

YORK COMMUNITY HIGH SCHOOL

RECOGNIZED FOR EXCELLENCE BY THE UNITED STATES OFFICE OF EDUCATION

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Dear Parent/Guardian,

Families who are new to Elmhurst Community Unit School District 205 must complete the following in order to enroll a child to attend York Community High School. Parents/guardians who register a child must sign an affidavit attesting to the truthfulness of the information, under penalty of the law.

The parent/guardian of the student must complete the enrollment forms and bring a government-issued photo ID and proof of residency documents (#2 and #3 below) to the York main office.

1. Fill out and sign all of the attached forms:

- Student Residency Enrollment Form (This can be signed and notarized at York.)
- New Student Information Form
- Home Language Survey
- Authorization for Exchange of School Student Records

2. Show one of the following documents with current address:

- A current real estate tax bill showing the parent/guardian as the owner
- A current original signed lease showing the parent/guardian as the tenant
- A current mortgage statement showing the parent/guardian as the owner

3. Show two of the following documents with current address:

- A current gas bill (dated within last 30 days)
- A current electric bill (dated within last 30 days)
- A current water/sewer bill (dated within last 30 days)
- A current cable bill (dated within last 30 days)
- A current Illinois driver's license or state ID card
- A current home/apartment insurance certificate
- A current Department of Immigration letter

4. Provide the following student records:

- Student's original birth certificate (will be copied and returned)
- Illinois Student Transfer Form (if transferring from within Illinois)
- Physical and immunization record on State of Illinois form (from 9th grade or after)
- Eye exam (if transferring from outside of Illinois)
- Dental exam (for students enrolling as of 2019-20 or later)
- A current transcript or copy of classes taken and grades received

Please make sure that your student has officially graduated or been withdrawn from the previous school. Students cannot be enrolled at York if they are still enrolled at another school.

Please bring the required documents to the York Community High School main office on weekdays between 7:30 AM and 3:30 PM. Please call the York main office at (630) 617-2400 with any questions.

NEW STUDENT INFORMATION FORM

Enrolling School: _____ Enrolling Grade: _____

Child's Legal Name: _____ Gender (Circle one) M F

Child's Date of Birth: _____

Parent Name: _____

Address: _____

Parent Email Address: _____

Home phone number: _____ Parent cell phone number: _____

I want to apply for the Dual Language Program (Kindergarten Only) : ☐

Ethnicity/Race: Both Part A and Part B below 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, federal law requires the school district 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**

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 the other Pacific Islands.)
- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Has your child ever been enrolled in District 205 before, including Madison Early Childhood Center? (Circle one) YES - NO

(If yes, school(s) and year(s) attended): _____

If your child is a kindergartener and you have a preference for a morning or afternoon kindergarten session for your child, indicate your preference below. You must include the reasons for this request. It is important to note that the needs of the school, i.e. maintaining balanced classes with regard to size, gender, special needs, etc., may override parent preference.

Kindergarten placement preference:

- ☐ No Preference
- ☐ AM Session*
- ☐ PM Session*

* Reason for this request: _____

Please share any other pertinent information about your child (special services, IEP, ESL, etc.) (Continue on back if necessary):

Parent Signature: _____ Date: _____

For office use:

_____ Copy of Certified Birth Certificate. Use to enter following information into PowerSchool:
Legal name, place of birth, mother maiden name, date of birth, gender

_____ Student Residency Enrollment Form and supporting documents on file:
Special residency affidavit, student transfer form, signed release of information form

Notes: _____



Home Language Survey

Dear Parent/Guardian,

The Federal NCLB-Title III Act and the Illinois School Code require that each school district administer a Home Language Survey to every student entering the district's schools for the first time. This information is used to report to the state the number of students whose families speak a language other than English. It also helps to identify the need for English Language Learning services in the schools. Your cooperation in helping us meet this important legal requirement is appreciated.

Student Name _____ Grade _____

School _____ Birthdate _____ Gender _____

Country of Birth _____ Home Phone Number _____

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? YES NO

Note: Foreign languages the student has learned in school do not count.

What language, other than English, does your child speak? _____

Can your child read this language? YES NO Can your child write this language? YES NO

****If the answers to question #1 AND #2 are both NO, you may stop here. If the answer to EITHER question is YES, please continue. If the answer to EITHER question is YES, the law requires the school to assess your child's English language proficiency****

3. Which language is spoken most often in your home? _____
Please be specific. (Example: Mandarin, not Chinese)

4. Does your child.....

Understand English? YES NO Speak English? YES NO

Read English? YES NO Write in English? YES NO

5. Which language does your child speak most often with his/her parents? _____

6. Which language does your child speak most often with his/her friends? _____

7. Where did your child attend school last year? _____

8. Was your child in a bilingual, ELL/ESL or Dual Language Program during the last school year? YES NO

9. Was your child ever in a bilingual, ELL/ESL or Dual Language Program? YES NO

Please indicate which program: _____ Bilingual _____ ELL/ESL _____ Dual Language

10. If you speak a language other than English, would you be willing to occasionally translate at school if needed? YES NO

Student Residency Enrollment Form

Student Name	Date of Birth	
School Name	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female

This form is to be completed by the adult with custody of a student wishing to enroll in Elmhurst CUSD 205, or by the student if age 18 or older. Completing this form does not establish residency. The District may investigate residency status, including through a home visit and additional documentation, before allowing enrollment. Enrollment is not complete until residency is confirmed.

Step 1: Relationship to Student and Proof of Identity

The person completing this form is the student's (check one):

- ☐ Natural or adoptive parent
Are parents divorced or separated? ☐ No ☐ Yes (If yes, you must complete an **Affidavit for Divorced or Separated Parents**)
- ☐ Court ordered permanent guardian
Reason for court ordered guardianship: _____
- ☐ Court ordered short-term guardian
Date of court order: _____ (NOTE: Permanent guardianship must be ordered within 60 days of short-term order)
Reason for court ordered guardianship: _____
- ☐ Adult caretaker receiving aid under the Illinois Public Aid Code
Reason for student living with caretaker: _____
- ☐ Other adult who has assumed and exercises legal responsibility over the student
(NOTE: You must complete an **Affidavit for Non-Parent with whom Student Resides**)
- ☐ If student is completing form for self, check here

You must provide photo identification to prove your identity (e.g., a Driver's license/State ID). You also must provide a certified, original copy of the student's birth certificate. If you do not have these documents, contact the registration staff to discuss other forms of identification that may be acceptable.

Step 2: Special Education

Does the student have an Individualized Education Program (IEP)? ☐ No ☐ Yes

Does the student have a Section 504 Plan? ☐ No ☐ Yes

Name of last school attended: _____

Check if either of the following apply:

- ☐ An Illinois public agency has legal guardianship
- ☐ An Illinois court has ordered residential placement

Step 3: Residency Verification

Address: _____

List names of all individuals who reside at this address: _____

Check the box that best describes your living situation:

- ☐ Own home
- ☐ Rent home
- ☐ Stay in home owned or rented by third person (NOTE: If you check this option you do not need to complete the remainder of Step 3. You and the person with whom you stay must complete forms and/or affidavits for families sharing a residence)
- ☐ I have lacked a fixed, regular, adequate residence since ____/____/____ and live (check all that apply):
 - ☐ in a shelter ☐ with others due to loss of housing, economic hardship, or similar reason
 - ☐ at a train or bus station, park or in a car ☐ in a hotel, motel, campground, or other similar situation
 - ☐ in an abandoned apartment/building

(NOTE: if you check this option you do not need not complete the remainder of Step 3. You must complete forms to determine if the student is a McKinney-Vento eligible student)

Student Residency Enrollment Form

Student Name	Date of Birth
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☐ Other (describe): _____

Unless you lack a fixed, regular, adequate residence, you must provide documentation showing you reside on a regular, fixed, nighttime basis at the address provided. *All documents must be current (within the last 30 days) and show your name and address.* Check the boxes for the documentation you are providing and include the documentation with this completed form. To guard your security, please block out account and social security numbers on the documents before you present them.

Category A – provide at least one (1)	Category B – provide at least two (2)
<input type="checkbox"/> Real estate tax bill <input type="checkbox"/> Signed lease <input type="checkbox"/> Mortgage document or payment	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Gas bill <input type="checkbox"/> Electric bill <input type="checkbox"/> Water/sewer bill <input type="checkbox"/> Cable bill </div> <div> <input type="checkbox"/> Driver's License or State ID <input type="checkbox"/> Home or Apt. Insurance Certificate <input type="checkbox"/> Department of Immigration Letter </div> </div>

*Please contact the registration staff if you are having trouble collecting all required documents.

If the student or one of the student's parents/guardians regularly sleeps or spends time at **any other** address(es) than the one provided above, other than for social activities such as playdates, sleepovers, parties, etc., provide the name, street address, city/town, zip code, and phone number of the person(s) at whose address the person regularly sleeps or spends time as well as a description of the reason the person stays at the address(es) and when the person usually stays there. **Use additional pages if necessary to provide information for all addresses at which the person regularly sleeps or spends time:**

Other Address(es) and Contact Information for Owner/Renter	Description of Circumstances

Do you own, rent, or lease any other residential property than that identified above? If so, provide address information for such property(ies): _____

Note: Based on your answers to this form, you may be required to complete an additional affidavit.

Step 4: Affirmation and Warning (<u>Must</u> be completed in the presence of a District employee)
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Please read the following statements, **initial each**, and sign below:

_____ I affirm that the information presented in this verification form, and that is or will be presented 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)
Signature of District Employee	District Employee (Print Name)	

STUDENT RESIDENCY ENROLLMENT FORM

<i>Student Name</i>	<i>Date of Birth</i>
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AFFIDAVIT

The undersigned, being first duly sworn, affirms that the answers and documents provided in connection with the foregoing Residency Affidavit for Families Sharing a Residence are complete, true, and correct.

I acknowledge that misrepresentation or providing incorrect or incomplete information may result in the disenrollment of the student from school, my being subject to the payment of tuition for any period of time that the student was not a resident of the District entitled to attend school on a tuition-free basis, and/or referral to proper law enforcement authorities for prosecution under any applicable criminal laws.

(Signature)

(Street Address)

(City, State, Zip Code)

(Telephone Number)

SUBSCRIBED TO AND SWORN Before Me
this ____ day of _____, 20____.

(Notary Public)



Authorization for Release / Exchange of Information

Elmhurst Community Unit School District 205, in compliance with the Illinois School Student Records Act (ISSRA) and the Family Educational Rights and Privacy Act (FERPA), will release or permit the exchange of certain student records. This release of information is valid only for one year.

Student Name: _____ **Date of Birth:** _____
Parent/Guardian Name: _____ **School:** _____
Home Phone Number: _____ **Grade:** _____

I/we hereby authorize the exchange of communications and the release/exchange of the following records concerning the student listed above between Elmhurst Community Unit School District 205 agents and employees and:

Name/Title: _____
Agency/Organization: _____
Address: _____
Telephone: _____ **E-mail:** _____

The following information will be released/exchanged:

- ☐ All permanent records (including, but not limited to, basic identifying information, academic transcript, attendance records, health records and scores received on all State assessments administered in grades 9-12, where applicable)
- ☐ All temporary records (including, but not limited to, scores on State assessments, discipline records, health-related information, accident reports, aptitude and achievement test results, report cards, progress monitoring information, special education records, and Section 504 records)
- ☐ All IEP/special education and/or Section 504 records
- ☐ Other (specify): _____

These disclosures are authorized pursuant to 20 U.S.C. Section 1232g, 105 ILCS 10/1 et seq., and 740 ILCS 110/1 et seq.,* and are to be made for the purpose of:

- ☐ Educational evaluation and/or planning
- ☐ Other (specify): _____

I understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I also understand that my refusal to consent to the exchange of records and communications could result in incomplete and/or inappropriate educational planning for the student. This consent expires one year from the date indicated below. However, I understand that I have the right to revoke this consent in writing at any time.

Parent/ Guardian Signature

Date

Witness Signature (for mental health/ developmental disability records)

Date

Student Signature (for mental health/ developmental disability records, if student is age 12 or older)

Date