Union Ridge School District 86
4600 N. Oak Park Ave. Harwood Heights, IL 60706
708-867-5822

General Registration

When registering bring the following:

- Student's birth certificate
- Parent/Guardian Picture ID
- Custody documents(if applicable): court order agreement, judgment or decree that gives custody of the child to any person, including divorce decrees to one or both parents
- Illinois State "Good Standing" Transfer Form (Students transferring from Illinois public schools, grades 1-8)
- Current physical/immunization record on the Illinois Department of Human Services (DHS) form.
- **EC NEW STUDENTS ONLY** : ***Proof of income is required. Examples include, Pay stubs, CCAP, WIC, SNAP, TANF, Medicaid benefits. Most recent tax return or letter from employer. Signed written statement from the family, only if you have no income source.***

One of the following:

- Current mortgage/current closing papers
- Property tax bill
- A signed and dated lease with proof of most recent rent payment (cancelled check/receipt). If you do not have a current lease, please contact the office or go on line for a "Letter of Residence from Landlord in Lieu of Lease" form.
- A letter of residency is to be used when the person seeking to enroll a student is living with a district resident. An affidavit of residency must be completed by the guardian of the student and the district resident

And any three of the following:

- Illinois vehicle registration
- Harwood Heights / Norridge vehicle sticker receipt
- Voter registration
- Current cable or credit card bill
- Current public aid card
- Current homeowners/renters' insurance and premium payment receipt
- Utility bill (gas, electric, or water)
- Bank statement
- Illinois driver's license/Illinois State ID.
- U.S. mail received at residence

Union Ridge School Dist. 86, Harwood Heights, IL

Early Childhood Registration

FAMILY NAME: _____

Single Parent Household ☐ Yes ☐ No

Is mother an active member of the military? ☐ Yes ☐ No
Is father an active member of the military? ☐ Yes ☐ No

STUDENT NAMES	GRADE	FEE	Technology Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Make checks or money orders payable to **Union Ridge School Dist. 86**

Total Fee Due $ _____

Office Use Only:
Check/Money Order # _____ *Cash $* _____ *Date* _____
Online $

Union Ridge School District 86
Early Childhood Program Registration

Parent Information

The information you provide on this form is strictly confidential. This form is important because it helps us determine the most appropriate level of service for your child. Although Union Ridge School's Early Childhood Program for 3 and 4 year old children is free of charge to parents, the District's state and federal funding levels are determined by the number of at-risk children enrolled. Please fill out the form as completely and accurately as possible.

I give Union Ridge School permission to conduct a program screening that includes a screening instrument, parent interview, and a vision/hearing screening.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Child's First Name: _____ Child's Middle Name: _____ Child's Last Name: _____

Child's Nick Name: _____ (If applicable)

Date of Birth: _____ Gender: _____ Grade: _____ Place of Birth: _____

Race/Ethnicity: Is Student Hispanic/Latino?

☐ Yes ☐ No

What is Student's Race? **Check all that apply**

☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ White

☐ Native Hawaiian/Other Pacific Islander

Address _____ Home Phone: _____

City _____ State _____ Zip _____ First Contact: _____

FATHER'S INFORMATION

Custodial Parent? ☐ Yes ☐ No

Highest Level of Education Completed? _____

Last Name: _____ First Name: _____ Home Phone: _____

Please provide address if different from child's

Address _____ Cell Phone: _____

City _____ State _____ Zip _____

Presently Employed? ☐ Yes ☐ No

Place of Employment: _____

E-mail Address: _____ Work Phone: _____

MOTHER'S INFORMATION

Custodial Parent? ☐ Yes ☐ No

Highest Level of Education Completed? _____

Last Name: _____ First Name: _____ Maiden Name: _____ Home Phone: _____

Please provide address if different from child's

Address _____ Cell Phone: _____

City _____ State _____ Zip _____

Presently Employed? ☐ Yes ☐ No

Place of Employment: _____

E-mail Address: _____ Work Phone: _____

Are both parents living in the home with this child? ☐ Yes ☐ No

If no, with whom does this child live? _____ What is this person's relationship to the child? _____

Marital Status of Parents? **Check all that apply**

In the event that the parents are divorced a copy of the custody agreement must be filed with the school office.

☐ Married ☐ Divorced ☐ Unmarried ☐ Father re-married ☐ Mother re-married ☐ Father deceased ☐ Mother deceased

Yearly family income: _____ Number of adults in household _____ Number of children in household _____

Union Ridge School District 86
Early Childhood Program Registration

Emergency Contact 1: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact 2: _____ Relationship to Student: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please list names of all people residing in the household:

Name:		Relationship:		Age:	
Name:		Relationship:		Age:	
Name:		Relationship:		Age:	
Name:		Relationship:		Age:	
Name:		Relationship:		Age:	
Name:		Relationship:		Age:	

Please check any agencies listed below with which your family is/was involved:

- ☐ Birth to 3 Program
- ☐ Head Start
- ☐ Preschool for All (Pre-K)
- ☐ County Health Department
- ☐ Shriners
- ☐ Department of Corrections
- ☐ GED
- ☐ Department of Human Services (DHS)
- ☐ Dept. of Children and Family Services (DCFS)
- ☐ Private Preschool
- ☐ WIC
- ☐ Other
- ☐ Social Security
- ☐ Drug/Alcohol Rehab
- ☐ Alternate Education
- ☐ LASEC Special Education Program

Developmental Background

Has anything happened that may be influencing your child's development? for example: divorce, separation, relocation, new baby, death, etc.

☐ Yes ☐ No

If yes, please explain: _____

Name of child's doctor: _____

Was this child premature at birth?

☐ Yes ☐ No If yes, how much? _____ Child's birth weight in lbs. and oz. _____

Were there any complications or difficulties during pregnancy and/or birth of this child?

☐ Yes ☐ No The child began walking at how many months? _____

If yes, please explain: _____

Was this child exposed to drugs or alcohol before birth either through mother or father? Including prescription drugs taken by the mother during pregnancy)

☐ Yes ☐ No

s this child on medication?

☐ Yes ☐ No If yes, why and what is the medication? _____

s this child prone to ear infections?

☐ Yes ☐ No

Has this child had an ear/hearing exam?

☐ Yes ☐ No If yes, where? _____ When? _____

Results _____

Union Ridge School District 86
Early Childhood Program Registration

Has this child had a vision exam?
☐ Yes ☐ No If yes, where? _____ When? _____

Results _____

Is there a history of any serious health problems in the child's family?
☐ Yes ☐ No

If yes, please explain: _____

Do you notice, or has a doctor reported, any of the following in this child? Check all that apply

☐ Asthma	☐ Nose bleeding	☐ Thumb sucking	☐ Chronic ear infection
☐ Indigestion	☐ Stuttering	☐ Nail biting	☐ Constipation
☐ Bed wetting	☐ Epilepsy (seizures)	☐ Heart trouble	☐ Diarrhea
☐ Allergies	☐ Diabetes	☐ Hyperactivity	☐ Vomiting
☐ Stomach aches	☐ Serious blows to the head	☐ Lack of consciousness	☐ Lack of coordination
☐ Headaches	☐ Frequent fevers	☐ Overtired/lack of energy	☐ Medical problems
☐ Short attention span	☐ Nightmares	☐ Other physical problems (please explain)	

Explanation _____

Does this child have siblings in special education?
☐ Yes ☐ No

Does this child have siblings experiencing academic failure?
☐ Yes ☐ No

Is any member of the household chronically ill?
☐ Yes ☐ No

Is there difficulty communicating/separating with child?
☐ Yes ☐ No

Is there a disabled family member living in the household?
☐ Yes ☐ No

Is there another language other than English spoken at home?
☐ Yes ☐ No

If yes, what language? _____

Is this child's mother currently 21 years of age or younger?
☐ Yes ☐ No

Is either parent currently balancing work and school?
☐ Yes ☐ No

Are this child's parents divorced?
☐ Yes ☐ No

Has this child been a victim of, or witness to domestic violence?
☐ Yes ☐ No

Is either parent on active duty in the military?
☐ Yes ☐ No

Is this child/family receiving counseling?
☐ Yes ☐ No

Has this child's family moved schools recently?
☐ Yes ☐ No

What were the ages of this child's parents at the time of his or her birth? Mother? _____ Father? _____

Today's Date: _____ Form completed by: _____

If you have any developmental concerns regarding your child, please explain on a blank sheet.

THANK YOU

For Office Use Only ☐ BC ☐ Fee ☐ RES ☐ CUS

Home Language Survey

Purpose: To provide the best possible service for your child.

Student: _____ Student Date of Birth: _____

Country and City of Birth: _____

Home Telephone: _____ Cell Phone: _____

The State requires the district to collect information on a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below.

1. Is a language other than English spoken in your home? YES NO

   What language? _____

2. Does your child speak a language other than English? YES NO

   What language? _____

If the answer to either question is "Yes" the law requires that the school assess your child's English language proficiency.

YOUR CHILD WILL BE GIVEN THE STATE 'ACCESS' TEST EVERY YEAR UNTIL HE/SHE MEETS THE STATE REQUIREMENTS.

3. How many years has your child attended school in the United States? _____

4. What year did your child start school in the United States? _____

_____ _____

Parent/Legal Guardian Signature Date

UNION RIDGE SCHOOL STUDENT ENROLLMENT
Internet Publishing Consent and Waiver Form

This form is a request for permission to publish your child's work or photograph on the Union Ridge District 86 web site at www.urs86.org.

Student's Name: _____

I understand that this consent and waiver from give District 86 permission to publish the above named student's work/photograph on the Internet at the District's web site, and/or related web sites, and in various media sources where school business is published. I understand that information and/or videos published on the Internet, or information used in newspapers, magazines, and other media sources, may be viewed by anyone around the world. I understand that the published work/photograph will not be identified by first name and last name. I release District 86 from any liability resulting from or connected with the publication of this information.

Permission to publish this work will stay in effect until cancelled by a parent or guardian.

☐ I give consent ☐ I do not give consent

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Union Ridge School District 86
Acceptable Use Policy
Student Contract

Rules for using the internet help everyone. By following the rules (listed on the next page), everyone can use the internet to learn more about the world and communicate with others. Only students who follow these rules may use the internet and other telecommunication tools. Using the internet is a responsibility and a privilege, not a right. Inappropriate use will result in a cancellation of those privileges.

- Teachers may view any student communication at any time in order to support the student's development as a responsible citizen.
- Students are responsible for thoughtful, considerate behavior on computers as they are for their general classroom behavior.
- Students are prohibited from using inappropriate, offensive, pornographic, and/or objectionable language and material. Disciplinary action will be taken against any user found sending or acquiring objectionable material over the internet or developing material on school equipment.
- Teachers and administrators have the right to decide on the educational value of any electronic material. They will decide on the proper action to take with students who do not follow these rules.

I have read both sides of this contract and I understand it. I agree to follow these rules and to use the Internet and school computers in a responsible way to further my education. This agreement will remain in effect until I transfer or graduate.

Student's Name: _____

STUDENT SIGNATURE: _____ Date: _____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Union Ridge School District 86
Acceptable Use Policy
Student Contract

1. Students will respect the computer equipment, computer system, and computer network at Union Ridge School. Intentional damage or misuse will result in loss of computer privileges.
2. Students will adhere to the following: Is this activity safe? Is this activity respectful? Is this activity appropriate?
3. Students will respect the privacy and rights of other network users. Trespassing into files of others is strictly prohibited.
4. Student use of the Internet is restricted to education, research related to school assignments, the exchange of educational information or to the discretion of the instructor and/or supervisor.
5. Students are prohibited from using inappropriate, offensive, pornographic and/or objectionable language and material. Disciplinary action will be taken against users found sending or acquiring objectionable material over the Internet or developing material on school equipment.
6. Students are prohibited from violating copyright laws. Students will not download software, shareware or freeware at school.
7. Computer viruses must not be created, introduced, or disseminated by anyone. Intentional damage will result in the student paying the cost to fix the damage, the loss of computer privileges for the remainder of the academic year, and possible expulsion from school.
8. Students are responsible for their passwords: they must guard and protect their passwords as a personal possession. A password must never be shared with anyone. Students will properly log on and log off computers.
9. Students will NEVER give out personal information such as last name, home address, or telephone number for themselves or others over the internet.
10. Students will be mindful of school resources of paper and ink cartridges and use them at the direction of their teachers. All work will be spell checked, proof read and print previewed BEFORE printing.
11. Students are strictly prohibited from attempting to access and/or alter student grades or records, files, or documents. Any such attempt will result in suspension and possible expulsion from school.
12. Students are responsible for equipment borrowed from the school. Parents/Guardians will be responsible for replacement/repair cost should it become damaged, lost or stolen.
13. Students must be familiar with these rules before using the computer equipment. These rules apply at all times and to all computers at Union Ridge School.

UNION RIDGE SCHOOL STUDENT ENROLLMENT
Student Request for the Loan of Textbooks

I hereby request the loan of secular textbooks in accordance with Public Act 84-469 of 1981. I understand that this request will remain valid so long as my child is enrolled in Union Ridge School and that I may at any time withdraw the request.

Name of School: **Union Ridge School District 86**

Town/City: **Harwood Heights, Illinois**

County: **Cook**

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

For Office Use Only	Date of Student Transfer		Date of Student Graduation	

UNION RIDGE SCHOOL DISTRICT 86 - MINIMUM HEALTH REQUIREMENTS

Healthy students perform better in school and have better attendance. They will be better prepared academically and be fit to learn if they maintain good health practices. Having up-to-date physical examinations and immunizations will help assure that our children are ready and physically able to do well in school. Children must have proof of the State-required immunizations and health exams before the school year begins, or they will face exclusion until the requirements are met.

WHAT DOES YOUR CHILD NEED?

Entering	State-required shots	New Physical Exam	Dental Exam	Eye Exam	Lead Screening/test
Early Childhood	DTaP, Polio, Hib, PCV Hepatitis B, MMR, Varicella	**Yes** Before starting school	Recommended but not required	No	**Yes**
Kindergarten	DTaP (with booster after age four), Polio (with booster after age four), MMR #2, Varicella #2	**Yes** Before starting school	**Yes** Due by May 15th (End of Kindergarten year)	**Yes** Due by Oct. 15th (Beginning of Kindergarten year)	**Yes, if not done during Early Childhood**
1st grade	DTaP, Polio, MMR, Varicella	No	No	No	No
2nd grade	DTaP, Polio, , MMR, Varicella	No	**Yes** Due by May 15th (end of 2nd grade)	No	No
3rd or 4th grade	DTaP, Polio, , MMR, Varicella	No	No	No	No
5th grade	DTaP, Polio, MMR, Varicella	No	No	No	No
6th grade	DTaP, Tdap booster, Polio, Hepatitis B, MMR, Varicella, Meningococcal	**Yes** Before starting school	**Yes** Due by May 15th (end of 6th grade)	No	No
7th or 8th grade	DTaP, Tdap booster, Polio, Hepatitis B, MMR, Varicella	No	No	No	No
Transfer students from another state	According to grade	Exam from previous school must have been done within one year of entering Illinois system and must comply with Illinois code, otherwise a **new exam** must be submitted	**Yes**, if entering Kindergarten, 2nd, or 6th grade (Due by May 15th in that grade)	**Yes, unless student is already wearing glasses**	**Yes, if age six or younger**
Transfer students from another country	According to grade	**Yes** All grades – required before student can start school	**Yes**, if entering Kindergarten, 2nd, or 6th grade (Due by May 15th in that grade)	**Yes, unless student is already wearing glasses**	**Yes, if age six or younger**

PLEASE NOTE:

- **All students must have a physical exam on file before they will be allowed to participate in physical education classes, whether starting school for the first time, or transferring from another school.**
- The physical exam must be documented on the State of Illinois "Certificate of Child Health Examination" form.
- The form must be signed and dated by the doctor.
- The form must include the name, address, and telephone number of the doctor, clearly written or stamped on the form.
- **The health history part of the physical form and the enclosed health history sheet must be filled out and dated by the parent.**
- Screening for tuberculosis is strongly recommended with each new physical exam.
- Lead assessment/screening is required for students entering pre-school and/or Kindergarten.

MEDICATION IN SCHOOL

If your child requires any type of medication that absolutely must be given during the school day, a form must be completed and signed by the child's parent and doctor. No medication (prescription or non-prescription) can be given to your child at school without a completed medication form on file. If you need a form, please contact the health office or download it from the URS Website – www.urs86.org – under the "Parent" tab click on "School Nurse Office" - click on "Medication Administration" – click on "School Medication Authorization Form."

If you have any questions regarding the information in this letter, please do not hesitate to contact the health office during regular school hours. The school's phone number is 708-867-5822. The school nurse is in the building from 8:30 AM until 3:45 PM on days when the students are in attendance.

Revised 01/28/15

Union Ridge School District 86

CONFIDENTIAL STUDENT MEDICAL HISTORY

Name:_____ **Grade:**_____ **Date**_____

Please check "No" or "Yes" and write any necessary explanations.

	No	Yes	Details
Allergies			Food? Animals? Medication:
Asthma			Type: Triggers: Medication:
Diabetes			Medication: Child tests own blood sugar? Special diet? Needs daily snack at school?
Ear Infections			Ear tubes? Difficulty hearing?
Emotional problems			History of depression? Under professional care? Medication?
Glasses			Constant wear? Reading only?
Headaches			History of migraines?
Heart Condition			Gym restriction?
Daily medication*			Reason: List all medications, whether taken at home or in school: **If medication is to be taken during school hours, a completed "School Medication Authorization Form" must be on file in the health office.*
Rashes/skin conditions			Treatment?
Seizures			When was last seizure? Medications? Restrictions?

Please list any other physical/emotional concerns you have regarding your child:

_____

_____

_____

Parent Signature:_____

Our policy ensures that confidential student information is appropriately protected; the information that you have provided to us will be shared with other school personnel on a need-to-know basis.

Revised 12/08

State of Illinois

Certificate of Child Health Examination

Student's Name (Last / First / Middle)	Birth Date (Mo/Day/Yr)	Sex	Race/Ethnicity	School/Grade Level/ID#

Street Address / City / ZIP Code	Parent/Guardian / Telephone (home/work)

HEALTH HISTORY: MUST 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		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	☐ Yes ☐ No	
Child wakes during night coughing?	☐ Yes ☐ No		Hospitalization? When? What for?	☐ Yes ☐ No	
Birth Defects?	☐ Yes ☐ No		Surgery? (List all) When? What for?	☐ Yes ☐ No	
Developmental delay?	☐ Yes ☐ No		Serious injury or illness?	☐ Yes ☐ No	
Blood disorder? Hemophilia, Sickle Cell, Other? Explain.	☐ Yes ☐ No		TB skin test positive (past/present)?	☐ Yes* ☐ No	*If yes, refer to local health department
Diabetes?	☐ Yes ☐ No		TB disease (past or present)?	☐ Yes* ☐ No	
Head injury/Concussion/Passed out?	☐ Yes ☐ No		Tobacco use (type, frequency)?	☐ Yes ☐ No	
Seizures? What are they like?	☐ Yes ☐ No		Alcohol/Drug use?	☐ Yes ☐ No	
Heart problem/Shortness of breath?	☐ Yes ☐ No		Family history of sudden death before age 50? (Cause?)	☐ Yes ☐ No	
Heart murmur/High blood pressure?	☐ Yes ☐ No				
Dizziness or chest pain with exercise?	☐ Yes ☐ No				

Eye/Vision problems? _____ ☐ Glasses ☐ Contacts Last exam by eye doctor _____

☐ Dental ☐ Braces ☐ Bridge ☐ Plate ☐ Other

Other concerns? (Crossed eye, drooping lids, squinting, difficulty reading) _____

Additional Information:

Ear/Hearing problems?	☐ Yes ☐ No	
Bone/Joint problem/injury/scoliosis?	☐ Yes ☐ No	

Information may be shared with appropriate personnel for health and educational purposes.

Parent/Guardian Signatures: _____ **Date:** _____

IMMUNIZATIONS: To be completed by health care provider. The mo/day/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 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR
DTP or DTaP						
Tdap; Td or Pediatric **DT** (Check specific type)	☐ Tdap ☐ Td ☐ DT	☐ Tdap ☐ Td ☐ DT	☐ Tdap ☐ Td ☐ DT	☐ Tdap ☐ Td ☐ DT	☐ Tdap ☐ Td ☐ DT	☐ Tdap ☐ Td ☐ DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophiles Influenza Type B						
Pneumococcal Conjugate						
Hepatitis B						
MMR Measles, Mumps, Rubella						
Varicella (Chickenpox)						
Meningococcal Conjugate						
RECOMMENDED, BUT NOT REQUIRED Vaccine/Dose						
Hepatitis A						
HPV						
Influenza						
Other: Specify Immunization Administered/Dates						

Comments: * indicates invalid dose

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 _____

Student's Name Last First Middle	Birth Date (Mo/Day/Yr)	Sex	School	Grade Level/ID#

Certificates of Religious Exemption to Immunizations or Physician Medical Statement of Medical Contraindication are reviewed and *Maintained* by the School Authority.

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.

Physician Statements of Immunity MUST be submitted to IDPH for review.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____

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 ☐ No And any two of the following: **Family History** ☐ Yes ☐ No

Ethnic Minority ☐ Yes ☐ No **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) ☐ Yes ☐ No **At Risk** ☐ Yes ☐ No

LEAD RISK QUESTIONNAIRE: Required for children aged 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 ☐ No **Blood Test Indicated?** ☐ Yes ☐ No **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 ☐ Test performed **Skin Test:** Date Read _____ Result: ☐ Positive ☐ Negative mm _____

Blood Test: Date Reported _____ Result: ☐ Positive ☐ Negative Value _____

LAB TESTS (Recommended)	Date	Results	SCREENINGS	Date	Results
Hemoglobin or Hematocrit			Developmental Screening		☐ Completed ☐ N/A
Urinalysis			Social and Emotional Screening		☐ Completed ☐ N/A
Sickle Cell (when indicated			Other:		

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs
Skin	☐		Endocrine	☐	
Ears	☐	Screening Result:	Gastrointestinal	☐	
Eyes	☐	Screening Result:	Genito-Urinary	☐	LMP:
Nose	☐		Neurological	☐	
Throat	☐		Musculoskeletal	☐	
Mouth/Dental	☐		Spinal Exam	☐	
Cardiovascular/HTN	☐		Nutritional Status	☐	
Respiratory	☐	☐ Diagnosis of Asthma	Mental Health	☐	
Currently Prescribed Asthma Medication: ☐ Quick-relief medication (e.g., Short Acting Beta Agonist) ☐ Controller medication (e.g., inhaled corticosteroid)			Other	☐	

NEEDS/MODIFICATIONS required in the school setting

DIETARY Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES (e.g., safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup)

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?

If you would like to discuss this student's health with school or school health personnel, check title: ☐ Nurse ☐ Teacher ☐ Counselor ☐ 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 ☐ No 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 ☐ No ☐ Modified **INTERSCHOLASTIC SPORTS** ☐ Yes ☐ No ☐ Modified

Print Name _____ ☐ MD ☐ DO ☐ APN ☐ PA Signature _____ Date _____

Address Phone

Il Kids has changed:

Effective 7/1/2022, children enrolled in All Kids Share, Premium Level 1 and Premium Level 2 are now eligible under the All Kids Assist program.
Listed below are the changes that will contribute to an easier way of providing healthcare to your children.

- *These children now have coverage without any premiums or co-payments*
- *These children are now eligible for benefits even with current or recent private insurance (Medicaid as secondary payer)*
- *These children may apply for three months of retroactive coverage, if needed*
- *If eligible These children now have coverage beginning with the month of application*
- *These children now qualify for the comprehensive benefits Medicaid offers, including non-emergency transportation*
- *These children now have access to care coordination under the state's* ***Medicaid managed care program***
- *These children now have access to vaccines under the* ***Vaccine for Children's Program (VFC)***

If you have questions related to your new healthcare coverage, please call the All Kids Hotline at:
1-866-ALL-KIDS (1-866-255-5437)
TTY: 1-877-204-1012

UNION RIDGE SCHOOL District No. 86

4600 North Oak Park Avenue
Harwood Heights, Illinois 60706

Phone (708) 867-5822
FAX (708) 867-5826
www.urs86.k12.il.us

NOTES FROM THE HEALTH OFFICE
REGARDING VISION AND
HEARING SCREENING
for your Pre-Schooler
Kelly A. Borgardt, R.N.

Dear Parents of In-coming Early Childhood Students,

When you come in with your child for pre-school screening, I will be screening his/her vision and hearing. In order for the process to go smoothly and to obtain accurate results, I need your help in preparing your child, especially for the vision screening. On the reverse side of this letter is a "Vision Screening Readiness Game" provided by the Illinois Department of Public Health. Please play this game with your child. The objects seen in this game are the "shapes" of H,O,T,and V (the letter DOES NOT need to be called by name) the same shapes that they will see when they look at the vision machine we use for screening.

Hearing screening involves putting headphones over your child's ears and presenting sounds to them at various frequencies and volume levels. I will be asking them to raise their hand when they hear the "beep" in the headphones. You might consider letting your child know what to expect before you bring them to the school for the screening.

Remember, screening done at school is not a substitute for regular eye examinations by your eye care provider. Screening is only a supportive service.

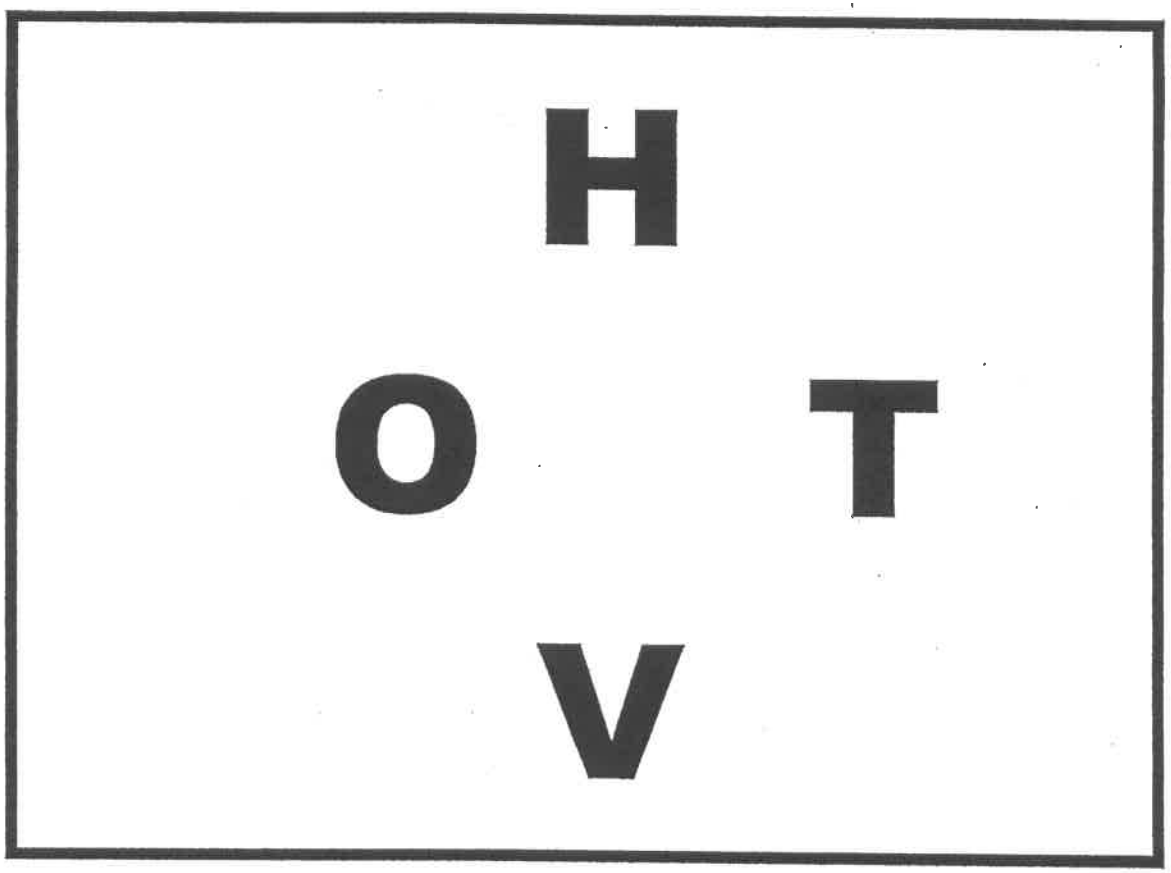
Your cooperation is greatly appreciated.

Sincerely,

Kelly A. Borgardt, RN

Kelly A. Borgardt, R.N.
Certified Vision and Audiometric Technician

VISION SCREENING READINESS GAME # 2



Directions – Cut or tear the H – O – T – V strip at the bottom of the page. Fold the strip so that the child only sees one letter at a time. Place the H/O/T/V picture in front of the child. Show one letter on the tear strip to child and ask them to point to the same letter on the above square. Show each letter one at a time and ask them to point to the matching letter in the square. The letter need not be called by name. Play the game for five minutes the first time and repeat several times for shorter periods before the vision screening.

H O T V