

St Anne Community High School #302

Student Registration Form - SY 2017-2018

All Information Must Be Provided. Please Do Not Leave Any Blanks. Please Ignore Gray Areas.

Student Last Name		Student First Name		Middle Int.	
Student Address		City/Town		State & Zip	
Home phone (area code) - number		Cell Phone		State ID	
If Divorced or Separated, Who has legal Custody?			Student Resides with (relationship):		
If not residing with Parent, Parent address:			Parent Phone:		
<input type="checkbox"/> New Registration		<input type="checkbox"/> Transfer		<input type="checkbox"/> Re-Entry	
				<input type="checkbox"/> Change Address/Residency	
Student's Date of Birth (MM/DD/YYYY):		<input type="checkbox"/> Male <input type="checkbox"/> Female		Grade:	
COUNTRY OF BIRTH: (IF BORN OUTSIDE OF US)			Approximate Entry Date of US School:		
Has Student Previously Been Enrolled at SACHS?: <input type="checkbox"/> Yes <input type="checkbox"/> NO			If No, What School did they attend? (Name, City, & State)"		
Does Student Receive Special Services: IEP <input type="checkbox"/> Yes <input type="checkbox"/> No, ELL Services <input type="checkbox"/> Yes <input type="checkbox"/> No 504 Plan <input type="checkbox"/> Yes <input type="checkbox"/> No Other : _____					
Parent/Guardian Information					
Parent/Guardian #1 Information			Parent/Guardian #2 Information		
NAME			NAME		
RELATIONSHIP TO STUDENT			RELATIONSHIP TO STUDENT		
ADDRESS (IF DIFFERENT FROM STUDENT)			ADDRESS (IF DIFFERENT FROM STUDENT)		
CITY/TOWN		STATE	ZIP	CITY/TOWN	
				STATE	
				ZIP	
HOME PHONE	CELL	EMAIL		HOME PHONE	CELL
Business Phone Number:			Business Phone Number:		
Employer's Name & Address:			Employer's Name & Address:		

I certify that all information is true to the best of my knowledge. I understand the registration process that has been put in place by St Anne High School and the St Anne Community High School Board of Education.

Print Name	Signature	Date

Emergency Contact and Emergency Pick Up Information
Must List at least one contact OTHER than Parent/Guardian
In the event of an emergency where your child must be signed out by someone
other than yourself, an Emergency Contact MUST be identified.

Hospital Preference : _____

Medical Insurance: _____

- 1) Name: _____ Relationship to Student _____
Phone (1): _____ Phone (2): _____

- 2) Name: _____ Relationship to Student _____
Phone (1): _____ Phone (2): _____

St. Anne Community High School
Parent-School Compact 2017-2018

Date _____ Student Name _____
(Printed)

I want my child to achieve success. Therefore, I will encourage him/her by doing the following:

- _____ See that my child is punctual and attends school regularly.
- _____ Support S.A.C.H.S. in its efforts to maintain proper discipline.
- _____ Set a time for homework and review it regularly.
- _____ Provide a quiet well-lighted place for study.
- _____ Encourage my child's efforts.
- _____ Become aware of what my child is learning.
- _____ Contact my child's teachers at least once a month.
- _____ Attend Parent Involvement Meetings regularly (monthly).

Signature _____
(Parent/Guardian)

Student Agreement

It is important that I work to the best of my ability. Therefore I shall strive to do the following:

- Attend class regularly.
- Come to class each day with proper materials and ready to learn.
- Study at home on a regular basis.
- Conform to S.A.C.H.S. rules of student conduct.

Signature _____
(Student)

School Agreement

It is important that students achieve. Therefore, teachers shall strive to do the following.

- Provide help with students' homework and regular class work.
- Provide a positive classroom environment to encourage student achievement.
- Communicate regularly with students and parents regarding student progress.
- Use special activities in the classroom to help make learning enjoyable.
- Listen to student and parent concerns and address those concerns in a professional and reasonable manner.

Signature *Jocia Downs*
(President of Local Education Association)

I support this form of parent involvement. Therefore, I shall strive to do the following:

- Provide an environment that allows for positive communications between the teacher, parent, and student.
- Ensure a safe and orderly learning environment.
- Act as the instructional leader by supporting teachers in their classrooms.

Signature *Rama K. Khawenzur*
(Principal)

2017-2018

Race and Ethnicity Data Collection

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 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

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.

Student's Name: _____

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

Mr. Charles Stegall
Superintendent
Ph: 815-422-5022
Fax: 815-422-5023
stegallc@apps.sags256.org

St. Anne Community High School
District # 302
650 W. Guertin St.
P.O. Box 630
St. Anne, IL 60964-0630
<http://www.sachs302.org>

BOARD OF EDUCATION

Mr. Bill Jennings, Pres.
Mr. Kurt Moranz, V. Pres.
Ms. Nikki Nicholson, Sec.
Mr. Dale Emerson
Mr. Aaron Hays
Mr. Andy Goodrich
Mrs. Karla Wilkinson

Mrs. Ramie Kolitwenzew
Principal
Ph: 815-427-8141
Fax: 815-427-8609
kolitwenzewr@gapps.sachs302.org



SEX OFFENDER NOTIFICATION
730 ILCS 152/120

This notice is to inform parents/guardians that information about sex offenders is available to the public.

The Statewide Sex Offenders Database is accessible via the web @ <http://www.isp.state.il.us/sor/>.

Student's Name

Date

Parent/Guardian

Date

Sex offender Community Notification Law, 730 ILCS 152/120

MISSION: The mission of Saint Anne Community High School is to provide opportunities for students to achieve their personal best, become responsible and productive citizens, and embrace life-long learning in a safe and positive environment. The school staff, parents, and the community share the mission of helping students become responsible, educated, and well-rounded students.

The St. Anne Community High School District #302 insures equal employment/educational opportunities/affirmative action regardless of race, sex, color, national origin, religion, age or handicap.

August 2017-2018

STUDENTS

Exhibit Using a Photograph or Videotape of a Student

Pictures of Unnamed Students: Students may occasionally appear in photographs and videotapes 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. Pictures can appear in the St. Anne Record Press or other publications. 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: Many times, however, the school will want to identify a student in a school picture. 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 a consent form. Please complete and sign this form to allow the school to publish and other wise use photographs and videotapes, with your child or ward identified, while he or she is enrolled in this school.

I grant consent to St. Anne Community High School District #302 to identify a picture of my child or ward, by full name and/or the school he or she attends, in any school responded material, publication, videotape, newspaper/ media, or website. This consent is valid for the entire time my child or ward is enrolled in St. Anne Community High School. I may revoke this consent at any time by notifying the Building Principal.

Signed Parent/Guardian's Name

Printed Parent/Guardian's Name

Date

Child or Ward's Name

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.

2017-2018

Student/Parent Handbook Acknowledgement and Pledge

Name of Student: _____

Student Acknowledgement and Pledge

I acknowledge receiving and/or being provided electronic access to the Student/Parent Handbook and School Board policy on student behavior. I have read these materials and understand all rules, responsibilities and expectations. In order to help keep my school safe, I pledge to adhere to all School and School District rules, policies and procedures.

I understand that the Student/Parent Handbook and School District policies may be amended during the year and that such changes are available on the School District website or in the school office.

I understand that my failure to return this acknowledgement and pledge will not relieve me from being responsible for knowing or complying with School and School District rules, policies and procedures.

Student Signature

Date

Parent/Guardian Acknowledgement

I acknowledge receiving and/or being provided electronic access to the Student/Parent Handbook and School Board policy on student behavior. I have read these materials and understand all rules, responsibilities and expectations.

I understand that the Student/Parent Handbook and School District policies may be amended during the year and that such changes are available on the School District website or in the school office.

I understand that my failure to return this acknowledgement will not relieve me or my child from being responsible for knowing or complying with School and School District rules, policies and procedures.

Parent/Guardian Signature

Date

St. Anne High School
Optional Individual Chromebook Insurance
2017-2018

Student: _____

Grade Level: _____

I would like to purchase the optional, individual chromebook insurance coverage for the 2017-2018 school year.

Parent/Guardian Signature _____

I waive the optional, individual chromebook insurance coverage for the 2017-2018 school year. I understand that the insurance will not be offered after September 1st.

Parent/Guardian Signature _____

Insurance Options:

Unsure

Freshmen: 1 year 39.00 4 years 69.00

Sophomore: 1 year 39.00 3 years 59.00

Junior: 1 year 39.00 2 years 49.00

Senior: 1 year 39.00

students registering after September 1st will have 15 days to purchase the optional insurance.*

Office Use Only

Paid

Unpaid

Date: _____

8/1/2017

Dear Parent/Guardian:

Below is a list of the main features of our chromebook insurance policy. Please read carefully and sign below indicating you understand our District policy. For more details, refer to the contract provided from Technology Resource Advisors, Inc.

- 1) I understand that if my chromebook is sent in for repair under the warranty, I will receive a loaner from the school.
- 2) I understand that a loaner will NOT be covered by the insurance plan and I will be responsible for the cost of any damage incurred while using the loaner.
- 3) I understand that if I leave the school district during the school year, I will NOT be reimbursed for the cost of the insurance for that year. However, if I purchased more than one year of coverage I WILL be reimbursed for the remaining years of coverage.
- 4) This plan covers parts and labor costs to repair your chromebook in the event your chromebook fails to properly operate due to: defects in material and workmanship, normal wear and tear, dust, internal overheating, internal humidity/condensation, power surge/fluctuation, defective pixels.
- 5) I understand my coverage will be effective from the moment I purchase the coverage.
- 6) I understand that the last day to purchase coverage for any given year is September 1 (New registrants will have 15 calendar days from enrollment to purchase the plan).
- 7) I understand that this plan covers repair to my chromebook as a result of damage resulting from unexpected and unintentional events that arise from normal daily usage of the chromebook as the manufacturer intended. Secondary damage or using the chromebook in a manner the manufacturer did not intend is NOT covered.
- 8) I understand that if my chromebook receives two (2) repairs as the result of cracked screens or has been replaced pursuant to this plan, the plan has been fulfilled in its entirety.
- 9) I understand the following are NOT covered under this plan: abuse, neglect, intentional physical damage, misuse, unauthorized modifications, viruses and/or spyware, external condensation, complete submersion in liquid (ex. pool, bathtub, etc.), insect manifestation, rodents, units fallen from extreme heights (decks, balconies, out of windows, units run over or fall out of moving vehicles, lost or stolen chromebooks, altered/defaced serial numbers, batteries, AC adapters,
- 10) I understand that the total liability under this plan is the current market value of the chromebook.

Parent/Guardian Signature

Date

**St Anne School District 256 and 302
Chromebook Agreement**

By signing the below, the student and their parent/guardian agree to follow and accept:

- Acceptable Use Policy
- This Chromebook Agreement in its entirety
- The Website and Social Media Guidelines (below)
- That St. Anne Schools owns the Chromebook and issued peripherals
- If the student ceases to be enrolled in St. Anne Schools, the student/parents will return the Chromebook in good working order or pay the full \$275.00 replacement cost of the computer. In addition, the student must also return both the Chromebook charger and any other purchased peripherals. Students may be charged for any piece that is not returned. In no event shall St. Anne Schools be held liable to any claim of damage, negligence, or breach of duty.

Part One:

Student Name	
Student Signature	
Parent/Guardian Name	
Parent/Guardian Signature	
Date	

Part Two:

Website & Social Media Guidelines	Student Initials	Parent Initials
Think before you act because your virtual actions are real and permanent!		
Be aware of what you post online. Website and social media venues are very public. What you contribute leaves a digital footprint for all to see. Do not post anything you wouldn't want friends, enemies, parents, teachers, future colleges, or employers to see.		
Follow the school's code of conduct when writing online. It is acceptable to disagree with other's opinions; however, do it in a respectful way. Make sure that criticism is constructive and not hurtful. What is inappropriate in the classroom is inappropriate online.		
Be safe online. Never give out personal information, including, but not limited to, last names, phone numbers, addresses, exact birthdates, and pictures. Do not share your password with anyone besides your teachers and parents.		
Linking to other websites to support your thoughts and ideas is recommended. However, be sure to read and review the entire website prior to linking to ensure that all information is appropriate for a school setting.		
Do your own work! Do not use other people's intellectual property without their permission. Be aware that it is a violation of copyright law to copy and paste other's thoughts. It is good practice to hyperlink to your sources.		
Be aware that pictures may also be protected under copyright laws. Verify that you have permission to use the image or that it is under Creative Commons attribution.		
How you represent yourself online is an extension of yourself. Do not misrepresent yourself by using someone else's identity.		
Online work should be well written. Follow writing conventions including proper grammar, capitalization, and punctuation. If you edit someone else's work, be sure it is in the spirit of improving the writing.		
If you run across inappropriate material that makes you feel uncomfortable or is not respectful, tell your teacher right away.		
There is no expectation of privacy when using this district owned device.		

**St. Anne Community High School
District # 302**

650 W. Guertin St.
P.O. Box 630
St. Anne, IL 60964-0630
<http://www.sachs302.org>



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Mr. Charles Stegall
Superintendent
Ph: 815-422-5022
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stegallc@apps.sags256.org

Mrs. Ramie Kolitwenzew
Principal
Ph: 815-427-8141
Fax: 815-427-8609
kolitwenzewr@gapps.sachs302.org

August 2, 2017

Re: Military Recruiters and Postsecondary Institutions Receiving Student Directory Information.

Dear Parents/Guardians:

From time-to-time, military recruiters and postsecondary educational institutions request the names, telephone numbers, and addresses of our secondary students. The school must provide this information unless the parents/guardians request that it not be disclosed without their prior written consent.

IMPORTANT: If you do not want military recruiters or institutions of higher learning to be given this information, please complete the form below.

Sincerely,

Denise Houser
Guidance Counselor

Please do not release my child's name, telephone numbers, and/or address to:

_____ Military Recruiters

_____ Institutions of Higher Education

Student Name (Please Print)

Student ID Number

Parent/Guardian Signature

Date

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Children Of U.S. Military Personnel

From ISBE.net:

A number of Illinois' children have parents in the military that have experienced at least one deployment. Deployments have a significant impact on children and have resulted in more outpatient visits for behavioral health issues and an increase in the number of children of military families being diagnosed with behavioral or stress disorders.

Schools need to provide a safe haven for these students and ensure that they have access to any additional supports they may need. This can be done through a Comprehensive System of Learning Supports that promotes the necessary conditions for learning and addresses any barriers to learning.

Some classroom interventions for students who have parents that are deployed:

- Focus on the student and classroom learning
- Provide structure
- Maintain objectivity (i.e., respond to events in a calm and caring way and refrain from expressing negative opinions)
- Reinforce safety and security
- Be patient
- Be sensitive to language and cultural needs
- Acknowledge and validate feelings
- Reinforce anger management

For these reasons, it is essential to identify those students whose parents or guardians are currently enlisted in the armed services as well as those who will be deployed during this school year.

Name of Student

Grade

Parent/Guardian Name

Relation to student

Branch of service

Anticipated deployment date and length of deployment

This information is provided on a voluntary basis.

DISTRICT 302 INTERNET USE AGREEMENT

I understand and will voluntarily abide by District 302's Internet Acceptable Use Policy. I further understand that any violations of the Policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked. Signature(s) at the end of this document indicate that I/we have read District 302 Internet Use Policy carefully, understand its significance, and voluntarily agree to comply fully with all terms and conditions therein.

Date _____

_____ USER'S NAME (Please Print)

_____ USER'S SIGNATURE

As the parent or guardian of this student, I have read District 302 Internet Acceptable Use Policy. I understand that District 302 Internet use is designed for educational purposes. However, I recognize it is impossible for District 302 to restrict access to all controversial materials, and I will not hold District 302 responsible for material acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to District 302 to allow my student Internet privileges and/or issue an account for my child and certify that the information on this form is correct.

Date _____

_____ PARENT OR GUARDIAN NAME (Please Print)

_____ PARENT OR GUARDIAN SIGNATURE

_____ ADDRESS

_____ HOME PHONE

_____ WORK PHONE

**PARENT/GUARDIAN CONSENT FOR SCHOOL COUNSELING
ST. ANNE COMMUNITY HIGH SCHOOL DISTRICT #302**

St. Anne Community High School District #302 (the "District") is committed to providing quality educational services to its students. As part of these services, the District offers short-term individual counseling to students. Students may see the counselor upon self-referral or referral by a District staff member or parent/guardian.

It is the law of Illinois and policy of the District that parental consent for such counseling is not required, and that the parents shall not be informed of such counseling unless the student consents to the disclosure or the school counselor deems disclosure necessary. However, in the absence of parental consent, counseling may not exceed five sessions of 45 minutes each. Any additional school counseling service for that student requires parental consent.

School counseling is intended to be a positive individual behavior intervention to assist the student in daily functioning and help enhance the student's educational experience. School counseling services are not intended as a substitute for diagnosis or treatment for any mental health disorder. It is the responsibility of each parent/guardian to determine whether additional or different services are necessary, and whether to seek them for your student.

In order to build trust with the student, the school counselor generally will keep information confidential, except for matters the counselor is required by law or school policy to disclose. However, because these services are provided to minor students in the school setting, the school counselor may share information with parents/guardians, the student's teacher, and/or administrators or school personnel who work with the student on a need to know basis, so that the District may better assist the student as a team. The counselor will make the student aware of these limits to confidentiality and will inform the student when sharing information with others. If you would like the counselor to share information with a third party, such as a community counselor, psychiatrist, social services worker, or pediatrician, you will need to sign an additional release of information form.

We hope your student will enjoy and benefit from the District's counseling services. Please contact **Denise Houser, (815-427-8141)**, if you have any questions or concerns regarding District counseling services.

Student's Name _____ Grade _____

I, _____, the legal parent/guardian of the above named student, have read, understand, and agree to the terms of the **Parent/Guardian Consent for School Counseling**.

Please check one:

- I give permission for my student to receive District counseling services for the 2017-2018 school year. I understand that I may withdraw my consent at any time providing a signed and dated written statement requesting termination of District counseling services.

- I do not give permission for my student to receive District counseling services for the 2017-2018 school year. I understand that I may request District counseling services at a later date if needed.

Parent/Guardian Signature

Date