to the inability of parents or guardians to pay fees.

Whiteside School District's textbook & materials fees are currently as stated below

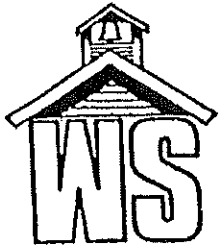
2024-2025 Registration Fees	
Registration: Early Childhood, Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, & 8th	\$80.00
<i>*Reduced Lunch Registration (upon approval of Household Eligibility Application)</i>	\$26.40
Tech Fee: Early Childhood, Kindergarten, 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, & 8th	\$20.00
Late Fee (as of 10-1-24)	\$10.00
Classroom Fees	
Band Course Fee (not considered an activity fee)	\$25.00
Music/Recorder Fee (All 3rd Grade & New to Whiteside 4th Graders)	\$5.00

Registration, Tech, and Band Participation Fees should be paid at Registration in July/August. Fees MUST be paid in full by October 1, 2024. Fees not paid by the deadline will be charged a \$10.00 Late Fee. Fees for students enrolling *after* the first day of school are due at the time of registration. ALL FEES ARE SUBJECT TO CHANGE.

Note: All fees must be paid in full prior to Middle School Sports Try-outs.

Students whose parents are unable to afford student fees may receive a waiver of some of the fees based upon approval of a completed Household Eligibility Application. However, these students are not exempt from charges for lost and damaged books, locks, materials, supplies and equipment.

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



SCHOOL PHYSICAL & IMMUNIZATION REQUIREMENTS – 2024-2025

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 8/15/22 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.

5th-8th Grade Sports

- A Yearly Sports Physical and Sports Packet is required to try out and participate in sports.
 - Sports Packets are available in the office

**Whiteside School District #115
2024-2025 School Calendar**

August	12	Teacher Institute - <u>No Student Attendance</u> Elementary Open House - TBD
	13	Teacher Institute - <u>No Student Attendance</u> Middle School Open House - TBD
	14	First Day of Class - Full day (<u>Kindergarten - Only Last names A-K attend</u>) (8:15 am - 2:45 pm - Middle School / 8:30 am - 3:00 pm Elementary School)
	15	<u>Kindergarten - Only Last names L-Z attend</u>
	21	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
September	2	Labor Day - <u>No School</u>
	4	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	18	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
October	2	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	11	End of 1st Quarter
	14	Columbus Day - <u>No School</u>
	16	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	22	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School) Parent-Teacher Conferences 4:00 pm - 7:30 pm
	24	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School) Parent-Teacher Conferences 4:00 pm - 7:30 pm
	25	Teacher Conference Day - <u>No School</u>
November	4	<u>No School</u>
	5	<u>No School</u> - Election Day Holiday
	11	<u>No School</u> - Veterans' Day Observation
	20	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	27 - 29	Thanksgiving Break - <u>No School</u>
December	4	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	18	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	20	End of 2nd Quarter
	23	First Day of Winter Break - <u>No School</u>
January	6	Teacher Institute - <u>No School</u>
	7	School Resumes
	15	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	20	Dr. Martin Luther King, Jr. Day - <u>No School</u>
February	5	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	17	Presidents' Day - <u>No School</u>
	19	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	28	End of 3rd Quarter
March	4	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School) Parent-Teacher Conferences 4:00 pm - 7:30 pm
	5	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	6	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School) Parent-Teacher Conferences 4:00 pm - 7:30 pm
	7	Teacher Conference Day - <u>No School</u>
	19	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	28	<u>No School</u> - Teacher Institute Day
April	2	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	16	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	17 - 21	<u>No School</u> - Spring Break
May	7	Early Dismissal (1:45 pm - Middle School / 2:00 pm Elementary School)
	21	End of 4th Quarter Last Day of attendance IF no emergency days used 11:15 Dismissal - Middle School / 11:30 Dismissal Elementary School (no lunch)
	29	Last Day of attendance IF 5 emergency days used 11:15 Dismissal - Middle School / 11:30 Dismissal Elementary School (no lunch)

WHITESIDE SCHOOL 2024-2025 SUPPLY LIST

INDERGARTEN

- book bag - No wheels (Mark with Name)
- plastic school supply box (8" x 5") (Mark with Name)
- pair FISKARS brand student scissors (Mark with Name)
- boxes Crayola Crayons (24 count) (used to replenish during the year)
- boxes Crayola Markers (Classic Colors) NOT Thin markers (used to replenish during the year)
- set Crayola Watercolor paints
- 4 Elmer's glue sticks
- spiral single subject notebook (wide rule)
- large pink eraser
- dry erase markers - black
- 4 plain yellow #2 pencils - Sharpened
- pkgs baby wipes (1 for computers)
- boxes Kleenex 200 ct. (1 Is for Library)
- containers Clorox Wipes
- roll paper towels
- package of Napkins
- box of gallon size Zip-Loc bags
- box of sandwich size Zip-Loc bags (Girls Only)
- box of quart size Zip-Loc bags (Boys Only)

Optional Kindergarten Items

- Paper plates, large or small
- Play dough
- Paper / plastic cups
- Bingo daubers - any color
- Dot stickers - any color

GRADE 1

- 1 pair FISKARS brand scissors (metal blade) (Mark with Name)
- 20 Elmer's glue sticks
- 2 boxes Crayola Markers: thick tip, classic colors
- 2 boxes Crayola Crayons (24 count.)
- 1 pkg twistable Crayola Crayons (10 count)
- 30 plain yellow #2 pencils - Sharpened
- 2 pink erasers
- 3 boxes Kleenex 200 ct.
- spiral single subject notebooks (wide rule) (Mark with Name)
- 2-pocket folders - Five Star Brand (thick coated cardboard) (Mark with Name)
- 1 Spacemaker School box (plastic cigar box size) (Mark with name)
- 1 large roll paper towels
- 1 package of baby wipes (for Library)
- 1 package of baby wipes or Wet Ones (Girls Only)
- 1 package of Lysol or Clorox wipes (Boys Only)
- 1 box of quart size Zip-Loc bags (Girls Only)
- 1 box of gallon size Zip-Loc bags (Boys Only)
- 4 dry erase markers
- 1 bottle Germ-X
- 1 red plastic 3-prong folder
- 1 blue plastic 3-prong folder
- 1 10 pack clear page protectors
- Headphones (Mark with Name)

GRADE 2

- 30 Ticonderoga Pencils - Sharpened
- 3 boxes Crayola Crayons (24 ct.) leave in original box (1 for Music)
- 10 ct. box Crayola Markers (classic colors, thick tip) leave in original box
- 1 pair FISKARS brand pointed school scissors (student size)
- 3 boxes Kleenex tissue 200 ct.
- 1 large roll paper towels or napkins
- 4 pink erasers
- 1 12" ruler (Inches & centimeters)
- 10 Large Elmer's glue sticks
- 4 2-pocket paper folders
- 2 2-pocket plastic red folders
- 1 spiral single subject notebook (wide rule)
- 1 Zipper Pencil Bag
- 1 box unscented wipes (Boys Only)
- 1 container Clorox Wipes (Girls Only)
- 1 Crayola Watercolor paints (Art)
- 1 Bottle Hand Sanitizer (for Library)
- 2 Sharpie highlighters
- 3 dry erase markers
- Headphones

GRADE 3

- 1 box Crayola crayons (24 ct. only)
- 1 pair FISKARS brand pointed school scissors (student size)
- 4 boxes Kleenex 200 ct.
- 5 Elmer's glue sticks
- 2 pink erasers
- 4 dozen #2 pencils - SHARPENED please!!
- 1 compact pencil sharpener
- 1 Spacemaker pencil box (no larger than 9" x 5")
- 8 Dry Erase Markers
- 1 box Crayola markers
- 1 box Crayola colored pencils
- 1 12" wooden ruler (inches & centimeters)
- 2 spiral single subject notebooks (wide rule)
- 3 double-pocket plastic folders
- 1 container of Clorox wipes
- Pencil and folder for Music
- 2 large rolls of paper towels (1 Is for Library)
- 1 box of quart size Zip-Loc bags (Boys Only)
- 1 box of gallon size Zip-Loc bags (Girls Only)
- Earbuds / Headphones
- Reusable Water Bottle
- \$5.00 for Recorder (Purchased at school) NO DOLLAR TREE OR WALMART RECORDERS.

GRADE 4

- 3 EXPO dry erase markers
- 48 #2 pencils (Ticonderoga recommended) - please sharpen
- 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 ct.)
- 1 pair FISKARS brand pointed school scissors
- 8 Elmer's glue sticks
- 5 plastic folders with prongs (one must be red)
- 1 non flexible ruler (Inches and centimeters)
- 1 roll scotch tape
- 1 small zipper pencil case
- 2 highlighters (two different colors)
- 1 package wide ruled notebook paper - unopened
- 1 composition notebook
- 4 1-subject SPIRAL notebooks
- 1 black sharpie marker
- Earbuds (cheap)
- 1 bottle Elmer's white glue
- 1 pack index cards
- 1 box of quart size freezer bags (Girls Only)
- 1 box of gallon size freezer bags (Boys Only)
- 1 container Clorox Wipes
- 3 boxes Kleenex 200 ct.
- 2 rolls paper towels
- \$5.00 for music recorder (purchased at school) NO DOLLAR TREE OR WALMART RECORDERS

ART ROOM NEEDS:

Glue Sticks, Paper Towels, Watercolor Paints, Black Sharples, Kleenex, Crayola Markers (10 ct Classic colors),

COMPUTER ROOM NEEDS:

Kleenex, Hand Sanitizer

MUSIC ROOM NEEDS:

Kleenex, Crayola Colored Pencils, Crayola Crayons

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 2024-2025 SUPPLY LIST

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

GRADE 5

- 3 large boxes of Kleenex (2-Homeroom/1-Specials)
- 3 rolls of paper towels
- 1 package loose leaf paper (wide rule)
- 9 spiral notebooks-wide rule (orange, yellow, green, red, blue, Purple, + 3 more any color -- DO NOT LABEL)
- 1 package note cards
- 1 pair of scissors (blunt-tip)
- 10 2-pocket 3-prong folders (orange, yellow, green, red, blue, purple, + 4 more any color) DO NOT LABEL
- 2 black sharples (fine point)
- 6 dozen #2 pencils
- 1 pink eraser & 1 pkg. eraser heads
- 1 10 pack of red pens
- 1 box of crayons
- 1 box of markers
- 1 package colored pencils
- 4 multi-colored highlighters
- 4 EXPO markers
- 2 glue sticks
- 3 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.)
- 2 Hand held pencil sharpeners w/cover (manual)
- 3 Tubs Disinfecting wipes
- 1 bottle of hand sanitizer
- 2 pr. Earbuds with traditional jack (no Bluetooth) – 1 for classroom & 1 for computers
- 1 box Gallon Baggies (Boys)
- 1 Box Sandwich Baggies (Girls)

GRADE 6

- 5 boxes of Kleenex
- 1 roll of paper towels
- Clorox Wipes
- Hand sanitizer
- 1 trapper keeper with dividers
- 2 single subject spiral notebooks
- 2 Composition notebooks
- 4 packages loose leaf paper
- 7 2-pocket folders
- 3 pkg. 3" x 5" Index cards
- 1 pack dry erase markers
- 1 pencil bag
- 1 roll of clear tape
- 48+ Pencils with erasers
- 1 pkg. mechanical pencils
- 2 erasers
- 1 box sandwich bags
- 1 handheld pencil sharpener
- 1 pkg. black or blue ballpoint pens
- 2 red pens
- 1 pkg. multi-colored highlighters
- 1 pkg. colored pencils
- 1 pkg. markers
- 6 glue sticks
- 1 pr. Earbuds with traditional jack (no Bluetooth)

GRADE 7

- 5 boxes of Kleenex
- 3 rolls of paper towels (Science)
- 1 tub Clorox/Lysol wipes or hand sanitizer
- 1 zippered trapper keeper or 2" 3 Ring Binder
- 4 100-page wide ruled composition notebooks (2 Science & 2 Comp)
- 1 spiral notebook (Math)
- 1-300ct. pkg. 3" x 5" Index cards (S, C, Library)
- 6 pocket folders with holes (S, C, SS) (will be collected)
- 1 pencil bag
- 40+ Wooden Pencils with erasers (will be collected)
- Mechanical Pencils or Pens (If desired, not collected)
- 1 pkg. colored pencils
- Simple 4 function calculator (non-scientific) (Strongly recommended)
- 8 glue sticks (will be collected)
- 2 Sharpie markers (Science)
- 1 pr. Earbuds with traditional jack (no Bluetooth) (for classroom)

GRADE 8

- 4 boxes of tissues for homeroom
- 1 tub Clorox wipes
- 2 rolls of paper towels (Science)
- 3 packages loose leaf paper- college rule
- 1 composition notebook
- 1 binder, 1-1/2" size (Composition)
- 5 2-pocket folders
- 1 pencil bag
- 1 Binder / Trapper Keeper for organization
- 1 pkg. graph paper (Science, Math)
- 5 packs 3x5" index cards
- 1 solar scientific calculator with fraction capability (TI-30XA or equivalent)
- 2 pkgs. Colored pencils (Science)
- 2 pkgs. Fine tip markers (Literature)
- Black and Blue pens
- Mechanical pencils with extra lead
- Highlighters
- 2 dry erase markers (Math)
- Erasers
- 12 glue sticks (Science)
- 2 pr. Earbuds with traditional jack (no Bluetooth) – 1 for classroom & 1 for computers

6-8 BAND STUDENTS

- 1 black binder, 1 inch
- 1 pkg clear page protectors

6-8 ART STUDENTS

- 6th Gr: Pocket Folder
- 7th & 8th Gr: Pocket Folder & unlined sketchbook 8 1/2x 11

Students in 6th, 7th, and 8th Grade MUST purchase a P.E. uniform from Whiteside School. They must also have a pair of white socks and tennis shoes for P.E. class. Students will put their names on their uniform with permanent marker the first week of school. Black sweatpants and a gray 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.

Whiteside School District #115
Enrollment Form

Enrolling in Grade: _____

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

Male Female

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: Middle Eastern/ North African White
 American Indian / Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander

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 the 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? _____

Other language(s) spoken at home: _____

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.

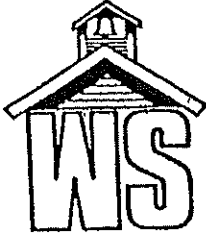
Yes No

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 student's 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 _____



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AUTHORIZATION TO RELEASE RECORDS

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: julie.burns@wssd115.org

5-8 Records

Whiteside Middle School
111 Warrior Way
Belleville, IL 62221
Fax: 618-239-9240
E-mail: sarah.castiller@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
24-25 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: _____

Grade: _____

2024-2025

Hour: _____

Whiteside P.E. Uniform

(\$15.00 per set)

Students Name _____

Date _____

Adult Shirt Size: X-Small Small Medium Large X-Large XX-Large
(Circle One)

Adult Short Size: X-Small Small Medium Large X-Large XX-Large
(Circle One)

No. of Uniforms _____

Amount _____

Collected by _____

Uniform(s) issued by _____

Date _____

Grade: _____

2024-2025

Hour: _____

Whiteside P.E. Uniform

(\$15.00 per set)

Students Name _____

Date _____

Adult Shirt Size: X-Small Small Medium Large X-Large XX-Large
(Circle One)

Adult Short Size: X-Small Small Medium Large X-Large XX-Large
(Circle One)

No. of Uniforms _____

Amount _____

Collected by _____

Uniform(s) issued by _____

Date _____

Whiteside School District #115 Medical History

Student Name: _____

Birth Date: _____

ALLERGIES: (food, Drug, insect, other) Reaction: _____	MEDICATION: (List all prescribed or over the counter taken on a regular basis) Home: _____ School: _____
Diagnosis of Asthma? Y N Inhaler use? Y N _____ Home _____ School Triggers _____	
Birth Defects Y N	Loss of function of one of the paired organs (eye, ear, kidney, testicle) Y N
Developmental Delay Y N	Hospitalizations Y N Please explain _____
Blood Disorders? Hemophilla, Sickle Cell, Other. Y N Explain _____	Surgeries Y N Please explain _____
Diabetes Type: _____ Y N _____ Blood sugar testing _____ Insulin injection _____ Insulin pump	
Head Injuries Y N _____ concussion (age & treatment) _____ _____ skull fracture (age & treatment) _____	
Seizures Y N Please describe _____	Serious Injury or illness Y N Please explain _____
Heart Problems Shortness of Breath Y N Heart Murmur Y N High Blood Pressure Y N Dizziness or chest pain with exercise Y N Restrictions Y N	Eye / Vision Problems Y N _____ Glasses _____ Contacts _____ Amblyopia (lazy eye) _____ Loss of Vision _____ right eye _____ left eye
	Ear / Hearing Problems Y N _____ Hearing loss _____ right ear _____ left ear _____ Hearing aids _____ right ear _____ left ear
	Dental _____ Braces _____ Bridge _____ Plate _____ other
	Bone / Joint problems / Injury; scoliosis Y N Explain _____
Other Concerns: _____	

Physician: _____	Phone #: _____
Dentist: _____	Phone #: _____
Orthodontist: _____	Phone #: _____
Preferred Hospital: _____	Phone #: _____

Information may be shared with appropriate personnel for health and educational purposes. I further give permission for school medical personnel to contact my medical providers during the school year to clarify appropriate care for my child.

Parent / Guardian Signature _____

Date _____

Phone: _____

Children need healthy meals to learn. Whiteside School District offers healthy meals every school day. Breakfast costs \$1.65; lunch costs \$2.75. Your children may qualify for free meals or for reduced price meals. Reduced price is \$0.30 for breakfast and \$0.40 for lunch. To apply for free or reduced-price meals, use the Household Eligibility Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the Superintendent's Office.

Your child(ren) may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

Income Eligibility Guidelines
Effective from July 1, 2024 to June 30, 2025

Reduced Price Meals 185% Federal Poverty Guideline					
Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional family member, add	9,953	830	415	383	192

- DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Complete the application to apply for free or reduced price meals. Use one Household Eligibility Application for all students in your household per district. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to the school.
- WHO CAN GET FREE MEALS? All children in households receiving benefits from Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and/or are foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Eligibility Guidelines. Children who meet the definition of homeless, runaway, or migrant also qualify for free meals. If you haven't been told your children will get free meals, please contact your school to see if your child(ren) qualifies.
- WHO CAN GET REDUCED PRICE MEALS? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart, shown above.
- A MEMBER OF MY HOUSEHOLD RECEIVED SNAP OR TANF BENEFITS. THE SCHOOL SENT A LETTER STATING THAT MY CHILD IS AUTOMATICALLY APPROVED FOR FREE MEALS BASED ON DIRECT CERTIFICATION. DO I NEED TO DO ANYTHING MORE TO ENSURE THAT MY CHILD RECEIVES FREE MEALS? No. You do not need to do anything more to receive free meals for your child. If you have students not listed on the letter, contact the school immediately. If you do not wish to receive the free meals, you should follow the steps outlined in the letter from the school to notify school personnel immediately.
- HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY? Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please contact your school.
- MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT ANOTHER ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year. You must send in a new application unless the school told you that your child is eligible for the new school year.
- I GET WIC. CAN MY CHILD(REN) GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out the enclosed application.
- WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof.
- IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
- WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to the person listed above.
- MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes, You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.
- WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
- WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$800, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
- WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
- MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for SNAP, TANF or other assistance benefits, contact your local Department of Human Services office or call (800) 843-6164 (voice) or (800) 447-6404 (TTY).

Sincerely,

INSTRUCTIONS FOR APPLYING – COMPLETE ONE APPLICATION PER HOUSEHOLD PER SCHOOL DISTRICT

IF YOUR HOUSEHOLD RECEIVES SNAP OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

Part 1: List all household members, school and grade for each student, and a SNAP or TANF case number for any household member including adults receiving such benefits. (Attach another sheet of paper if necessary.)

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. (The last four digits of a Social Security Number are not necessary.)

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR RUNAWAY OR HEAD START/EVEN START, FOLLOW THESE INSTRUCTION AND RETURN THE COMPLETE FORM TO YOUR SCHOOL:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Complete only if a child in your household isn't eligible under Part 2. See instructions for All Other Households.

Part 4: Sign the form. Only if part 3 is completed, please include the last four digits of a Social Security Number, (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS AND RETURN THE COMPLETED FORM TO YOUR SCHOOL:

If all children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all foster children and the school name for each child. Check the "Foster Child" box for each foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. The last four digits of a Social Security Number are not necessary.

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

If some of the children in the household are foster children that are the legal responsibility of a foster care agency or court:

Part 1: List all household members and the name of school for each child. Check the "Foster Child" box for each foster child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1--Name:** List all household members with income.
- **Box 2--Gross Income and How Often it Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDIPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

ALL OTHER HOUSEHOLDS INCLUDING MEDICAID AND WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all household members and the name of school for each child.

Part 2: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your school.

Part 3: Follow these instructions to report total household income from this month or last month.

- **Box 1--Name:** List all household members with income.
- **Box 2--Gross Income and How Often it Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits. Under All Other Income, list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, FDIPIR, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under Earnings from Work, report income after expenses. This is for your business, farm, or rental property. Do not include income from SNAP, FDIPIR, WIC or Federal education benefits. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: Adult household member must sign the form and list the last four digits of their Social Security Number (or mark the box if s/he doesn't have one).

Part 5 & 6: Contact Information, and Children's Racial and Ethnic Identities: Answer these questions if you choose to. (Optional)

Privacy Act Statement: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDIPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or, 3. email: program.intake@usda.gov

SCHOOL USE ONLY
 Check If Error Prone Application

1. All Household Members (Attach another sheet of paper if necessary.)

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST apply based on household size and income.	Check If Foster Child*
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

* A foster child is the legal responsibility of a welfare agency or court.

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

- Homeless Migrant Runaway Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date _____

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the I do not have a social security number box. I do not have a social security number.

X X X - X X - _____
Social Security Number

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member _____

5. Contact Information (Optional)

Work Telephone Number (include Area Code) _____ Home Telephone Number (include Area Code) _____ Home Address (Number, Street, City, State, ZIP Code) _____

6. Children's Racial and Ethnic Identities (Optional)

- Mark one ethnic identity: Hispanic/Latino Not Hispanic/Latino
- Mark one or more racial identities: Asian Black or African American Native Hawaiian or Other Pacific Islander
 White American Indian or Alaska Native

THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY

INITIAL DETERMINATION

TOTAL INCOME \$ _____ Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____ CHANGE IN STATUS: _____ Date _____

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.
 Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

- Free based on: homeless migrant runaway Head Start
- SNAP or TANF foster child household's income
- Reduced based on: household's income
- Denied—Reason: Income too high Incomplete application Non-qualifying SNAP/TANF
- Date Withdrawn: _____
Signature of Determining Official _____ Date: _____

