

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 16 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 _____

E-Learning Survey

Student Name: _____ Grade: _____

1. Does your student have the ability to access an internet-connected device for E-Learning?
 Yes No

2. Please mark a yes/no next to the device(s) that your child will use for future E-Learning.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Desktop Computer
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Laptop Computer
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Chromebook
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Ipad/Tablet
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Cell Phone
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	My student does NOT have a device

3. Do you have internet service at your residence? Yes No

4. Is your internet service provided by an internet company (ie: Charter, AT&T, etc.)?
 Yes No

5. Is your internet service provided through your cell phone company as a hotspot?
 Yes No

6. Would you need a Chromebook or E-Device, if provided, to allow for E-Learning?
 Yes No

7. If an E-Learning Device is provided, will you be able to provide internet services for your student(s)?
 Yes No

8. If an E-Learning Device is provided, do you need access to be provided for internet service?
 Yes No

9. If a remote hotspot (internet) is provided within the school district at different remote locations would you be able to transport your student(s) to access the internet?
 Yes No

10. If you answered yes to the previous question, please select the amount of time you would be able to stay at the remote location and allow your student(s) to work on E-Learning?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Less than 30 minutes
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	30-60 minutes
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	More than 60 minutes

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? Triggers _____ Y N	Inhaler use? Y N _____ Home _____ School
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? Hemophilia, Sickle Cell, Other. Explain _____ Y N	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
	Childhood Illnesses: _____ Chickenpox (yr) _____ _____ Pertussis or Whooping Cough (yr) _____
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: _____



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>

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

- Physical Exam on Illinois Form
- 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

- Physical Exam on Illinois Form
- Complete Immunization Record
→ (1) Tdap, (3) Hep B, (2) MMR, (2) C.pox, (1) Meningitis
- Dental Exam on Illinois Form

Ninth Grade Students

- Physical Exam on Illinois Form
- Complete Immunization Record
→ (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.

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



**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										Comments: * indicates invalid dose								
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		

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?			Yes No		Child wakes during night coughing?			Yes No			Loss of function of one of paired organs? (eye/ear/kidney/testicle)			Yes No			
Birth defects?			Yes No		Developmental delay?			Yes No			Hospitalizations? When? What for?			Yes No			
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.			Yes No		Diabetes?			Yes No			Surgery? (List all.) When? What for?			Yes No			
Head injury/Concussion/Passed out?			Yes No		Seizures? What are they like?			Yes No			TB skin test positive (past/present)?			Yes* No		*If yes, refer to local health department.	
Heart problem/Shortness of breath?			Yes No		Heart murmur/High blood pressure?			Yes No			TB disease (past or present)?			Yes* No			
Dizziness or chest pain with exercise?			Yes No		Eye/Vision problems? Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____			Yes No			Tobacco use (type, frequency)?			Yes No			
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Yes No		Ear/Hearing problems?			Yes No			Alcohol/Drug use?			Yes No			
Bone/Joint problem/injury/scoliosis?			Yes No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other _____			Yes No			Family history of sudden death before age 50? (Cause?)			Yes No			
Information may be shared with appropriate personnel for health and educational purposes. Parent/Guardian Signature _____ Date _____																	
PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA																	
HEAD CIRCUMFERENCE if <2-3 years old			HEIGHT			WEIGHT			BMI			BMI PERCENTILE			B/P		
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI >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														
Skin																	
Ears			Screening Result:						Endocrine								
Eyes			Screening Result:						Gastrointestinal								
Nose									Genito-Urinary			IMP					
Throat									Neurological								
Mouth/Dental									Musculoskeletal								
Cardiovascular/HTN									Spinal Exam								
Respiratory									Nutritional status								
Currently Prescribed Asthma Medication:									Mental Health								
<input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist)									Other								
<input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)																	
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
2021-2022 School Year**

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

Pre-Kindergarten and Early Childhood afternoon classes will not meet on Early Dismissal days.



2021-2022 School Year

The first day of Kindergarten will take place as noted below. It is important that your child can attend on their designated day. Only half of the students will attend each day in order to ease their transition into Kindergarten.

**Students with last names beginning with A-M
Wednesday, August 18th.**

(Children with last name N-Z will NOT ATTEND on this day)

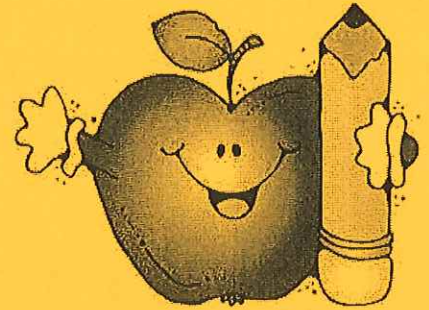
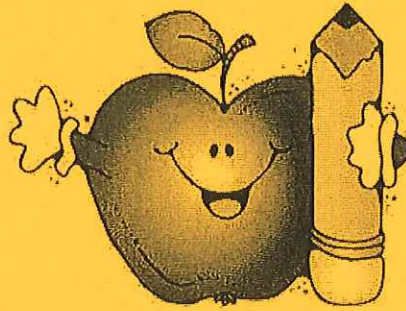
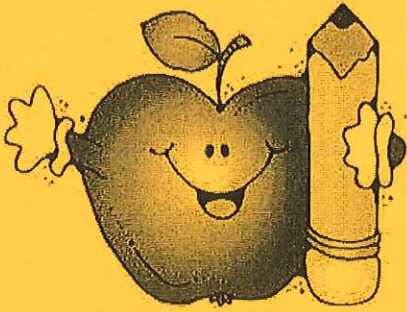
**Students with last names beginning N-Z
Thursday, August 19th.**

(Children with last name A-M will NOT ATTEND on this day)

**ALL students will attend on
Friday, August 20th.**







Whiteside School 2021-2022 Kindergarten Supply List

******Mark ONLY these items with your child's name******

1 book bag - large enough to hold a folder (NO WHEELS)

1 bath towel - NO plastic mats or oversized towels (NO BLANKETS)

1 plastic school supply box - (8" x 5")

1 pair FISKARS brand student scissors

****** Do NOT mark these items with your child's name ******

4 boxes Crayola Crayons (24 count)

2 boxes Crayola Classic Colors markers (fat markers-10 Count)

24 Elmer's glue sticks

1 Bottle Elmer's Glue

1 spiral bound wide subject notebook

1 large pink eraser

4 dry erase markers - black

24 #2 yellow pencils – SHARPENED

2 packages baby wipes

(1 is for computers)

2 boxes 200 count Kleenex

(1 is for the library)

1 box of sandwich size Zip-Loc bags

1 roll of papers towels

1 package of napkins

Additional OPTIONAL
items:

Paper plates, large or small

Play dough

Watercolor paints

Paper / plastic cups

Bingo daubers – any color

Dot stickers – any color

Zip-Loc Bags - Girls bring a box of gallon size Boys bring a box of quart size

The ABC 's of Kindergarten At Whiteside School

Acceptance: In our classrooms, students will treat classmates and others with respect. All members of our classrooms will feel special, because we accept everyone regardless of the ways we are different.

ALC (Alternative Learning Center): Students who experience difficulty maintaining appropriate school behavior may be referred to our ALC supervised.

Allergies: Please let us know of any doctor-diagnosed allergies your child may have, especially for food. We sometimes cook in kindergarten and it would be helpful to know when we plan.

Arrival: **Students may be brought to school between 8:00 and 8:30 A.M.** When students arrive (by bus or car) they will report to the Multi-Purpose Room. They will be dismissed to their classroom from the M.P.R. **No student may go to class before this time.** Students who need to be dropped off earlier than 8:00 should consider enrolling in our before and after school program. **Parents may walk their child to the classroom for the first week of school only.** Students arriving after 9:30 will be given a cheese and turkey sandwich lunch.

Attendance: Absences & Excuses

Parents should contact the school within two hours, i.e. by 10:30 A.M. if their child(ren) will be absent. If the school does not receive a call from the parent or guardian, the parent will be contacted. School districts are permitted by law to require parents to give the school at least one and not more than two telephone numbers for notification purposes. Your cooperation is greatly appreciated.

Backpack/book bag: Each child will need to bring his/her bag each day to school. He/She will need it to bring home the folder, art work, library books, etc. **You will need to check the backpack EACH NIGHT.** Please do not purchase a backpack with wheels.

Basic Skills: Kindergarten is an extremely important year in your child's life. Here,



the foundation for your child's school career will be laid. The basics of reading and mathematics will be taught and reinforced throughout the year.

Bathroom: Please make sure your child can use a public bathroom (including a urinal for boys) and take care of sanitary needs.

Being the Best Person: We hold high expectations for each and every student in our classrooms. We expect and encourage students to do their best in everything they do, whether completing work or being a good friend.

Belts: If your child wears a belt to school, your child needs to be able to fasten and unfasten the belt as needed independently of adult supervision.

Birthday Treats: Your child will automatically be assigned treats on his/her birthday or a specific day for those having birthdays in the summer or on a weekend. At that time you may send **store bought** cupcakes (or packaged treats) along with individual drinks in boxes or individual small bottles. Large cakes, ice cream and large bottles of punch will NOT be served. We do not have birthday parties. Birthday invitations will not be distributed at school unless all students are invited. You may sign up for the student directory. It includes phone numbers and names of your child and his/her classmates.

Book Orders: You may receive a book order form for you and your child to look over. Wonderful books are offered at reduced prices. Each classroom will also earn free books for every dollar spent. Always make your check out to the Book Club name on the sheet.

Breakfast: Breakfast is served from 8:00 until 8:15 A.M. Cost of meals provided at registration. Students riding a bus will be served upon arrival. Students that are transported by parent, day care, etc. arriving after 8:15 will not be served.

Prices subject to change.



Classroom Visitation: Parents or patrons wishing to visit the classroom MUST contact the principal to arrange for the visit. All visitations to the classroom are subject to the approval of the principal. **All visitors must secure a pass prior to visiting the classroom or being present in the building or on school property.** Unauthorized entrance to the classroom or school premises is prohibited and violators will be subject to arrest and prosecution. Classroom visitation by students (or children) NOT enrolled in Whiteside is prohibited. **DO NOT bring younger children to room parties and classroom field trips.**

Parents are asked not to visit school during the first week as we are trying to establish a routine, policy and proper procedures.

Clothing: Children should wear comfortable, washable clothing. Tank tops, spaghetti straps, cropped shirts; low waist pants and short skirts are inappropriate for school. Tennis shoes are required for PE and are most appropriate for the playground.

Character Education: We have a strong character education program. Your child will be taught the 4 B's: Be safe. Be caring. Be respectful. Be responsible. Your child may earn a Star Student Award for exemplary behavior.

Conferences: Parent/Teacher conferences are held twice a year. During these conferences, we will be discussing your child's strengths and weaknesses, behavior and any concerns you may have. It is essential to the success of your child for us to work together in order for your child to learn all that he/she can and to be ready for the next grade level. Therefore, your attendance at these conferences is of high importance. Private conferences can be arranged throughout the year with your child's teacher.

Differentiated Instruction: All children are unique and special. Students in each class are at many different instructional levels. Because we feel it is our responsibility to take each child from where he or she is to a higher level, students may be learning concepts different from his/her peers. We will not all be on the same page in the same book. With this type of teaching in the classroom, you can be sure that your child's individual needs will be met.

Discipline: We do not anticipate many behavior problems. We will be very busy learning and having fun. However, if a child chooses to not follow the rules or directions the child will be disciplined according to the rules your child's teacher will send home. At the beginning of school, your child may bring home several behavior notes, because he/she may be testing limits. Understand that this is normal. Please discuss the rule(s) being broken; helping your child to understand that if the behavior continues, consequences will be given. In order for all children to learn, they need rules and guidelines to follow. Without this structure, the behavior of some children may distract others, prohibiting them from learning. We're sure you desire your child to become all he/she can be. With your support of the classroom discipline system, we will be better able to teach and help your child reach his/her potential.



Dismissal: Students will NOT be dismissed until 3:00 P.M. If you need your child before dismissal you must report to the principal's office to sign your child out of the building. The child MUST be picked up in the office and NOT in the classroom. This is a serious safety issue for you and your child.

Donations: We are very lucky to have an administration that provides us with most of the supplies we need. However, there will be times that we may need some items for the classroom. We would appreciate anyone who will be willing to donate.

Dress Code: Please see the school handbook for the specific dress code. As a rule of thumb students should wear tennis shoes for recess and PE. In the event of an accident, nurse clothes must be returned promptly.




Enrichment: Those students performing above grade level in any subject, will be given opportunities to strengthen their understanding of concepts.

Envelopes: Any time there is a reason for you to send money to the school, put it in a white, sealed envelope with your child's name and teacher's name. Please include the reason for the money i.e., lunch money, book order, field, trip, etc.




Field Trips: We may take a field trip this year. Information will be sent home prior to the trip. Your child will need to have the permission slip returned with your signature and fees needed in order to participate in this trip. All chaperones will need to have a background check and be cleared through the school before attending, but are welcomed if needed for the trip.

Folders: Your child will be bringing home a folder each day. This folder will be our main means of communication. You will find schoolwork as well as important information in the folder. This folder is VERY important! It is the student's responsibility to show you the folder each evening. It should be returned daily! Any information you send should be included in this folder. Please check the folder daily.




Good News Parties: Your child may earn the privilege of attending a "Good News" party in conjunction with our character education program.

Grading: Grades will be posted on the SKYWARD website throughout the year and posted according to the dates on the school calendar. As with any evaluation tool this grade card does not show a picture of the whole child. There are many aspects of your child's growth that cannot be reduced to a grade card. Therefore it is important to meet with your child's teacher for Parent-Teacher Conferences.



Hall Passes: Any time you need to enter the school you will need to sign in at the office and get a hall pass. This is for the safety of your child.

Hands - On Activities: Many activities in kindergarten will be "hands-on". This means that your child should be dressed appropriately. Please send your child in washable, comfortable clothing.



Health: Before starting school your child should have a complete physical examination (before the start of school), a dental examination and up to date immunizations. For the welfare of your child and others, you are urged to **keep your child at home if he/she has an upset stomach, has thrown up or has a temperature. He/She may return to school once fever free for 24 hours and/or the contagious condition has been treated.** Good health habits for your child to learn and use are; getting to bed at an appropriate hour, have three well-balanced meals a day, and to establish regular bathroom habits. He/She needs to use the toilet in a sanitary manner and take care of his/her own personal needs. He/She needs to wash hands with soap and water frequently, take a bath frequently, and learn to cough into his/her elbow to decrease spreading of germs. He/She needs to have an opportunity for outdoor play on nice days and some quiet learning time or relaxing time in the evening.



Invitations: It is against school policy for us to pass out personal invitations to private parties unless all students are invited.





Jackets: Students without jackets or coats may not be allowed to participate in outside recess during cold weather. Be sure that your child can fasten snaps, buttons and zippers on his/her jacket or coat. Print your child's name on jackets, sweaters and coats.



Kindness: Students are encouraged and expected to treat all members of each class as well as others with kindness and respect. Hitting, fighting, name-calling, and making fun of others will not be tolerated.



Library: The children will go to the library once every five school days. Your child will have a chance to select a book to bring home. He/She needs to return the book in the following four school days in order to select a new one. You will be responsible for lost or damaged materials.

Lunch: Students may eat one of the lunches provided or bring a sack lunch to school. Cost of meals provided at registration. You may purchase weekly or monthly meal credits at Open House in the office or at any time throughout the school year by sending your money to the office. Make your check payable to WHITESIDE SCHOOL. If sending your child's lunch money to school, please put it in an envelope and label it with your child's name, what it is for "lunch money", and your child's teacher's name. Milk only is available. We ask that you send the correct change to speed the process. You may send a lunch from home. Lunches from home will not be microwaved or refrigerated. Students who owe lunch money or arrive after 9:30 a.m. will receive a cheese and turkey sandwich lunch only. **Prices subject to change.**

Lunch Visitation: **Parents are asked not to visit school during the first week as we are trying to establish a routine, policy and proper procedures.**

Mathematics: Students will be instructed in math each day. We will work on concepts such as shapes, numeral recognition, value of numbers, counting, problem solving and other skills.

Medication: All medication (prescription and over-the-counter) must be given to the school nurse before the beginning of school. To insure safe administration of necessary medication, the following policy has been adopted:

1. Only medication that has been prescribed by a physician will be given at school.
2. The first two doses of the medication should be given at HOME.
3. Medication must be brought to school in the container appropriately labeled by the pharmacy or physician, with instructions for giving the medication. Parents should ask the pharmacist for a small container with the prescription label, which can be sent to school.
4. Patent medicine or over-the-counter medication (such as aspirin, cough syrup, cold tablets, etc.) will be administered at school ONLY if it is relabeled by the pharmacy and accompanied by a note from the physician with instructions for administering the medication, and which specifies that the medication is to be given at school.
5. The tear out form from the student handbook MUST accompany all medication sent to school for your child. More forms may be obtained from the school nurse's office.

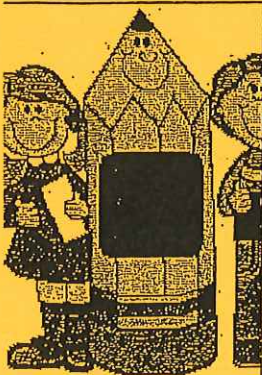
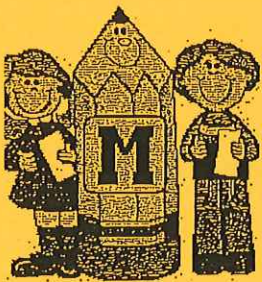
Money: Please remember when sending in money to school, please place it in an envelope and label it with your child's name and what it is to be used for.



Names: Please be sure to put your child's name on sweaters, hats, coats, anything that he/she may take off. Also label lunch boxes or bags. We have over 800 students in the building so things get lost very easily.

No Naps: Students are not required to take naps. However, we will have a short rest time immediately following lunch recess. Although some children actually do sleep. This time is used for quiet reading, music, or instructional videos.

Nurse: The school will evaluate each child who becomes ill or injured. **Be sure**



the school has two up-to-date phone numbers where you can be reached in an emergency.



Ownership: One of our many goals is to help children to become motivated to learn for learning's sake, not just because it is something they are expected to do. Students are encouraged to learn something new each and every day, and in this way they are taking ownership of their own learning.



Parent Involvement: We would love for all parents to be involved in the education of their children. Students will need your help and encouragement. Please show your child that he/she and school are very important by checking the folder each night. Read to your child and have your child read to you every day. Ask your child to tell you what happened at school today. Keeping involved in your child's education will assure a successful school career for him/her.

Parties: There are four main parties each year. They are held at Halloween, Christmas, Valentine Day and the end of school. All parents are asked to contribute for the class parties. Room parents will contact you when your help is needed. **Please do not bring young children to the party. Treats need to be purchased from a store, as we do not serve homemade items because of allergies.**

Peanut Free: **Whiteside is a peanut free school.** We have several students with severe allergies to peanuts and peanut products. **Snacks containing peanuts or peanut oil will not be served. Snacks made/processed in the same place as items containing peanut/peanut oil will not be served.** Snacks without an ingredient label will not be served. Please check the label or items you send to school for snack. Students who bring peanut butter sandwiches or peanut products for lunch will sit at a separate table, away from other students in order to keep peanut products away from those who are dangerously allergic to them.

Progress Reports: Students will receive progress reports at regular intervals throughout the year posted on Skyward.



Questions: Please feel free to call anytime you have questions about something. You can reach any of us by calling the school office at 239-0000. Leave a message on the voice mail for your child's teacher. She will get back to you as soon as possible. However, if you wish to discuss something that will take more than 15 minutes, please call school to set up an appointment. We want to be there to help you in any way we can. Each teacher also has an e-mail address.



Reading: Learning to read and strengthening reading skills are the most important things your child will learn to do this year. Studies have shown that those children whose parents are actively involved in the reading process will become the best readers. Reading to your child and listening to them read to you, taking them to the library and providing quality books at home is of the highest importance. Studies have also shown that those children who have not learned to read well by 3rd grade will struggle throughout school. Both you and I have an extremely important task to undertake.

Recess: Students will usually have a morning recess period and a recess each day following lunch. Be sure that your child has the appropriate clothing such as a coat, hat, gloves, etc. labeled with his/her name. We do not go outside when it is raining or when it is brutally cold. Recess privileges may be revoked if your child has difficulty following school rules or is not properly dressed for the weather.

Report Cards: Students will receive report cards on the dates indicated on the school calendar. The report card will give you an understanding of your child's strengths and weaknesses. Grades can be viewed at any time on our school website under Skyward.

Room Parents: You may sign up at Open House to be a room parent. One room parent will serve as chairman to coordinate parties and supplies for parties.



Schedule: On a normal school day, your child will have a "special" activity on a rotating basis. These activities include physical education, art education, technology, library and music. Please note your child's cycle so he/she may be appropriately dressed for physical education (wear tennis shoes), library books returned on time, and washable apparel on art days. We will provide a paint shirt for your child. Each day we will work on reading and mathematics along with units of study.

Sight Words: We have a list of sight words your child needs to be able to read by

the end of the year to have success in the first grade classroom. A list of these words will be provided to you.

Snacks: Your child will be asked to bring one snack each month for the entire class. **Snacks need to be purchased, as homemade treats are not allowed because of allergies.** Some popular snacks are products that are individually wrapped, individual bags of chips, pretzels, goldfish crackers, animal crackers, etc. **Snacks containing peanut products, peanut oil or are processed in the same place as peanut products can not be served.**

Star Students: As part of our Character Education program, students who show strong character traits will be awarded with Star Student awards and receive a small prize. Those names will then be put in a drawing for recognition each month.



Talking: The classroom is an active place. Talking to friends about feelings and ideas is an important part of learning. However, many times students find it hard to follow the rules and instructions about appropriate and inappropriate times to talk. Students learn and practice what types of talking are allowed during specific times of the day. These guidelines are established in order for maximum learning to take place. We rarely have behavior problems in the classroom, with the exception of talking at inappropriate times. It is easy to understand how breaking rules about talking may seem less important than others, but we encourage you to support us in the enforcement of this rule, because it does affect your child's learning as well as other children. We would like students to use a soft voice in the classroom, but if the teacher is teaching, they need to be respectful and be quiet listeners unless called on to answer a question.



Tardies: Please make sure your child is on time for school each day. School begins promptly at 8:30. Any student NOT in class at that time will be counted tardy. Some of our most important daily activities take place in the first 30-45 minutes of our day. If your child arrives late to school you will need to walk your child into the office and sign him/her in. Students arriving after 9:30 a.m. will receive a cheese and turkey sandwich lunch.

Technology: Computers are the wave of the future. We are very fortunate to have our students work in the computer lab with an instructor once a week.

Toys: Children are reminded NOT to bring toys from home. Toys can cause a lot of disruption and be very distracting. We will not be responsible for broken or lost toys.

Transportation: **It is truly in your child's best interest and safety to have one plan in place for after school.** If there is an emergency, notify the school by written note that your child will be going home differently than the usual way. Many times children get very upset when they tell me they are supposed to be a car rider, but we make them get on the bus because there was no note in the folder. A written note will prevent a lot of problems. Your child's teacher may be absent and a substitute would not have the code to answer messages left on voice mail.



Units of Study: We will complete many units of study during the year. These units include math and reading activities in relation to holidays, famous people, science topics and areas of social studies.



Visitors: All visitors need to check in at the office for a hall pass. **Parents are asked not to visit school during the first week as we are trying to establish a routine, policy and proper procedures.**

Volunteers: Whiteside is always looking for volunteers. Please check in the school office to see what opportunities are available. We are also interested in finding volunteers to help with small things at home, i.e. cutting out items, sharpening pencils, etc. Please check with your child's teacher to see if she needs volunteers in the classroom.





Writing: Writing is closely connected to reading. Students use skills that they need to read and apply them to writing. Students also develop creativity through their writing. We encourage you to create a special place in your child's room for writing. Make a special box with crayons, markers, pencils, pens, erasers, stickers, glue, etc. that your child may use to design and create wonderful stories. Students that write well also read well.



X-tra Classes: Students will have art, physical education, technology, library and music classes this year.



Year Long Learning and Fun: We are looking forward to working with many of you again and getting to know others. Your child will learn a lot this year and will be sure to have lots of fun in the process.



Zooming Through Many Skills: Kindergarten is jam packed with a lot of things to learn. We feel confident that your child will be successful in mastering these skills if we work together, by keeping in touch and you reinforcing these skills at home. This will be "Z" best year ever!



_____ Lease/Mortgage Statement

_____ Occupancy Permit

_____ (2) Current Utility Bills

_____ Certified Birth Certificate

