

**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 # \_\_\_\_\_



\_\_\_\_\_ 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

## HIGH SCHOOL REGISTRATION FORM 2011-2012 FEES

GENERAL REGISTRATION FEE X # OF STUDENTS = TOTAL STUDENT(S)  
**Grades 9-12**      \$154.00      x \_\_\_\_\_ = \_\_\_\_\_  
 (Fees include athletic admission to regular season home games, technology fee and assignment book fee.)

1. Fees for specific classes will be assessed once schedules are complete. You will be billed for those fees at a later date.
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 by the due date.

Parent /Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student Address \_\_\_\_\_ City/Zip \_\_\_\_\_

LAST NAME	FIRST NAME	GRADE	AMOUNT PAID
<b>TOTAL AMOUNT ENCLOSED</b>			

### 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



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 School District #301**  
**275 South St., P.O. Box 396, Burlington, IL 60109**  
**Phone: 847-464-6005 Fax: 847-464-6021**  
**AUTHORIZATION FOR RELEASE OF SCHOOL STUDENT RECORDS**

I, \_\_\_\_\_,  parent  legal guardian  surrogate parent  primary caretaker,  
 authorize \_\_\_\_\_ to release records checked  
PREVIOUS DISTRICT & SCHOOL NAME AND ADDRESS

below, regarding, \_\_\_\_\_, \_\_\_\_/\_\_\_\_/\_\_\_\_,  
STUDENT BIRTHDATE

to: \_\_\_\_\_, (\_\_\_\_) \_\_\_\_\_  
NAME & TITLE PHONE

\_\_\_\_\_  
AGENCY, STREET ADDRESS, CITY, STATE, ZIP CODE

for the purpose of \_\_\_\_\_.

This consent is valid until \_\_\_\_/\_\_\_\_/\_\_\_\_, unless otherwise revoked by me in writing.

<u><b>RECORDS TO BE RELEASED</b></u>	
The records released shall cover the dates of ____/____/____ to ____/____/____. (Optional)	
<u>PERMANENT RECORDS</u>	
<input type="checkbox"/> Student's Name, Address, DOB, Birthplace, Gender, Birth Certificate	<input type="checkbox"/> Parent's Name(s), Address(es)
<input type="checkbox"/> Attendance Records	<input type="checkbox"/> Accident Reports <input type="checkbox"/> Health Records (excluding mental health)
<input type="checkbox"/> Academic Transcript	<input type="checkbox"/> Honors/Awards received <input type="checkbox"/> Participation in Extracurricular Activities)
<u>TEMPORARY RECORDS</u>	
<input type="checkbox"/> Class Schedule	<input type="checkbox"/> Test Scores: intelligence, aptitude, achievement levels
<input type="checkbox"/> Disciplinary Information	<input type="checkbox"/> Family Background Information
<input type="checkbox"/> Special Education Records:	<input type="checkbox"/> IEP <input type="checkbox"/> Psychological Evaluations <input type="checkbox"/> Social Work Assessment
	<input type="checkbox"/> Educational Evaluation & Reports <input type="checkbox"/> Medical/Nursing Records
	<input type="checkbox"/> Speech, Physical or Occupational Therapy Evaluations/Reports
	<input type="checkbox"/> Specialized Evaluations: psychiatric, audiological, vocational assessment
<input type="checkbox"/> Reports/Evaluations Received From	_____
	<small>INSTITUTION/AGENCY/INDEPENDENT PRACTITIONER</small>
<input type="checkbox"/> Other	_____
<b>NOTE:</b> Release of MENTAL HEALTH records requires completion of a consent form in compliance with the Mental Health and Developmental Disabilities Act, 740 ILCS 110.	

**I understand that I have the right to INSPECT, COPY, and CHALLENGE the content of the school student records for which I am authorizing release. I also have the right to designate the school student records to be released or to identify specific portions of a school record to be released by this consent. Any such limitations have been noted above.**



\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 DATE

**NOTICE TO AGENT/PERSON RECEIVING RECORDS** Under the provision of the *Illinois School Student Records Act*, 105 ILCS 10/6(d) and the *Federal Education Rights and Privacy Act*, you may not redisclose any of the information received without first obtaining specific, written, consent conforming with these Acts. Unauthorized rerelease of this information could result in your inability to receive future educational records for a period of five years.

**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.

**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.

**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](http://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* \_\_\_\_\_



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



## 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		

# 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	28]	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	20]	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	23]	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	5]	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