

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

## 2023-2024 Early Childhood Registration

☐ Please check if New Student

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

# 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:	<input type="text"/>	Child's Middle Name:	<input type="text"/>	Child's Last Name:	<input type="text"/>
Child's Nick Name:	<input type="text"/>	(If applicable)			
Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>	Grade:	<input type="text"/>
Place of Birth:		<input type="text"/>			
Race/Ethnicity: Is Student Hispanic/Latino?		What is Student's Race? <b>Check all that apply</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
Address			<input type="text"/>		
Home Phone:			<input type="text"/>		
City		State	<input type="text"/>	Zip	<input type="text"/>
First Contact:		<input type="text"/>			

### 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:

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

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

### 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

Is this child on medication?

☐ Yes    ☐ No

If yes, why and what is the medication?

Is 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**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Nose bleeding             | <input type="checkbox"/> Thumb sucking                            | <input type="checkbox"/> Chronic ear infection |
| <input type="checkbox"/> Indigestion          | <input type="checkbox"/> Stuttering                | <input type="checkbox"/> Nail biting                              | <input type="checkbox"/> Constipation          |
| <input type="checkbox"/> Bed wetting          | <input type="checkbox"/> Epilepsy (seizures)       | <input type="checkbox"/> Heart trouble                            | <input type="checkbox"/> Diarrhea              |
| <input type="checkbox"/> Allergies            | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Hyperactivity                            | <input type="checkbox"/> Vomiting              |
| <input type="checkbox"/> Stomach aches        | <input type="checkbox"/> Serious blows to the head | <input type="checkbox"/> Lack of consciousness                    | <input type="checkbox"/> Lack of coordination  |
| <input type="checkbox"/> Headaches            | <input type="checkbox"/> Frequent fevers           | <input type="checkbox"/> Overtired/lack of energy                 | <input type="checkbox"/> Medical problems      |
| <input type="checkbox"/> Short attention span | <input type="checkbox"/> Nightmares                | <input type="checkbox"/> 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](http://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 <input style="width: 80px;" type="text"/>	Date of Student Graduation <input style="width: 80px;" type="text"/>
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## 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	<u>New</u> Physical Exam	Dental Exam	Eye Exam	Lead Screening/test
Early Childhood	DTaP, Polio, Hib, PCV Hepatitis B, MMR, Varicella	<b>Yes</b> Before starting school	Recommended but not required	No	<b>Yes</b>
Kindergarten	DTaP (with booster after age four), Polio (with booster after age four), MMR #2, Varicella #2	<b>Yes</b> Before starting school	<b>Yes</b> Due by May 15 <sup>th</sup> (End of Kindergarten year)	<b>Yes</b> Due by Oct. 15 <sup>th</sup> (Beginning of Kindergarten year)	<b>Yes, if not done during Early Childhood</b>
1 <sup>st</sup> grade	DTaP, Polio, MMR, Varicella	No	No	No	No
2 <sup>nd</sup> grade	DTaP, Polio, , MMR, Varicella	No	<b>Yes</b> Due by May 15 <sup>th</sup> (end of 2nd grade)	No	No
3 <sup>rd</sup> or 4 <sup>th</sup> grade	DTaP, Polio, , MMR, Varicella	No	No	No	No
5 <sup>th</sup> grade	DTaP, Polio, MMR, Varicella	No	No	No	No
6 <sup>th</sup> grade	DTaP, Tdap booster, Polio, Hepatitis B, MMR, Varicella, Meningococcal	<b>Yes</b> Before starting school	<b>Yes</b> Due by May 15 <sup>th</sup> (end of 6 <sup>th</sup> grade)	No	No
7 <sup>th</sup> or 8 <sup>th</sup> grade	DTaP, Tdap booster, Polio, Hepatitis B, MMR, Varicella	No	No	No	No
Transfer students <u>from another state</u>	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 <b>new exam</b> must be submitted	<b>Yes</b> , if entering Kindergarten, 2 <sup>nd</sup> , or 6 <sup>th</sup> grade (Due by May 15 <sup>th</sup> in that grade)	<b>Yes</b> , unless student is already wearing glasses	<b>Yes</b> , if age six or younger
Transfer students <u>from another country</u>	According to grade	<b>Yes</b> All grades – required before student can start school	<b>Yes</b> , if entering Kindergarten, 2 <sup>nd</sup> , or 6 <sup>th</sup> grade (Due by May 15 <sup>th</sup> in that grade)	<b>Yes</b> , unless student is already wearing glasses	<b>Yes</b> , 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](http://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





# 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				Street		City		Zip Code										
Parent/Guardian				Telephone #		Home		Work										
<b>IMMUNIZATIONS:</b> To be completed by health care provider. The mo/da/yr for <u>every</u> 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		
Hib Haemophilus influenza type b																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps, Rubella										Comments:								
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				
<b>ALTERNATIVE PROOF OF IMMUNITY</b>																		
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) <input type="checkbox"/> Measles* <input type="checkbox"/> Mumps** <input type="checkbox"/> Rubella <input type="checkbox"/> 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													
<b>HEALTH HISTORY</b> <span style="float:right;">★ TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER ★</span>																													
<b>ALLERGIES</b> (Food, drug, insect, other)						Yes <input type="checkbox"/> No <input type="checkbox"/>		List:						<b>MEDICATION</b> (Prescribed or taken on a regular basis.)				Yes <input type="checkbox"/> No <input type="checkbox"/>		List:									
Diagnosis of asthma?						Yes <input type="checkbox"/> No <input type="checkbox"/>		Child wakes during night coughing?						Yes <input type="checkbox"/> No <input type="checkbox"/>		Loss of function of one of paired organs? (eye/ear/kidney/testicle)				Yes <input type="checkbox"/> No <input type="checkbox"/>									
Birth defects?						Yes <input type="checkbox"/> No <input type="checkbox"/>		Developmental delay?						Yes <input type="checkbox"/> No <input type="checkbox"/>		Hospitalizations? When? What for?				Yes <input type="checkbox"/> No <input type="checkbox"/>									
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.						Yes <input type="checkbox"/> No <input type="checkbox"/>		Diabetes?						Yes <input type="checkbox"/> No <input type="checkbox"/>		Surgery? (List all.) When? What for?				Yes <input type="checkbox"/> No <input type="checkbox"/>									
Head injury/Concussion/Passed out?						Yes <input type="checkbox"/> No <input type="checkbox"/>		Seizures? What are they like?						Yes <input type="checkbox"/> No <input type="checkbox"/>		Serious injury or illness?				Yes <input type="checkbox"/> No <input type="checkbox"/>									
Heart problem/Shortness of breath?						Yes <input type="checkbox"/> No <input type="checkbox"/>		Heart murmur/High blood pressure?						Yes <input type="checkbox"/> No <input type="checkbox"/>		TB skin test positive (past/present)?				Yes* <input type="checkbox"/> No <input type="checkbox"/>									
Dizziness or chest pain with exercise?						Yes <input type="checkbox"/> No <input type="checkbox"/>		Eye/Vision problems? Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____						Yes <input type="checkbox"/> No <input type="checkbox"/>		TB disease (past or present)?				Yes* <input type="checkbox"/> No <input type="checkbox"/>									
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)						Yes <input type="checkbox"/> No <input type="checkbox"/>		Ear/Hearing problems?						Yes <input type="checkbox"/> No <input type="checkbox"/>		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other				*If yes, refer to local health department.									
Bone/Joint problem/injury/scoliosis?						Yes <input type="checkbox"/> No <input type="checkbox"/>		Information may be shared with appropriate personnel for health and educational purposes.						Yes <input type="checkbox"/> No <input type="checkbox"/>		Family history of sudden death before age 50? (Cause?)				Yes <input type="checkbox"/> No <input type="checkbox"/>									
Parent/Guardian Signature						Date																							
<b>PHYSICAL EXAMINATION REQUIREMENTS</b> Entire section below to be completed by MD/DO/APN/PA																													
HEAD CIRCUMFERENCE if < 2-3 years old						HEIGHT						WEIGHT						BMI						B/P					
<b>DIABETES SCREENING (NOT REQUIRED FOR DAY CARE)</b> BMD > 85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>																													
<b>LEAD RISK QUESTIONNAIRE:</b> 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											
<b>TB SKIN OR BLOOD TEST</b> 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. <a href="http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm">http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm</a> .																													
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											
<b>LAB TESTS (Recommended)</b>						Date						Results						Date						Results					
Hemoglobin or Hematocrit												Sickle Cell (when indicated)																	
Urinalysis												Developmental Screening Tool																	
<b>SYSTEM REVIEW</b>		Normal		Comments/Follow-up/Needs																									
Skin				Endocrine																									
Ears				Screening Result: Gastrointestinal																									
Eyes				Screening Result: Genito-Urinary LMP																									
Nose				Neurological																									
Throat				Musculoskeletal																									
Mouth/Dental				Spinal Exam																									
Cardiovascular/HTN				Nutritional status																									
Respiratory				<input type="checkbox"/> Diagnosis of Asthma Mental Health																									
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)																													
<b>NEEDS/MODIFICATIONS</b> required in the school setting																													
<b>DIETARY</b> Needs/Restrictions																													
<b>SPECIAL INSTRUCTIONS/DEVICES</b> e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup																													
<b>MENTAL HEALTH/OTHER</b> 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																													
<b>EMERGENCY ACTION</b> 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.)																													
<b>PHYSICAL EDUCATION</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> <b>INTERSCHOLASTIC SPORTS</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>																													
Print Name						(MD,DO, APN, PA) Signature						Date																	
Address						Phone																							

Parent to complete & Sign

Parent to complete & Sign

# UNION RIDGE SCHOOL

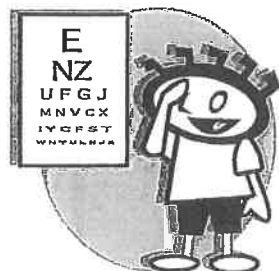
District No. 86

4600 North Oak Park Avenue  
Harwood Heights, Illinois 60706

Phone (708) 867-5822

FAX (708) 867-5826

[www.urs86.k12.il.us](http://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.

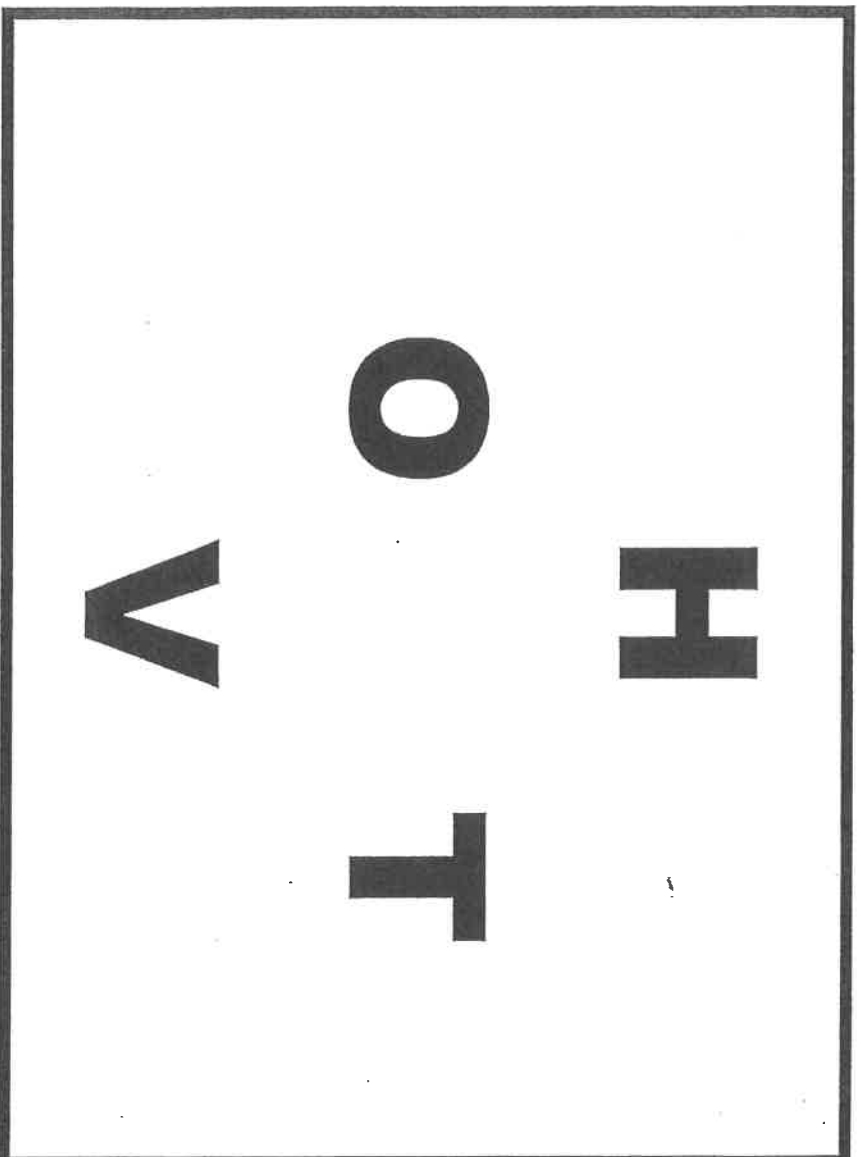
Sincerely,

A handwritten signature in cursive script that reads "Kelly A. Borgardt, R.N.".

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**





### **Healthcare for Kids**

The All Kids program offers many Illinois children comprehensive healthcare that includes doctors' visits, hospital stays, prescription drugs, vision care, dental care and medical devices like eyeglasses and asthma inhalers. Some families pay monthly premiums for the coverage, but rates for middle-income families are significantly lower than they are on the private market. For instance, a family of four that earns between \$51,432 and \$78,228 a year pays a \$40 monthly premium per child, and a \$10 co-pay per physician visit. Fill out the application today.

**All Kids Hotline: 1-866-ALL-KIDS (1-866-255-5437)**

**TTY: 1-877-204-1012**