



Manhattan School District 114

25440 S. Gougar Road

Manhattan, IL 60442

Debbie Jones

Phone 815-531-3350 Fax 815-478-6035

2019-2020 Registration

Manhattan School District 114 Registration for currently enrolled students is now available! Parents will receive an email from PowerSchool with instructions to create an account and register your child for the 2019-2020 school year.

New families to the district and incoming kindergarten registration must be done in person in the District Office at Wilson Creek School.

Please fill out all required information. You will also be asked to pay your fees at the end of the registration forms using your current PowerSchool account that parents use to view grades, etc.

You will not be able to use the app to register or pay fees.

We have learned that sometimes Internet Explorer does not always work for registration, as it is not as up to date as it should be. If you encounter this problem, please try registering through Firefox or Google Chrome.

In order to place students in classes for the next school year you need to complete online registration. If you will not be returning to the district in the fall please contact us.

If you have any problems or questions regarding registration, please contact Debbie Jones at 815-531-3350 or dejones@manhattan114.org.

For questions regarding fees, please contact **Sarah Bancsy** at [815-531-3326](tel:815-531-3326) or sbancsy@manhattan114.org



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NEW STUDENT REGISTRATION CHECKLIST

The following items are required prior to enrollment:

Required from previous school:

- Copy of most recent Physical and Immunizations
- Latest Report Card
- Illinois State Transfer Form – “Good Standing Form”

Current school requirements:

- Dental Exam Mandate for grades K, 2, 6
- New School Physical and Updated Immunizations for
 - K, 6
 - Transfers from out-of-state
- Vision Exam Mandate for grade K
 - Also required for all students new to Illinois schools
(Including home-schooled children who are entering the school system)
- Birth Certificate from county in which child was born
- Proof of residency (see enclosed form for requirements)
- Proof of custody (if necessary)
- Copy of IEP (if applicable)

Contact Information

Debbie Jones, Registrar
Phone: 815-531-3350
Fax: 815-478-6035
dejones@manhattan114.org

MANHATTAN SCHOOL DISTRICT 114
NEW STUDENT REGISTRATION FORM
2019-2020 SCHOOL YEAR

Today's Date _____ male female

Student Name _____
Last First Middle

Student's Birth Date _____ Country of Birth _____

Mothers Maiden Name: _____

CONTACT INFORMATION: Parent(s) and/or Guardian(s) with whom student lives with

Mom: _____ Dad: _____
First and Last Name First and Last Name

Home Number _____ Home Number _____

Cell Number _____ Cell Number _____

Work Number _____ Work Number _____

Address _____
Street Apt./Unit# City Zip

Mom/Dad email address: _____
(can be used for District communications, including District newsletters, District news and events)

Guardian/s: _____
Name Phone

I have legal custody of this child by: Birth Joint Custody Divorce Decree Court Order Foster Child

In case of EMERGENCY and parent(s)/guardian(s) cannot be reached- please note the following information of a person(s) who can come and pick up your child within 30 mins.

Emergency Contact 1 _____
Name Relationship to student Phone number with area code

Emergency Contact 2 _____
Name Relationship to student Phone number with area code

Emergency Contact 3 _____
Name Relationship to student Phone number with area code

Mailings are automatically sent to the residential parent. If the non-residential parent desires mailings, complete the following:

Name Relationship to child

Street Apt./Unit#

City State Zip

Phone number with area code Email Address

<p>--for office use only--</p> <p>Student Start Date: _____</p> <p>ID #: _____</p> <p>Grade: _____</p>

Student Name _____

Student School History

School Name	City	State	Grade	Dates

School Name	City	State	Grade	Dates

Siblings and Birth Dates: Please list all siblings and birthdates

Signature of parent or legal guardian verifies information in packet us correct.

Signature of Parent/Guardian _____ Date _____

Emergency Consent

I hereby certify that I have legal custody of this child and authorize the school, in case of emergency and I cannot be reached to, 1) contact and release my child for care to the person listed as emergency contact, and/or 2) take such action as may be deemed necessary, including transportation of the student to a hospital or medical center, and/or 3) authorize emergency treatment to qualified paramedics or a licensed medical doctor in the event of a medical emergency which, in the opinion of the school official, paramedics or attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort delayed. This authority is granted only if a reasonable effort has been made to reach me.

Signature of Parent/Guardian _____ Date _____

2019-2020 PARENT STATEMENT OF COMPLIANCE
Parents of all Manhattan School District 114 must complete and sign this
STATEMENT OF COMPLIANCE

LEGAL GUARDIAN NAME(S): _____

RESIDENCE: _____

Street Address

City

State

Zip

_____ I own this home/condo.

_____ I rent this home/condo/apartment.

_____ I live with someone else (Contact the District office at 815-531-3350 for required documentation).

Child's Name

School

Grade Entering

- The child's residence is within the boundaries of the Manhattan School District and has not been established solely for the purpose of attending school.
- I have assumed full legal custody, control, and responsibility of the minor child listed above.
- I have answered the following questions truthfully in order to permit the enrollment of my child in the Manhattan School District.

YES NO

_____ _____ The said child eats his/her meals regularly at the said residence.

_____ _____ The said child sleeps regularly at said residence.

_____ _____ The said child spends his/her weekends regularly at said residence.

_____ _____ The said child spends his/her summers regularly at the said residence.

I have legal custody of the child by: (circle the appropriate answer)

birth adoption divorce decree court order other _____

Registration of a child who is not a resident is a fraudulent act. Any student found to have been fraudulently registered, will be dropped from the district rolls immediately. Parents or guardians making a fraudulent registration will be charged the per capita tuition for the time the child has attended.

My signature below indicates that I understand the residence requirements and understand the penalty for fraudulent registration.

 Parent/Legal Guardian Name – **printed**

 Parent /Legal Guardian Name – **signed**

 Date

 Home Phone Number



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MEDIA CONSENT AND RELEASE FORM

As the role of social media in education continues to increase, the teachers in the Manhattan 114 School District are embracing this use of technology to enhance our practices. The Manhattan School District 114's Facebook and Twitter pages, teachers' professional Instagram accounts, and communication apps like Bloomz present wonderful opportunities to share the learning that is happening in our schools. In order for a student to participate in some or all of those opportunities, the student's parent/guardian must complete and this consent and release form.

Regardless of the social media outlet, your child's name will never be attached to any of the photos shared.

Student's Name: _____ Grade: _____

Parent's Name: _____

Please check one:

- Yes, my child's photograph may be in **all** of the opportunities described above.
- No, my child's photograph may not be featured in **any** of the Manhattan District 114's social media accounts or website.
- No, my child's photograph may not be featured in **any** of their teachers' professional social media accounts or website.
- I will read and review, with my child, the Parent Student Handbook, located on the District website. If I should have any questions, I will contact the principal of the school where my child attends.

Internet access is provided to students for educational purposes. Any inappropriate use of these resources will cause the student to be referred to the office for discipline, as outlined by the District in the "Computer Network Use Policy". You can view these guidelines in the Student Handbook on pages 7-9, located on our website, www.manhattan114.org.

- Yes , My child may use the internet resources available.
- No , My child may not use the internet resources available.

Parent/Guardian Signature

Date



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Wilson Creek Elementary 25440 S. Gougar Road Manhattan, IL 60442 815-478-4527 Grades K-2	Anna McDonald School 200 Second Street Manhattan, IL 60442 815-478-3310 Grades 3-5	Manhattan Jr. high 15606 W. Smith Road Manhattan, IL 60442 815-478-6090 Grades 6-8
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Military-Connected Student Information

Students Name(s) _____ Grade _____

Starting with the 2017-2018 school year, the Illinois State Board of Education (ISBE) has asked all school districts to collect information pertaining to students living with a military parent or legal guardian. While many children of military families are doing well, ISBE wants to ensure that schools are being responsive to the unique needs of these children and provide them with a safe haven and access to any additional supports they may need.

Is at least one parent or legal guardian of the above student(s) connected to the military in any of the following ways?

- Member of the Army, Navy, Air Force, Marine Corps, Coast Guard, Air National Guard, Army National Guard or the National Guard
- Employed by the Secretary of the Military Department

Please select one: Yes No

Signature of Parent/Guardian

Date



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To: Parents or Guardians
From: Mr. Russell Ragon
Superintendent
Subject: Residency Requirements

Student's Name: _____

Manhattan School District #114 requires that all students attending District #114 be bona fide residents of the district. To be a bona fide resident, a student must be living with a parent or approved guardian with legally acceptable custody and control documents and is a resident of the district. At the time a student is registered, parents or guardians will be required to provide three documents showing proof of residency.

Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered, will be dropped from the district rolls immediately. Parents or guardians making a fraudulent registration will be charged the per capita tuition for the time the child has attended.

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration.

Source of verification for proof of residency: One item from Category I **AND** two items from Category II.

Category I (1 document required)

- Most recent property tax bill
- Mortgage papers or current statement
- Signed and dated lease and proof of payment
- Letter from manager & proof of payment

AND

Category II (2 documents required)

- IL Driver's License
- Vehicle registration
- Voter's registration card
- Homeowners/Renters Ins. Policy
- Most recent utility bill
- Medicaid medical card

If you are living with a District resident and cannot prove residency, you and the district resident must complete an Affidavit of Residency and have it notarized. The district resident will then provide the supporting residency documents.

Address

Signature of Parent or Guardian

Date



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SPECIAL SERVICES INFORMATION

Confidential

To be completed by legal guardian or parent of student new to School District. One form must be completed for **each** student enrolled.

Student Name _____ Date _____

Parent/Guardian Names _____

Does your child currently have an IEP? Yes No

Has your child ever had an IEP? Yes No

Does your child currently or ever had a 504 Plan? Yes No

If yes to any of the above questions, place a check in the box to indicate which services, your child has or is receiving.

Special Education Services

- Learning Disability
- Self-Contained Special Ed Classroom
- Speech/Language Resource
- Social Work
- Occupation Therapy
- Physical Therapy
- Early Childhood/Developmental Kindergarten
- Behavior/Emotional Disorder
- Hearing Impaired Resource
- Visual Impaired Resource
- Adaptive Physical Education
- Other _____

Support Services

- Remedial Reading
- Accelerated Math
- Support Math
- English Language Learner
- Non IEP Social Work
- Other _____

Has the student ever been:

1. Administered academic testing by a school psychologist for a case study evaluation?

2. Given a diagnosis of ADD or ADHD by a doctor? Yes No

Physicians Name _____ Address _____

3. Recommended for Retention? _____

Thank you for providing information that will help your student be academically successful in this school district. If your child receives special services this year, a copy of your student's Individual Education Plan (IEP) should be requested from the school district you are leaving. The IEP request is included on the Release of Records form.

Parent/Guardian Comments _____

Parent/Guardian Signature _____



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

Student's Name: _____

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 region, 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 the student's race to be.

- 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 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 America.)

Parent Signature

Date

Note: Data collected on this form must be placed in the student's temporary record and maintained by the school district for three years.



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Home Language Survey

Student's Name _____ Date _____

Date of Birth _____ Grade _____

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 identify the students that need to be assessed for English language proficiency.

Circle the best answer to each question.

1. Was your child's first language English? Yes No

2. Is a language other than English spoken at home? Yes No

If so, which language _____

By whom? _____

3. Does your child speak a language other than English? Yes No

If so, which language _____

If the answer to question number 2 or 3 is yes, the law requires the school to assess your child's English Language proficiency.

4. Please describe the language understood by your child. (Check only one)
- Understands only English
 - Understands mostly English and some of the home language
 - Understands English and the home language equally
 - Understands mostly home language and some English
 - Understands only the home language and no English

Parent/Guardian Signature



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Health Survey

Student's Name _____

Grade _____

School _____

	YES	NO	COMMENTS
Allergies/Food/Bees List:			Describe reaction: Epi- Pen required? ___ Yes ___ No
Allergies/Medication			Describe reaction:
Allergies/Environmental			Describe reaction: Medications:
Asthma			Triggers: Medications:
Vision Problems			Glasses _____ Contacts _____ Date of last exam _____
Hearing Problems			Describe:
ADD/ADHD			Medications:
Seizures			Describe type and frequency: Medications:
Diabetes			Medications:
Skin (eczema, hives)			Describe:
Bowel/Stomach Problems			Describe:
Bladder Problems			Describe:
Bone/Joint Problems			Describe:
Physical Restrictions			Describe:
Heart Problems/Murmur			Describe:
Other			Describe: Medications:
List names and doses of medications taken at home that are not listed above.			
List names and doses of medications that will need to be taken at school. Please note if medications need to be taken at school, please contact the schools nurse.			

I understand that the district will employ emergency medical services for my child if needed. I understand that routine vision and hearing screenings are performed during the school year according to state guidelines. Information may be shared with appropriate personnel for health and educational purposes. If it is necessary for a student to take a prescription or over the counter medication at school, a Medication Authorization Form that has been completed and signed by a parent and physician needs to be on file and renewed every school year.

Parent/Guardian Signature _____

Print Name _____

Date _____



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815-478-4527
Grades K-2

Anna McDonald School
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815-478-3310
Grades 3-5

Manhattan Jr. high
15606 W. Smith Road
Manhattan, IL 60442
815-478-6090
Grades 6-8

CONSENT FOR RELEASE OF STUDENT RECORDS

Students Name(s) _____ Grade _____

The student(s) will reside at:

Phone# _____

School Exiting:

Phone Number _____ Fax Number _____

Please send Records to:

**Manhattan School District 114
25440 S. Gougar Road
Manhattan, IL 60442**

I hereby authorize Manhattan School District 114 to obtain all school records including health, cumulative, special education, and physiological evaluations for the above named student(s).

Signature of Parent/Guardian

Date

FEDERAL LAW 99.31 No parent signature is required for educational records sent to another educational agency. Records will be sent as indicated above if we do not hear from you within (10) school days.

For office use only:

Request date _____

Second Request _____

School Called _____



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2019-2020 School Fee Invoice

Kindergarten - 8th Grade Fee Amount \$165.00

Parent/Guardian Name _____

LIST ALL STUDENTS ATTENDING MSD 114 AND ATTACH ONE CHECK				
Student Last Name	Student First Name	School Entering	Grade Level 2019-20	Registration Fee
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL FEES				\$

Parents/Guardians responsible for student accounts with past due balances in excess of 100.00 must discuss the balance at the Manhattan 114 District Office prior to registering students.

- CHECK # _____ (Payable to Manhattan School District 114)
- CASH
- CREDIT CARD PAYMENT ONLINE

<p>For Office Use Only</p> <p>Received On: _____</p> <p>Amount: _____</p> <p>Signed By: _____</p>
