



OAK LAWN-HOMETOWN

School District 123

Oak Lawn-Hometown
School District 123
Tuition Preschool Enrollment

Kolmar Avenue School
10425 S. Kolmar
Oak Lawn, IL 60453

Thursday, February 16, 2012
9:00 a.m. - 11:00 a.m. and 12:30 p.m. - 2:30 p.m.

THE ADVENTURE IN LEARNING
STARTS HERE!

***PLEASE CALL
708-422-1800
FOR IMPORTANT ENROLLMENT
INFORMATION
ALL STUDENTS MUST PROVE RESIDENCY***

Taught by a State Certified Teacher



Over

Residency Requirements for Tuition Preschool Enrollment

To begin the enrollment process families living in Oak Lawn-Hometown School District 123 must bring the following for all new students:

- Child's ORIGINAL birth certificate**
- Three Residency Documents**

Below is a list of acceptable documents.

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

- Real estate tax bill
- *Signed lease-All occupants of unit must be listed on lease, children included
- Mortgage document or payment book
- Residency Attestation and most current Real Estate tax bill
- Military housing letter
- Section 8 letter
- Other*: _____

*D123 works with the Village of Oak Lawn to adhere to the Rental Property Ordinance 6-5B.

Category B – Two (2) documents

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

All District 123 resident families will be served first. Families living outside of District 123 will be invited to sign a waiting list for openings in these classes.

Registration Fee

- \$160 (tuition for 4 year-old) and /or
- \$130 (tuition for 3 year-old) and/or
- \$580 (tuition for 4 year-old full-day) (tentative program)

Checks should be made payable to District 123

This deposit is non-refundable and will be used as your May 2013 tuition payment.



OAK LAWN-HOMETOWN

School District 123

ITEMS NEEDED TO COMPLETE YOUR STUDENT'S ENROLLMENT IN OAK LAWN-HOMETOWN SCHOOL DISTRICT 123

- _____ **Proof of Residency** [Mandatory]
- _____ **Birth Certificate** [Mandatory **original** Birth Certificate be presented]
- _____ ***ISBE Student Transfer Form** [Mandatory] if transferring from another public Illinois school (student must be in good standing)
- _____ **If transferring from a private Illinois school or out of state school**
[Mandatory] must provide certification, in writing, that the student is not currently serving a suspension or expulsion imposed by the school from which the student is transferring.
- _____ ****Health Record** [Mandatory]
Proof of appropriate health exam and required immunizations - **Kdg & 6th**
Proof of Dental Exam – **Kdg, 2nd, and 6th**
Proof of Eye Exam - **Kdg**
- _____ **All District forms completely filled in** [Mandatory]
 - _____ Enrollment Form
 - _____ Federal Race/Ethnicity Data
 - _____ Home Language Survey
 - _____ Media Consent
 - _____ Acceptable Use Policy
 - _____ Student Information Sheet
 - _____ Student Emergency Information Sheet
 - _____ *Release of Student Records
 - _____ *Fees Sheet
- *Previous term's report card, current state test results, and/or current IEP**

*If applicable

**Due before the first day of school

Revised 04/19/11 (mto)

**OAK LAWN-HOMETOWN SCHOOL DISTRICT 123
VERIFICATION OF RESIDENCY AND ENROLLMENT**

Child's Name: _____ Birthdate: ___/___/___

I, _____, live at _____,
Name of Adult Address

which is located within the boundaries of Oak Lawn-Hometown School District 123.

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-All occupants of unit must be listed on lease, children included
 - Mortgage document or payment book
 - Residency Attestation and most current Real Estate tax bill
 - Military housing letter
 - Section 8 letter
 - Other*: _____
- *D123 works with the Village of Oak Lawn to adhere to the Rental Property Ordinance 6-5B.

- 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.

Step 1: Residency Verification (Part B)

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 708-423-0150.

*OAK LAWN-HOMETOWN SCHOOL DISTRICT 123
VERIFICATION OF RESIDENCY AND ENROLLMENT*

Child's Name: _____ Birthdate: ___/___/___

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.

_____/_____/_____
Date

Adult (Signature)

Adult (Print Name)

FOR OFFICE USE ONLY

_____/_____/_____
Date

Enrollment Personnel (Signature)

Enrollment Personnel (Print Name)

- Form Complete** **Form Incomplete**

For Office Use Only:

Date of Verification ___/___/___

Signature of Residency Officer: _____



OAK LAWN-HOMETOWN

School District 123

OAK LAWN-HOMETOWN SCHOOL DISTRICT 123
4201 West 93rd St. Oak Lawn, IL 60453
708-423-0150

Enrollment Form for Official School Records

Date: _____ Home School: _____ Grade: _____

STUDENT'S NAME

****It is essential for record keeping purposes that the District 123 Schools have your child's full **legal** name and that this name be used on all school records.****

Full Legal Name: _____
(Last) (First) (Middle)

Address: _____ City: _____ State: IL Zip: _____

Telephone: _____ Gender : _____ Male _____ Female
(Area Code) Phone Number

Date of Birth: _____ Birth Certificate# _____ Hospital Name _____

Father's Name: _____
(Last) (First) (Middle) (Legal Guardian (y/n))

Mother's Name: _____
(Last) (First) (Middle) (Legal Guardian (y/n))

Last School Pupil Attended: _____
Address: _____ City: _____ State: _____ Zip: _____

Please List Siblings under the age of 15:

Brother: _____ Age _____	Sister: _____ Age: _____
Brother: _____ Age _____	Sister: _____ Age: _____
Brother: _____ Age _____	Sister: _____ Age: _____
Brother: _____ Age _____	Sister: _____ Age: _____

Parent Signature: _____



OAK LAWN-HOMETOWN

School District 123

OAK LAWN-HOMETOWN SCHOOL DISTRICT 123 New U.S. Department of Education Race and Ethnicity Data Standards

DATA COLLECTION FORM

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.

Student's Name:

SIS ID:

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 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.



Home Language Survey

Student's Name _____ **Birthdate:** _____

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 students that need to be assessed for English Language proficiency.

Please answer the following questions and return this survey with your enrollment information.

1. Is a language other than English spoken in your home?

___ **Yes** ___ **No** **If "yes," what language?** _____

2. Does your child speak a language other than English in your home?

___ **Yes** ___ **No** **If "yes," what language?** _____

3. Which language does your child use most often to communicate with parents and family?

English **Other:** _____

4. Which language does your child use most often to speak with friends?

English **Other:** _____

5. Has your child been enrolled in a Bilingual or English as a Second Language (ESL) program in a previous school? ___ **Yes** ___ **No**

If you checked "Yes" for question 5, please answer the following questions:

- How many years was your child in Bilingual or ESL classes? _____
- At which school did your child attend Bilingual or ESL classes? _____

Parent/Guardian Signature _____ Date _____



OAK LAWN-HOMETOWN

School District 123

2012-2013 MEDIA/INFORMATION RELEASE FORM FOR PARENT/GUARDIAN OF STUDENTS

My child's name/photo may be released to the local media for honor rolls, athletic events, plays, concerts, or community projects. (Make-A-Wish, etc.) Yes ___ No ___

Oak Lawn-Hometown School District 123 has my permission to take photographs/slides, film, video and/or audio tape recordings of my child, during classroom instruction, assessment, or other school-related activities. I understand that this media will be produced and used for educational purposes. The media may be used on a school-related website and/or included in a school district or educational foundation related publication. Last names of students **will not** be used on Internet projects. Yes ___ No ___

Please review the information, sign it, and return to your school office.

Student Name _____ Grade: _____

Parent Name _____

Please Print

Parent Signature _____

Address _____

Daytime Phone _____ Evening Phone _____ Date _____



Acceptable Use Policy Authorization for Electronic Network Access

On November 26, 2009, the Board of Education approved the District Policy regarding Access to Electronic Networks (Policy 6:235). This policy can be reviewed on our website (www.d123.org). Students and their parents/guardians must review and sign this *Authorization for Electronic Network Access*.

I understand and will abide by the above *Authorization for Electronic Network Access*. I understand that the District and/or its agents may access and monitor my use of the Internet, including my email and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's electronic network connection and having access to public networks, I hereby release the School District and its Board members, employees, and agents from any claims and damages arising from my use of, or inability to use the Internet.

Student Name	School/Grade
Student Signature	Date

***Students are required to have a parent/guardian read and agree to the following:**

I have read this *Authorization for Electronic Network Access*. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents, or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of this *Authorization* with my child. I hereby request that my child be allowed access to the District's Internet.

*****This signed Media Consent and Authorization for Electronic Network Access form will be in effect as long as your child is in attendance in a District 123 school, unless written notification to the contrary is received by the principal.*****

Parent/Guardian Name (Please print)	Date
Parent/Guardian Signature	

Oak Lawn-Hometown School District 123 - Student Information Sheet

- Please make corrections as needed.

Student's Legal Name	Birth Date	Grade	Room	Bus #	ID Number
Student Address: Include Apt. # if Applicable		Student Home Phone			Fees Paid
Parent/s or Guardian/s who LIVE WITH student					
Parent Name	Relationship	Has Custody	Email Address		
Employer	Work Phone	Cell Phone	Additional Phone		
Parent Name	Relationship	Has Custody	Email Address		
Employer	Work Phone	Cell Phone	Additional Phone		
Parent/Guardian who DOES NOT LIVE WITH student					
Parent Name	Relationship	Has Custody	Email Address		
Home Address	Home Phone	Work Phone	Employer		
	Cell Phone	Add'l Phone			
List 2 or 3 Relatives/Neighbors who will care for student if parent/guardian cannot be reached					
Emergency Contact 1	Relationship	Home Phone	Home Address		
Cell Phone:	Work Phone:				
Emergency Contact 2	Relationship	Home Phone	Home Address		
Cell Phone:	Work Phone:				
Emergency Contact 3	Relationship	Home Phone	Home Address		
Cell Phone:	Work Phone:				
<p>Oak Lawn-Hometown School District 123 is dedicated to ensuring district property tax dollars are spent to educate their neighborhood resident children. Students who live and sleep in residences of District 123 attend school tuition free. However, students found to be non-residents of the district and present false information regarding the student's residency are in violation of the residency policy and may face legal action as well as an annual tuition charge of at least \$8311.00.</p>					
Signature of Parent/Guardian: _____			Dated: _____		

Oak Lawn-Hometown School District 123 - Emergency Information Sheet
(please make corrections as needed)

Student's Legal Name	Birth Date	Grade	Room	Bus #	ID Number

Student Address: Include Apt. # if Applicable	Student Home Phone
--	---------------------------

General Health Concerns/Medications

- My child has no health/medical concerns
- My child does not take medication
- My child has the following medication and/or wears the following device (such as glasses, hearing aid, retainer etc.):

- My child had the following health/medical concerns:

Authorization, Release and Indemnity Agreement - to be completed by parent/guardian

I, the undersigned parent/guardian of understand and agree that in the event of illness or injury there is no legal obligation on the part of School District 123, its employees, agents or volunteers, to provide or arrange for medical treatment of until I or one of the individuals designated by me on this sheet or the student information sheet can be contacted. Accordingly, I expressly agree to the following instructions:

I authorize School District 123 authorities to release my child to any person listed on the student information sheet for any reason.

If, in the judgment of School District 123 authorities, emergency medical treatment is needed, I authorize them to contact and exchange information with: Dr. Telephone :

If, in the judgment of School District 123 authorities, emergency medical treatment is needed, I authorize them to transport my child to a hospital as directed by emergency personnel, and to consent to emergency treatment if I cannot be contacted. I agree that my child may be transported in a commercial ambulance or a privately owned automobile, according to the judgment of School District 123 authorities.

The school nurse, in consultation with the Building Principal, will authorize the sharing of this information with staff.

I also understand and assume responsibility for the risks that may be associated with my child's attendance and participation in programs and activities offered or sponsored by School District 123. I further expressly agree to release and hold harmless current and former members of the Board of Education of School District 123 and its employees, agents, and volunteers from any liability or responsibility for any and all personal injuries, damages, or expenses of any nature whatsoever which may be incurred as a result of School District 123's release of my child to the listed individuals and/or provision to or securing of medical treatment for my child. I further expressly agree to indemnify and hold harmless and/or reimburse School District 123 current and former Board members, employees, agents or volunteers, for any liability, costs, or expenses (including attorneys' fees and litigation costs) which they may incur as a result of any claims arising from their exercise of judgment and/or following the instructions authorized herein.

Signature of Parent/Guardian: _____ **Dated:** _____

OFFICE USE ONLY

Nurse Review: _____ Health Care Plan Sect 504 Plan



OAK LAWN-HOMETOWN

School District 123

OAK LAWN-HOMETOWN SCHOOL DISTRICT 123

Tuition Preschool 2012-2013

Student Name: _____

Address: _____
Include Apt #
if Applicable _____

ID #: TBD

Home School: _____

Phone: _____

Program Selected	Amount Paid
<input type="checkbox"/> 3 Year AM - Tues-Thurs (8:45 a.m. - 11:15 a.m.)	
<input type="checkbox"/> 3 Year PM - Tues-Thurs (12:30 p.m. - 3:00 p.m.)	
<input type="checkbox"/> 4 Year AM - Mon-Wens-Fri (8:45 a.m. - 11:15 a.m.)	
<input type="checkbox"/> 4 Year PM - Mon-Wens-Fri (12:30 p.m. - 3:00 p.m.)	
<input type="checkbox"/> 4 Year Full-Day - Five Days (8:45 a.m. - 3:00 p.m.)	

Method of Payment:

___ Cash payments will only be accepted in person. DO NOT send cash with your student.

___ Check Payable to Oak Lawn-Hometown School District 123 Check # _____
Please place student name & ID number (if applicable) in memo section of check.

___ I paid with a credit card Charge Account # _____
Expiration Date _____ Security Code: _____
Visa _____ Mastercard _____ Discover _____

Your security code for your Mastercard, Visa or Discover card is a three-digit number on the back of your credit card, immediately following your main card number.

___ Other

I understand that checks returned for insufficient funds will be placed with a collection agency and an additional fee of \$15.00 will apply.

Parent/Guardian Signature: _____ Date: _____



4201 West 93rd Street - Oak Lawn, IL 60453 P (708) 423-0150 F (708) 423-0160 d123.org

Learning today for a successful tomorrow