



Central Community Unit School District 301

Dr. Todd Stirn, Superintendent

Country Trails Elementary School, 3701 Highland Woods Blvd, Elgin IL 60124 - 847-717-8000
Howard B. Thomas Grade School, PO Box 395, Burlington IL 60109 – 847-464-6008
Lily Lake Grade School, 5N720 Route 47, Maple Park IL 60151 – 847-464-6011
Prairie View Grade School, 10N630 Nesler Rd., Elgin IL 60124 – 847-464-6014

Dear Parent/Guardian of New Student Enrollees:

Enclosed in this packet are all the forms you will need to register your child/ren in an elementary school in Central Community Unit School District.

Required information to complete and return:

- Verification of Residency & Enrollment
(Step 3: must be completed in the presence of a District employee)
 - Optional forms:
 - Host Family Form
 - Annual form for Renters
 - Non Parent/Custodian
- New Student Enrollment Form
- Elementary Registration Fee
 - Optional forms:
 - Application for Fee Waiver
 - Application for Free/Reduced price meals
- CCUSD 301 Acceptable Use Policy
- Data Collection form
- Home Language Survey
- Going Green Release
- Childcare/Transportation Request
- Authorization for release of School Student Records
- State of Illinois & District 301 Health Packet:
 - 2011-2012 Health Questionnaire
 - Applicable Health forms

Required Information to provide:

- A copy of the original county/state birth certificate
- Illinois State Transfer Form (if moving from an Illinois school)
- Current Report Card
- Physical Exams/Health Records
- Records of Special Services (Special Education, Gifted, ELL/ESL)

Information for you to retain:

- 2011-2012 CCUSD 301 School Year Calendar
- Miscellaneous Information Sheet: Sex Offenders/Student Insurance/Voters Registration
- Student Supply List can be found on the school's website or in the school's office

Completing and returning your child's registration information in a timely manner helps us to determine the needs for the upcoming school year. Your child/ren is considered registered for the 2011-2012 school year once all registration forms and fees are returned. Please return your registration paperwork to your child's school or the district office as soon as possible. If you have any questions please contact the school's office.

For families requiring financial assistance, (registration fee waiver or payment plan) please indicate that on your fee sheet. *Registration Fee Waivers will be available on the District's website after August 1, 2011. If you need an application for Free/Reduced Lunch check the website or call the school office after August 1, 2011.

03/08/2011

CENTRAL COMMUNITY UNIT SCHOOL DISTRICT 301
NEW STUDENT ENROLLMENT FORM – GRADES EC – 12

PLEASE PRINT

Last Name _____ First Name _____ Middle Name _____

Residence Address _____ City _____ Illinois Zip _____

Mailing Address/City/Zip (if different than residence) _____ Preferred Nickname _____

Date of Birth _____ Birth Place (ie. Elgin IL) _____ Male / Female Grade Entering _____
Circle

Sibling(s) enrolling and their grade level(s) _____

TRANSPORTATION- ALL STUDENTS If eligible for transportation will transportation be required? Yes No, reason why _____

PREVIOUS SCHOOL DISTRICT: Name/Address/Phone _____

Services Received at Previous School (if applicable) Challenge/Gifted ELL/ESL Reading Social Work 504 Plan Other _____

Special Education (if applicable) IEP Speech IEP Case Study Pending

Kindergarten Parents Only: Did your child attend preschool? No Yes Name of Preschool _____

PRIMARY CONTACT INFORMATION

Child lives with (check one) Both Parents Mother Only Father Only Mother and Stepfather* Father and Stepmother*
 Other (specify & complete affidavit) _____ *Does the stepparent have the right to make educational/health choices for the student? Yes / No

Mother/Stepmother/Guardian (circle one)

Last Name/First Name _____ Day Phone _____

Cell _____ Work _____ Home _____

Email Addresses _____ Maiden Name _____

Father/Stepfather/Guardian (circle one)

Last Name/First Name _____ Day Phone _____

Cell _____ Work _____ Home _____

Email Addresses _____

Non Custodial Parent Information

Is the non-custodial parent legally prohibited from picking up/visiting the child? No Yes*
Is the non-custodial parent legally prohibited from receiving mailings? No Yes*

*If yes, you MUST provide the original court order (the school will maintain a copy)

Last Name/First Name _____ Father Mother

Day Phone _____ Cell _____ Work _____ Home _____

Address/City/State/Zip _____ Email Addresses _____

EMERGENCY CONTACT INFORMATION

If we are unable to contact parents/guardians in case of illness, injury or emergency, please list **at least one** additional contact to which we may release your child:

Name _____ Relationship _____ Day Phone # _____

Name _____ Relationship _____ Day Phone # _____

Name _____ Relationship _____ Day Phone # _____

This form was completed by Signature of Custodial Parent Date

Your signature certifies that all information is correct to the best of your knowledge. If you move during the school year, please notify the school immediately of your expected last day.

CENTRAL COMMUNITY UNIT SCHOOL DISTRICT #301

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3701 Highland Woods Blvd.
Elgin, IL 60124
847-717-8000

Lily Lake Elementary School
5N720 Route 47
Maple Park, IL 60151
847-464-6011

H.B. Thomas Elementary School
44W575 Plato Road Box 395
Burlington, IL 60109
847-464-6008

Prairie View Elementary School
10N630 Nesler Rd.
Elgin, IL 60124
847-464-6014

ELEMENTARY REGISTRATION FORM 2011-2012 FEES

STUDENT	GENERAL REGISTRATION FEE	X	# OF STUDENTS	TOTAL EACH
EARLY CHILDHOOD	<u>\$33.00</u>	X	_____	_____
KINDERGARTEN	<u>\$50.00</u>	X	_____	_____
GRADES 1-5	<u>\$90.00</u>	X	_____	_____

Fees include: Textbooks/materials, school message fee (school reach), and technology fee for all students.

1. Please check school your student attends above.
2. List below the name and grade of student(s) for whom payment is enclosed.
- 3. Make check payable to CCUSD #301 or by credit card (see below).**
4. Return this form and your check/credit card payment with your registration materials.

Parent/Guardian Last Name _____ First Name _____

Student Address _____ City/Zip _____

LAST NAME	FIRST NAME	GRADE	AMOUNT PAID
TOTAL AMOUNT ENCLOSED			

Registration fees are due for all students at the time of registration

Registration fees are charged to all students except those specifically exempted by law or unable to pay due to emergency circumstances. However, unless exempted by law, all fees are to be collected. Individuals in need of alternative payment schedules or a fee waiver should contact the building principal. If necessary, the collection process will involve the referral of unpaid fees to a collection agency. For each textbook lost or returned damaged beyond use, an additional charge may be made as determined by school officials.

FOR OFFICE USE: CHECK # _____ RECEIVED BY _____ DATE _____

CREDIT CARD: VISA / MASTER CARD / _____
Please circle one Credit card number Expiration Date



_____ Card Holder Signature Security Code

**C.C.U.S.D. #301
Childcare/Transportation Request**

All students are assigned a District 301 bus unless they are within walking boundaries. Students riding the District 301 bus are allowed only one inbound bus from the same location and only one outbound bus to the same location. Please complete the information below for all transportation requests, including childcare. Home childcare providers must be within the boundaries of the school your child attends. To determine if your request has been processed please allow **48 hours** before checking our **e-Link Busing Information** located at www.burlington.k12.il.us.

SECTION 1: DEMOGRAPHIC INFORMATION

Student Name: _____ Grade: _____ School: _____
Parent Name: _____ Address: _____
Home Phone: _____ Work Phone: _____ Date of Request: _____

SECTION 2: IN BOUND TRANSPORTATION NEEDS (please circle one)

District 301 Bus Parent Provides Transportation (Including Self Drivers) Commercial/Private Services***

*** *If choosing a Commercial/Private Service (Home Day Care or Agency), please fill in Section 4 below.*

SECTION 3: OUT BOUND TRANSPORTATION NEEDS (please circle one)

District 301 Bus Parent Provides Transportation (Including Self Drivers) Commercial/Private Services***

*** *If choosing a Commercial/Private Service (Home Day Care or Agency), please fill in Section 4 below.*

SECTION 4: COMMERCIAL SERVICES

REQUESTED SERVICE START DATE: _____

If you have contracted with one of the following services, please indicate with the following information:

Please circle the days of the week that this will apply:

Name of Commercial/Private Service Provider:

_____ (A.M.) M T W R F

_____ (P.M.) M T W R F

Address of Provider 1 (A.M.): _____ **Address of Provider 2 (P.M.):** _____

Phone Number of Provider 1 (A.M.): _____ **Phone Number of Provider 2 (P.M.):** _____

Additional Parent Comments:

PARENT SIGNATURE: _____ DATE: _____

DATE OFFICE RECEIVED _____ DATE APPROVED _____ SCHOOL /PARENT/DRIVER NOTIFIED _____



VERIFICATION OF RESIDENCY AND ENROLLMENT

Child's Name: _____ Date of birth ____ / ____ / ____

I, _____, live at _____

Name of Adult

Address

which is located within the boundaries of Central Community Unit School District #301.

Step 1: Residency Verification (Part A)

Do you: Own your own home Rent Other: _____

You must provide documentation showing you live at the address listed above. Please check and attach a copy of three (3) of the following documents. You should black out account and social security numbers on the documents. If you cannot produce all three (3) documents, skip to Residency (Part B).

All documents must be current and show your name and address.

You must provide one (1) document from Category A and two (2) documents from Category B.

Category A - One (1) document

Category B - Two (2) documents

- Real estate tax bill
Signed lease
Mortgage document or payment book
Residency Attestation
Military housing letter
Section 8 letter
Other*: _____

- Gas bill
Electric bill
Water/Sewer bill
Phone bill (no cell)
Cable bill
Vehicle registration
Bank statement
Other*: _____
Public aid card
Medicaid card
Food stamp card
Credit card statement
Pay check stub
City sticker receipt
Driver's license/State ID

*Please contact the registration staff if you are having trouble collecting all three documents. The district may require a home visit and/or additional documentation to verify residency.

I am unable to provide three (3) of the above documents because: (check all that apply)

Our family has not had a permanent residence since ____ / ____ / ____.

Address of last permanent residence: _____

Last school attended: _____

- Living in a shelter
Sharing housing with others due to loss of housing, economic hardship, or similar reason
Living at a train or bus station, park or in a car
Living in a hotel, motel, campground, or other similar situation
Abandoned apartment/building
Disaster victim
Unaccompanied youth
The child is temporarily housed, awaiting DCFS permanent foster care placement.

Other: _____

Your child may qualify for additional services—please ask the registration staff for more information or contact the District's McKinney-Vento Liaison at 847-464-6005.

Please indicate any social service agency you are currently working with: _____

OVER

Central Community Unit School District #301
VERIFICATION OF RESIDENCY AND ENROLLMENT

Child's Name: _____ Date of birth: _____

Step 2: Relationship to Student

You must provide a certified, original birth certificate. A copy will be made and the original returned to you. If the birth certificate is not available at the time of registration, other proof of the child's identity and date of birth is required, along with a signed affidavit.

Check one below:

- I am the natural or adoptive parent listed on the birth certificate. Please provide custody agreement, if applicable.
- I was granted court-ordered guardianship (provide copy of court document).
- I receive public aid on behalf of the child (provide copy of documentation showing receipt of aid).
- I have assumed and exercise responsibility for the child and provide him/her with a fixed, nighttime abode. **Please check each of the following boxes to be true and accurate.**
 - The child is living with me because _____.
 - I am at least 18 years of age.
 - The child eats and sleeps at my residence on a regular basis.
 - The child is not living with me for the sole purpose of having access to the educational programs of the school district.

Step 3: Affirmation and Warning (Must be completed in the presence of a District employee)

Please read the following statements and **initial each**:

_____ I affirm that the information presented in this verification form, in connection with any investigation of my residency or the residency and custody of the student, is true, complete and accurate.

_____ I understand that knowingly or willfully providing false information to a school district regarding the residency of a child for the purpose of enabling that child to attend any school in that district without the payment of nonresident tuition is a Class C misdemeanor.

_____ I understand that knowingly enrolling or attempting to enroll a child in the school of a school district on a tuition-free basis when I know the child to be a nonresident of the school district, unless the nonresident child has a lawful right to attend, is a Class C misdemeanor and I will be liable for payment of tuition, fees, and all other applicable fines.

_____ Further, I/We agree that, should any statement herein be found to be false, and the residence of the student(s) under my/our care, control, and support be other than that represented; I/We will, as required by law, pay District 301 tuition in the amount of the per capita cost for maintaining this school in the previous year. The present rate of tuition is \$68.18 per student per day.

I affirm that the information is true and correct _____

Parent/Guardian Signature

Date

For Office Use Only:

Proof of residence must be provided and attached

_____ Initials of Employee taking information

Date of Verification ____/____/____

Signature of Residency Officer/Building Administrator

OVER

**Central Community Unit School District #301
Home Language Survey**

Student Name: _____ **Home School:** _____

The state requires the district to collect 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 and return this survey to your child's school.

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 the school to assess your child's English language proficiency.



Parent/Legal Guardian Signature Date

The Illinois School Code and the Emergency Immigration Act, Title IV of the Education Amendments of 1984 (P.L. 98-511), requires that each school district administer a home language survey to each and every student entering a school for the first time. Your cooperation is needed to meet this information requirement.

**Central Community Unit School District #301
Encuesta del Idioma en el Hogar**

Nombre del estudiante: _____ **Escuela de Casa:** _____

El estado requiere que el distrito recoja información en una Encuesta del Idioma que se Habla en el Hogar (*Home Language Survey* o HLS por sus siglas en inglés) para cada estudiante nuevo. Esta información se usa para contar a los estudiantes cuyas familias hablan en el hogar un idioma que no es el inglés. También ayuda a identificar a los estudiantes que necesitan ser evaluados para la fluidez en el idioma inglés.

Por favor, conteste las preguntas a continuación y devuelva esta encuesta a la escuela de su niño.

1. ¿Se habla en su casa otro idioma que no es el inglés?

Sí _____ No _____

¿Cuál? _____

2. ¿Habla su niño(a) un idioma que no es el inglés?

Sí _____ No _____

¿Cuál? _____

Si la respuesta a cualquiera de las preguntas es "Sí", la ley requiere que la escuela evalúe la fluidez de su niño en el idioma inglés.



Firma del Padre/Madre/Encargado/Tutor Legal Fecha

El Código Escolar de Illinois y la Acta de Emergencia de la Inmigración, Título IV de las Modificaciones de Educación de 1984 (P.L. 98-511), requiere que cada distrito escolar administra una encuesta del idioma usado en casa a cada estudiante en una escuela por la primera vez. Su cooperación está necesitada para lograr este requisito de información.

**Illinois State Board of Education
New U.S. Department of Education Race and Ethnicity Data Standards**

DATA COLLECTION FORM

Student's Name:

SIS ID:

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and **both questions must be answered**. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.



Student Name _____

Grade Level _____ School _____


Parent /Guardian Name _____

Relationship to Student _____

Please return this form with your registration material complete with your student's signature, parent/legal guardian's signature in each section.


CONSENT FOR: PHOTOGRAPHED, VIDEOTAPED, AUDIO TAPED AND/OR INTERVIEW

I consent to have my student photographed, videotaped, audio taped and/or interviewed by the staff of C.C.U.S.D. #301 (the "Board") or the news media on the school premises when school is in session or when my child is under the supervision of school staff. These pictures will include the yearbook, school newsletter, etc. Many times however, the school will want to identify a student in a school picture or publish the student's name. School officials may want to acknowledge those students who participate in a school activity or deserve special recognition. In order for the school to publish a picture with a student identified by name, one of the student's parents or guardians must sign the consent form below. Please note that students' names on the website may state their first name. Additionally, I hereby give the Board consent to use creative work(s) generated and/or authored by my child on the Internet, or on an educational CD, or any other electronic/digital media. I understand that my child may be identified by first and last name, as the author of said work.

 I give consent I do not give consent to the information in the above paragraph _____
Parent / Guardian Signature

CONSENT FOR BOARD'S USE OF CHILD'S PHOTOGRAPH OR VOICE ON THE INTERNET OR ELECTRONIC/DIGITAL MEDIUM

I also consent to the Board's use of my child's photograph or likeness or voice on the Internet (school website) or on an Educational CD or any other electronic/digital media. As the child's parent or legal guardian, I agree to release and hold harmless the Board, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise by reason of, or be caused by the use of my child's creative work(s), photograph, likeness or voice on television, radio or motion pictures, or in the print medium, or on the Internet or any other electronic/digital medium. It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's creative work(s), photograph, likeness or voice.

 I give consent I do not give consent to the information in the above paragraph _____
Parent / Guardian Signature

CONSENT FOR INTERNET USE


Central Dist. #301 filters the Internet, but our school has adopted the following rules for optimum Internet use:

- 1.) Internet access is a privilege, not a right. Any school task can be completed without the Internet.
- 2.) Students may access the Internet for school related work only
- 3.) Students will not have e-mail accounts.
- 4.) Students must inform their teacher/supervisor that they are logging onto the Internet, state their purpose, and get approval.
- 5.) Students may not log-in under another student's username and password, students should not share their passwords with others.
- 6.) All printing is done with teacher/supervisor permission only.
- 7.) Changing of equipment, desktop and network settings, or physical damage of equipment is not allowed. Lack of compliance with these rules as well as those listed in the Student/Parent Handbook will result in disciplinary action, including the suspension of access to the computers.

STUDENT: I agree to use the Internet responsibly and to follow the rules listed above:

Student Signature _____ Date _____

PARENT / GUARDIAN: _____ **YES, my child may use the Internet as specified above**
SELECT ONE Parent / Guardian Signature

 _____ **NO, I do not want my child to have access to the Internet**
Parent / Guardian Signature



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Going Green...

Please select if you would like to receive a paper copy of the monthly newsletter or view it on line.

- I wish to receive a paper copy of the school’s monthly newsletter.
- I wish to decline my paper copy of the school newsletter.

Student’s Name _____ Grade _____

Student’s Name _____ Grade _____

Student’s Name _____ Grade _____

Parent/Guardian Name Printed _____



Signature

Date

CENTRAL COMMUNITY UNIT SCHOOL DISTRICT 301

2011-2012 SCHOOL CALENDAR (approved 1/24/11; approved revision 5/16/11)

August 2011					
Mon	Tue	Wed	Thu	Fri	Total
1	2	3	4	5	
8	9	10	11	12	
15	16	17	18	19	
22TI	23TWD	24	25	26	3
29	30	31			3
Total					6

Accumulated Days 6

September 2011					
Mon	Tue	Wed	Thu	Fri	Total
			1	2	2
5X	6	7	8	9	4
12	13	14	15	16	5
19	20	21SIP	22	23	5
26	27	28	29	30ER	5
Total					21

Accumulated Days 27

October 2011					
Mon	Tue	Wed	Thu	Fri	Total
3	4	5	6	7TI	4
10X	11	12	13	14	4
17	18	19ER	20	21	5
24	25	26	27	28J	5
31					1
Total					19

Accumulated Days 46

November 2011					
Mon	Tue	Wed	Thu	Fri	Total
	1	2	3	4TI	3
7	8	9	10	11	5
14	15	16ER	17	18	5
21PC	22PC	23NA	24X	25NA	0
28	29	30			3
Total					16

Accumulated Days 62

December 2011					
Mon	Tue	Wed	Thu	Fri	Total
			1	2	2
5	6	7	8	9	5
12	13	14	15	16	5
19NA	20NA	21NA	22NA	23NA	0
26X	27NA	28NA	29NA	30NA	0
Total					12

Accumulated Days 74

January 2012					
Mon	Tue	Wed	Thu	Fri	Total
2X	3	4	5	6	4
9	10	11	12	13TI	4
16X	17	18	19	20J	4
23	24	25ER	26	27	5
30	31				2
Total					19

Accumulated Days 93

February 2012					
Mon	Tue	Wed	Thu	Fri	Total
		1	2	3	3
6	7	8	9	10	5
13	14	15	16	17	5
20X	21	22	23	24	4
27	28	29			3
Total					20

Accumulated Days 113

March 2012					
Mon	Tue	Wed	Thu	Fri	Total
			1	2TI	1
5	6	7	8	9	5
12	13	14ER	15	16	5
19	20	21	22	23J	5
26NA	27NA	28NA	29NA	30NA	0
Total					16

Accumulated Days 129

April 2012					
Mon	Tue	Wed	Thu	Fri	Total
2	3	4	5	6NA	4
9	10	11	12PC	13HIP	5
16	17	18	19	20	5
23	24	25	26	27	5
30					1
Total					20

Accumulated Days 149

May 2012					
Mon	Tue	Wed	Thu	Fri	Total
	1	2	3	4	4
7	8	9	10	11SIP	5
14	15	16	17	18	5
21	22	23	24	25	5
28X	29	30	31		3
Total					22

Accumulated Days 171

June 2012					
Mon	Tue	Wed	Thu	Fri	Total
				1	1
4	5J	6ED	7ED	8ED	5
11ED	12ED	13	14	15	2
18	19	20	21	22	0
25	26	27	28	29	0
Total					8

Accumulated Days 179

July 2012					
Mon	Tue	Wed	Thu	Fri	Total
2	3	4	5	6	0
9	10	11	12	13	0
16	17	18	19	20	0
23	24	25	26	27	0
30	31				0
Total					0

Accumulated Days 182

Accumulated Student Days = 174 excluding emergency days

Teacher Days = 182 excluding emergency days

HOLIDAYS	
Labor Day	Sept. 5
Columbus Day	Oct. 10
Thanksgiving Day	Nov. 24
Christmas Day (Observed)	Dec. 26
New Year's Day (Observed)	Jan. 2
M.L. King's Birthday	Jan. 16
President's Day	Feb. 20
Memorial Day	May 28

HALF DAY DISMISSAL K-12	
High School	10:50 a.m.
Middle Schools	11:00 a.m.
Elementary Schools	12:00 p.m.

EARLY RELEASE K-12	
High School	12:50 p.m.
Middle Schools	1:00 p.m.
Elementary Schools (*except Kdg)	1:50 p.m.

LEGEND	
Holiday - No School	X
Non Attendance Day - No School	NA
Teacher Institute - No School Students	TI
Teacher Work Day - No School Students	TWD
Teacher In-Service - Half Day Students	HI
Early Release Day - Student Attendance with early release*	ER
Parent Conference Full Day - No School Students	PC
School Improvement - Half Day Students	SIP
Emergency Days = 5	ED
End of Quarter]
School Begins August 24	[
School Ends June 12 with 5 ED	
First Semester = 86 Days	
Second Semester = 88 Days	

*On Early Release Days kindergarten a.m. & p.m. will be in **regular** session



Central Community Unit School District 301

Dr. Todd Stirn, Superintendent

INFORMATION REGARDING STUDENT ACCIDENT INSURANCE

Central Community Unit School District #301 will offer parents the opportunity of participating in a low cost student accident insurance program during the current school year. Students can obtain an enrollment brochure with a detailed description of the plan from the school district. The plan offers a choice of protecting students during all school time activities, including sports, and activities that occur away from school, at home, and during vacation periods.

Parents are not required to purchase insurance; however, the school is not liable for any medical expenses due to school related injuries. The accident insurance plan is not intended to replace a family health insurance policy since the program provides limited coverage for injuries due to a covered accident and no benefits for sickness or illness. Parents who desire to supplement existing coverage with high deductibles may find the student accident insurance plan helpful. Parents who have no other insurance coverage could also find the plan to be beneficial.

The program is offered at a relatively low cost; however, the plan contains limitations and certain conditions that are not covered. Both the benefits and the limitations are outlined in the enrollment brochure that will be available at the start of the school year.

The school district does not receive any compensation, commission or fees from the student accident insurance program. The program is offered as a public service to parents desiring coverage on a voluntary enrollment basis. Information concerning the plan can be obtained through the school district or by calling the company that administers the program.

Information regarding the student accident insurance program will be sent home with each student the first week of school.

INFORMATION REGARDING SEX OFFENDER INFORMATION

Public Act 94-994, requires a principal or teacher to notify parents during school registration or parent teacher conferences that information about sex offenders is available to the public. The Illinois Sex Offender Information website is <http://www.isp.state.il.us/sor>. If you have any questions please contact your building principal.

INFORMATION REGARDING VOTER REGISTRATION

The Board of Education puts education related questions on the election ballot when necessary. It is important that all residents are registered to vote in order to vote when issues appear on the ballot. If you are not a registered voter, you will not be able to vote at the polls when there are important issues that will affect your child(ren)'s education. You may register to vote at any of the following locations: Most District 301 Schools; Most Drivers License Facilities; Libraries; County Clerk's Offices.

Please remember to bring two forms of ID with you when you register to vote. One form of ID must verify your current address. Please call in advance to make certain a registrar is on duty.

Kane County Clerk's Office	630-232-3413	DeKalb County Clerk's Office	815-895-7149
Ella Johnson Memorial Public Library	847-683-4490	Elburn Town & Country Library	630-365-2244
H.B. Thomas Grade School	847-464-6008	Lily Lake Grade School	847-464-6011
Prairie View Grade School	847-464-6014	Central Middle School	847-464-6000
Central High School	847-464-6030	District 301 Administration Office	847-464-6005
Prairie Knolls Middle School	847-717-8100		