

# Brook Park School

30<sup>th</sup> & Raymond

LaGrange Park, Illinois 60526

708-354-3740

708-354-3146 Fax



Michael T. Sorensen, Principal

## Requirements for Enrollment

Parent/Guardian must provide:

### 1. Certified Birth Certificate of student

### 2. Evidence of residence submitted (minimum of four). All documents must be current.

In order for us to comply with the Illinois School code, we must establish legal residence. This is also done in your best interests and that of this community. Your tax dollars support our schools and are used solely to educate the students who reside in Brookfield-LaGrange Park District 95. We appreciate your cooperation and assistance in completing this form.

#### Category I (one document required)

**HOMEOWNERS:** Mortgage Papers

**RENTERS:** Current Lease agreement

#### Category II (three documents required)

Utility Bill

Driver's License or State ID

Home Insurance

Income tax return

Real Estate tax bill

Vehicle registration

Voter registration card

#### Category III (required prior to 1<sup>st</sup> day of student attendance)

Current physical examination and immunization record

Transfer form from latest school showing last day attended and grade level. Illinois State Transfer form if transferring from another Illinois public school

#### In Addition

If a child has special needs, records for special placement

Custodial agreements, decrees, judgments, or other documents if applicable

**PERSONAL DATA:**

Name of Pupil \_\_\_\_\_ Sex \_\_\_\_\_

(Last) (First) (Middle)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth Certificate No. \_\_\_\_\_

Social Security # \_\_\_\_\_ Place of Birth \_\_\_\_\_

**HEALTH DATA:**

Date of Last Physical Exam \_\_\_\_\_ Family Physician \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**SCHOOL DATA:**

Date of Entry \_\_\_\_\_ From \_\_\_\_\_

(City) (State)

**OTHER SCHOOLS ATTENDED:**

Name \_\_\_\_\_ Place \_\_\_\_\_ Dates \_\_\_\_\_

Name \_\_\_\_\_ Place \_\_\_\_\_ Dates \_\_\_\_\_

Name \_\_\_\_\_ Place \_\_\_\_\_ Dates \_\_\_\_\_

**FAMILY DATA:**

**Father or Guardian:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Place of Birth \_\_\_\_\_ Place of Employment/Occupation \_\_\_\_\_

Education \_\_\_\_\_ Business Phone \_\_\_\_\_

**Mother or Guardian:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Place of Birth \_\_\_\_\_ Place of Employment/Occupation \_\_\_\_\_

Education \_\_\_\_\_ Business Phone \_\_\_\_\_

**Brothers and Sisters:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Status of Parent: (Check)**

- |                 |                          |                 |                          |            |                          |
|-----------------|--------------------------|-----------------|--------------------------|------------|--------------------------|
| Living together | <input type="checkbox"/> | Father Deceased | <input type="checkbox"/> | Stepfather | <input type="checkbox"/> |
| Living Apart    | <input type="checkbox"/> | Mother Deceased | <input type="checkbox"/> | Stepmother | <input type="checkbox"/> |
| Divorced        | <input type="checkbox"/> | Foster Parents  | <input type="checkbox"/> |            |                          |

Pupil lives with:

\_\_\_\_\_ (Indicate with whom)

Others living in household  
(Indicate Relationship)

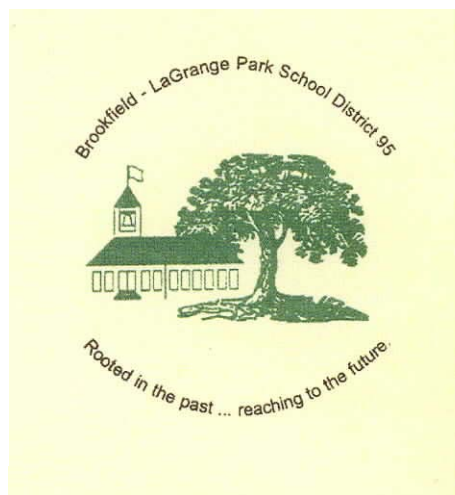
\_\_\_\_\_



# Brookfield – LaGrange Park School District 95

Office of the Administration  
3524 Maple Avenue  
Brookfield, Illinois 60513  
708-485-0606 • Fax: 708-485-8066  
www.district95.org

Dr. Mark L. Kuzniewski  
*Superintendent*



Dear Parent or Guardian:

In fall 2007, the U.S. Department of Education issued new guidance on the collection and reporting of race and ethnicity data for public school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of the nation's diversity. The new data collection process requires respondents to answer a two-part question, indicating ethnicity first and then one or more of five races. (In the past, individuals were allowed to choose only one race or ethnicity category.)

***The Illinois State Board of Education (ISBE) will use the new categories starting with data to be reported for the 2010-2011 school year.*** This requires school districts to re-identify race and ethnicity for all students—and the identification is to be done by parents or guardians. If a student's parents or guardians decline to indicate race and/or ethnicity, observer identification by school district staff is required.

The new race and ethnicity data will be used in the same manner as previously collected data, e.g., in reporting and analyzing test results by race and ethnicity. The information will not be used to check immigration status, and the confidentiality of individual student information will be protected.

Enclosed is a sheet that provides additional information about the data collection and reporting changes. Also enclosed is the form that parents or guardians need to complete the identify race and ethnicity for their children. Please complete one form per child, and be sure to answer both parts of the two-part question. (Remember that school district staff is required to provide any missing information by observer identification.)

Thanks you for your cooperation in providing the needed data. Please direct any questions you may have to Brook Park Elementary School Principal, Mr. Mike Sorensen.

Sincerely,

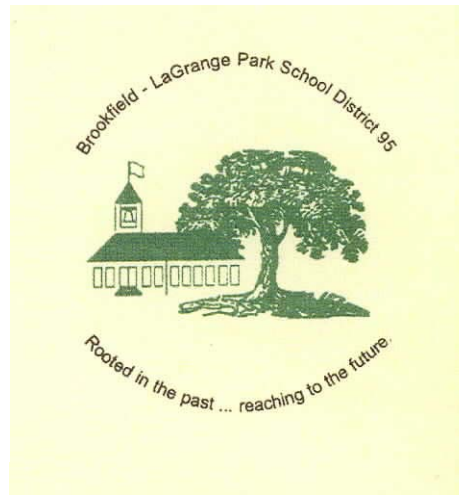
Dr. Mark L. Kuzniewski  
*Superintendent*

MLK/rc

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

### Student's Name and SIS ID:

SIS ID number will be completed by school office

**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 Indian subcontinent including, for example, Cambodia, China, India, Pakistan, The Philippines, Thailand, 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.

District 95 Health Services

In an effort to keep your child's health record complete and current, please complete the following health questionnaire. Please return it to school with your student's registration materials.  
Thank you for your assistance. Mrs. Preston RN ILCSN District Nurse

Answer YES/NO and if YES, please specify details

Does your child have any special health conditions? \_\_\_\_\_

Has your child had any serious illness, injury, or operations? \_\_\_\_\_

Has your child ever lost consciousness or had a concussion? \_\_\_\_\_

Does your child have asthma? \_\_\_\_\_

Does your child have diabetes? \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_

Is your child allergic to insect stings? \_\_\_\_\_

Does your child wear glasses or contact lenses? \_\_\_\_\_

Does your child have a known hearing loss or wear a hearing aid? \_\_\_\_\_

Does your child take any medication on a regular basis? \_\_\_\_\_

Does your child have weight issues (underweight or overweight)? \_\_\_\_\_

Is there anything else concerning your child's health that the teacher or nurse should know? \_\_\_\_\_

I/We \_\_\_\_\_, give \_\_\_\_\_ /do not give \_\_\_\_\_, our permission to the school nurse and/or health aide to share the above information with the appropriate faculty and staff of School District 95 as necessary to meet our child's health and educational needs.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE REQUESTS  
(for new students only)**

**1. Directory Information**

Parents give consent for District 95 to release student information, including name, address, grade, phone, parent's name to the PTO/BPC for use in the PTO/BPC Student Directory's only.

**Yes, you may release my directory information                      No, you may not                      (circle one)**

**2. E-Mail Address – (optional)**

If you would like to list your email address along with your Directory Information – please fill in below:

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**3. Photo-Video-Web Site Release**

**Pictures of Unnamed Students.** Students may occasionally appear in photographs and video recordings taken by school staff members, other students, or other individuals authorized by the Building Principal. The school may use these pictures, without identifying the student, in various publications, including the school yearbook, school newspaper, and school website. No consent or notice is needed or will be given before the school uses pictures of unnamed students taken while they are at school or a school-related activity.

**Pictures of Named Students.** Sometimes the school may want to identify a student in a school picture. For example, school officials 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 below. Please complete and sign this form to allow the school to publish and otherwise use photographs and video recordings, with your child identified, while he or she is enrolled in this school.

**I grant consent to the School District to identify a picture of my child, by full name and/or the school he or she attends, in any school sponsored material, publication, video recording, or website. This consent is valid for the entire time my child is enrolled in the District. I may revoke this consent at any time by notifying the Building Principal.**

**Yes, I give my consent                      No, I do not give my consent                      (circle one)**

**Pictures of Students Taken By Non-School Agencies**

While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student. School staff members will not, however, identify a student for an outside photographer.

LEGAL REF.: *Family Educational Rights and Privacy Act*, 20 U.S.C. Section 1232(g)  
34 C.F.R. Part 99 *Illinois School Student Records Act*, 105 ILCS 10/1 *et seq.* 23 Ill. Admin. Code 375

**4. Application of Pesticides**

Do you wish to be notified at least two business days prior to any pesticide (insecticides, herbicides, rodenticides and fungicides) application in your child's school.

**I wish to be notified                      I do not wish to be notified                      (circle one)**

\_\_\_\_\_  
**Parent Guardian** (please print)

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**5. Internet Information**

Parents give consent for their student to use the Internet as an Instructional Tool. Policy/Description is included.

**Yes, my student may use the Internet                      No, my student may not use the internet                      (circle one)**

**Student Name** (please print) \_\_\_\_\_ **Student Signature** \_\_\_\_\_

**Parent Name** (please print) \_\_\_\_\_ **Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**6:235 - Access to Electronic Networks**

Electronic networks, including the Internet, are a part of the District's instructional program and serve to promote educational excellence by facilitating resource sharing, innovation, and communication. The Superintendent shall develop an implementation plan for this policy and appoint system administrator(s).

The School District is not responsible for any information that may be lost or damaged, or become unavailable when using the network, or for any information that is retrieved or transmitted via the Internet. Furthermore, the District will not be responsible for any unauthorized charges or fees resulting from access to the Internet.

Curriculum

The use of the District's electronic networks shall: (1) be consistent with the curriculum adopted by the District as well as the varied instructional needs, learning styles, abilities, and developmental levels of the students, and (2) comply with the selection criteria for instructional materials and library-media center materials. Staff members may, consistent with the Superintendent's implementation plan, use the Internet throughout the curriculum.

The District's electronic network is part of the curriculum and is not a public forum for general use.

Acceptable Use

All use of the District's electronic network must be: (1) in support of education and/or research, and be in furtherance of the goals stated herein, or (2) for a legitimate school business purpose. Use is a privilege, not a right. Students and staff members have no expectation of privacy in any material that is stored, transmitted, or received via the District's electronic network or District computers. General rules for behavior and communications apply when using electronic networks. The District's *Authorization for Electronic Network Access* contains the appropriate uses, ethics, and protocol. Electronic communications and downloaded material, including files deleted from a user's account but not erased, may be monitored or read by school officials.

Internet Safety

Each District computer with Internet access shall have a filtering device that blocks entry to visual depictions that are: (1) obscene, (2) pornographic, or (3) harmful or inappropriate for students, as defined by federal law and as determined by the Superintendent or designee. The Superintendent or designee shall enforce the use of such filtering devices. An administrator, supervisor, or other authorized person may disable the filtering device for bona fide research or other lawful purpose, provided the person receives prior permission from the Superintendent or system administrator.

The Superintendent or designee shall include measures in this policy's implementation plan to address the following:

1. Ensure staff supervision of student access to online electronic networks,
2. Restrict student access to inappropriate matter as well as restricting access to harmful materials,
3. Ensure student and staff privacy, safety, and security when using electronic communications,
4. Restrict unauthorized access, including "hacking" and other unlawful activities, and
5. Restrict unauthorized disclosure, use, and dissemination of personal identification information, such as, names and addresses.

Authorization for Electronic Network Access

Each staff member must sign the District's *Authorization for Electronic Network Access* as a condition for using the District's electronic network. Each student and his or her parent(s)/guardian(s) must sign the *Authorization* before being granted unsupervised use.

All users of the District's computers to access the Internet shall maintain the confidentiality of student records. Reasonable measures to protect against unreasonable access shall be taken before confidential student information is loaded onto the network.

The failure of any student or staff member to follow the terms of the *Authorization for Electronic Network Access*, or this policy, will result in the loss of privileges, disciplinary action, and/or appropriate legal action.

## LEGAL REF.:

No Child Left Behind Act, [20 U.S.C. §6777](#).

Children's Internet Protection Act, [47 U.S.C. §254\(h\) and \(i\)](#).

Enhances Education Through Technology, [20 U.S.C. §6751 et seq.](#)

[720 ILCS 135/0.01](#).

CROSS REF.: [5:100](#) (Staff Development Program), [5:170](#) (Copyright), [6:40](#) (Curriculum Development), [6:210](#) (Instructional Materials), [6:230](#) (Library Media Program), [6:260](#) (Complaints About Curriculum, Instructional Materials, and Programs), [7:130](#) (Student Rights and Responsibilities), [7:190](#) (Student Discipline), [7:310](#) (Publications)

**ADOPTED: DECEMBER 13, 2007**

**Fraudulent Residency**

Section 5/10-20.12b of the *Illinois School Code* requires that the Board of Education impose a nonresident tuition charge if the District determines that a nonresident student is attending the schools of the District. This tuition charge will be imposed in the case of any student who is determined a nonresident during a school year, and shall be retroactive to the first date of the student’s nonresident attendance.

A person who knowingly enrolls or attempts to enroll in the District’s schools a student known to be a nonresident of the District is guilty of a Class C misdemeanor. In addition, a person who knowingly or willfully presents to the District any false information regarding the residency of a student in order to attend the District’s schools without the payment of nonresident tuition is also guilty of a Class C misdemeanor.

*I affirm that the information given to verify residency in District 95 is correct and that I have legal custody of the registering student. I certify that I am the parent/legal guardian of the registering student and that this child’s residence has not been established solely for the purpose of attending District 95. I understand that District 95 may contact other schools for family/student information if there are questions pertaining to residency. This information is correct to the best of my knowledge.*

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Student’s Name \_\_\_\_\_

BOARD OF EDUCATION  
BROOKFIELD-LAGRANGE PARK SCHOOL DISTRICT #95

**AFFIDAVIT TO ESTABLISH BONA FIDE RESIDENTIAL STATUS**

In order for us to comply with the Illinois School code, we must establish legal residence. This is also done in your best interests and that of this community. Your tax dollars support our schools are used solely to educate the students who reside in Brookfield-LaGrange Park District 95. We appreciate your cooperation and assistance in completing this form.

Name of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
(If guardian, legal guardianship papers must be presented)

Name of Student(s) \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address of Student(s) \_\_\_\_\_  
Street Town Zip

**VERIFICATION OF RESIDENCY**

Evidence of residence submitted (minimum of four). One of those listed below on the left and three on the right. All documents must be current.

**\*REQUIRED DOCUMENTS**

**\*HOMEOWNERS:** Mortgage Papers \_\_\_\_\_

(Minimum of three in addition to required documentation. All **MUST** be current.)

OR

- \_\_\_\_\_ Utility Bill
- \_\_\_\_\_ Home insurance
- \_\_\_\_\_ Real Estate tax bill
- \_\_\_\_\_ Local Driver's License or State ID
- \_\_\_\_\_ Voter registration card
- \_\_\_\_\_ Income tax return
- \_\_\_\_\_ Vehicle registration

**\*RENTERS:**

\_\_\_\_\_ Lease or Rental Agreement  
Dated from \_\_\_\_\_ to \_\_\_\_\_

**School Official Signature** \_\_\_\_\_  
Date \_\_\_\_\_

BROOKFIELD-LAGRANGE PARK  
SCHOOL DISTRICT 95  
3524 MAPLE AVE.  
BROOKFIELD, IL 60513

CERTIFICATE OF RESIDENCE

NAME OF STUDENT: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Town Zip

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Town Zip

HOME PHONE NO. \_\_\_\_\_ WORK PHONE NO. \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Town Zip

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**I certify that I am the parent/guardian of the above named student and that this child's residence has not been established solely for the purpose of attending District 95. I further certify that the above information is correct to the best of my knowledge.**

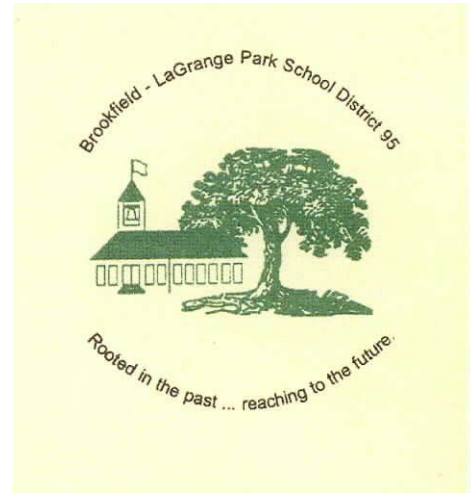
\_\_\_\_\_  
Parent(s) or Guardian(s) Signature

\_\_\_\_\_  
Date

NOTE: It is contrary to the policy of the Board of Education to admit students who do not legally reside with their parents or legal guardians within the District boundaries. The information you provide will be used by school officials to help establish the eligibility of each applicant for admission. Falsification of information on this form may result in your child being excluded from school, and may expose you to monetary liability under Illinois law for payment of tuition for such time as your child was illegally enrolled in District 95.

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## REQUEST TO OBTAIN STUDENT RECORDS

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Dear Records Custodians:

In accordance with the enacted Federal Family Educational Rights and Privacy Act, we are hereby submitting a signed release and respectfully request that the records of the following student be forwarded to:

**Brook Park School (K-5)**

or

**S.E. Gross Middle School (6-8)**

30th & Raymond

3524 Maple Avenue

LaGrange Park, Illinois 60526

Brookfield, IL 60513

Attn: Mrs. C. Rita, Records Custodian

Attn: Ms. M. Krzos, Records Custodian

Student \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

First day attending \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Sincerely, \_\_\_\_\_  
Principal

I am the Parent/Guardian of the student named above. I authorize the release of school records, counseling and psychological reports, Special Education records, test scores, health and dental records from the above named school for educational purposes.

Date \_\_\_\_\_ signature of parent/guardian \_\_\_\_\_