



WINDSOR WILDCATS

315 East Minor Street | Arlington Heights, IL 60004 | (847) 398.4297
www.sd25.org/Windsor | @WindsorWildcats | facebook.com/ahsd25

January 2020

Dear Future Parent/Guardian(s),

Welcome to Windsor! Joining a new school community is a special time. We understand it can evoke a myriad of emotions from excitement to worry. We look forward to partnering with you during your and your child's journey.

One of the first steps is to register your child for the 2020-2021 school year.

Following this letter, you will find an overview of everything included in this registration packet. You need to return the following to the Windsor Elementary School office to complete your child's registration.

- Annual Verification of Residency (If new to Arlington Heights School District 25)
- Registration Information Form
- Home Language Survey
- A certified copy of your child's birth certificate

We will plan special transition events in August to support new families. We will be sending home more information and communications in the upcoming weeks and months. We are happy to have you and your children as members of the Windsor family.

Sincerely,

Piper Boston, Principal

Lindsay Anastacio, Assistant Principal

**Arlington Heights School District 25
WINDSOR ELEMENTARY SCHOOL
2020-2021 REGISTRATION INFORMATION**

Complete one form per child. Please PRINT legibly.

For office use only:

Student ID: _____ **Date:** ____/____/____

Child's Name: _____
First Middle Last

Preferred Name: _____

Home Address: _____ **Zip:** _____

Home Phone: (_____) _____ - _____

Gender: M F **Date of Birth:** ____/____/____
m m d d y y y y

Grade (for 2020-2021 school year): K 1 2 3 4 5

Previous School: _____
Name of School City/State

***Identify services received at prior school (if any):** EL IEP Speech 504

Mother's Name: _____
First Last

Address (if different): _____ **Zip Code:** _____

Mother's Cell: (_____) _____ - _____

Mother's E-Mail: _____

Father's Name: _____
First Last

Address (if different): _____ **Zip Code:** _____

Father's Cell: (_____) _____ - _____

Father's E-Mail: _____

Student lives with: Both Parents Mother Father Other: _____

Legal Custody: Both Parents Mother Father Other: _____

*** All students must reside within the AHSD 25 boundaries. Please note that you will be required to provide documentation showing that you live at the address indicated above. ***

Arlington Heights School District 25
ANNUAL VERIFICATION OF RESIDENCY
(Complete one per family, per school)

Child's Name: _____ Grade in 2020-21 _____
 Child's Name: _____ Grade in 2020-21 _____
 Child's Name: _____ Grade in 2020-21 _____
 Child's Name: _____ Grade in 2020-21 _____

I, _____, live at _____
Name of Adult Address
 which is located within the boundaries of Arlington Heights School District 25.

Step 1: Residency Verification (Part A) – skip to Residency (Part B) if you cannot produce all three (3) documents in Part A

Do you: Own your own home Rent Other: _____

You must provide documentation showing you **live at** the address listed above. Please provide three (3) of the following documents – one (1) document from Category A and two (2) documents from Category B. You should black out account and social security numbers on the documents.

All documents must be current (within past two months) and show your name and address.

Category A – One (1) document

AND

Category B – Two (2) documents

- Real estate tax bill
- Signed lease with landlord's phone number listed
- Mortgage document or payment book
- Contract for home purchase stating date of closing
- Section 8 letter
- Military housing letter
- Residency Affidavit Form
(only required when permanent residence is with third party)

- Gas bill
- Public aid card
- Electric bill
- Medicaid card
- Water/Sewer bill
- Food stamp card
- Phone bill (no cell)
- Credit card statement
- Cable bill
- Pay check stub
- Vehicle registration
- City sticker receipt
- Bank statement
- Driver's license/State ID

**Please contact the school office if you are having trouble collecting all three documents.
 The district may require a home visit and/or additional documentation to verify residency.*

Residency Verification (Part B) – skip to Step 2 if you have all three (3) documents in Part A

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 school office for more information or contact the District's McKinney-Vento Liaison at 847-758-4875.

Please indicate any social service agency you are currently working with: _____

Arlington Heights School District 25
ANNUAL VERIFICATION OF RESIDENCY

Step 2: Relationship to Student

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.

New enrollees must provide a certified, original birth certificate. A copy will be made and the original returned to you.

Step 3: Affirmation and Warning

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)



Arlington Heights School District 25 HOME LANGUAGE SURVEY

Please complete one form per child.

All students new to the district must have this survey completed and signed by a parent/guardian in accordance with state regulations (23 Illinois Administrative Code Part 228).

Student's Name: _____
First Middle Last

Gender: M F **Date of Birth:** / /
m m d d y y y y

Place of Birth: _____
City, State, Country

If not born in the U.S., what was the date of entry to U.S. (month & year): /
m m y y y y

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

- Yes*** *What language?* _____
- No**

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

- Yes*** *What language?* _____
- No**

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency. **If either is marked yes, you must also complete the back of this form.*

Parent/Guardian (Print) _____ **Date** _____

Relationship to Student: _____

Parent/Guardian Signature: _____

For School Use Only:

Language: _____ **Language Code #:** _____ **Grade Assignment:** _____

Request for Language Assessment from EL Personnel: **Yes** **No** **Date:** _____

HOME LANGUAGE SURVEY - Additional Information

ONLY COMPLETE THIS PAGE IF YOU MARKED YES TO QUESTION 1 or 2 ON FRONT,
PLEASE ANSWER ALL QUESTIONS BELOW:

Student's Name: _____

A. Has your child attended school in a country other than the United States? Yes No

If yes, please indicate the following:

Name of Country: _____

Years Attended: _____ Language of Instruction: _____

B. Did your child learn to read and write in a language other than English? Yes No

If yes, which language(s): _____

C. Please list schools attended in the U.S. starting with the most recent:

Name of School: _____

Years Attended: _____ to _____ English Support? Yes No

Name of School: _____

Years Attended: _____ to _____ English Support? Yes No

D. Which languages are used to speak to your child at home?

Father: _____

Mother: _____

Other (grandparent, caretaker, sibling, etc.): _____

E. Please list any additional comments about language:



Arlington Heights School District 25 Health Services Department

2020-21 State of Illinois Health Requirements

Welcome to Arlington Heights School District 25! This letter will assist you with the *health requirements* upon entering school. Please use the information below to ensure that your student meets necessary *physical exam, immunizations, dental exam and vision exam* requirements for their grade level. Your physician's office should have all of the necessary forms available, however you can also find all required medical, dental and vision forms on the AHSD25 website (www.sd25.org) under the "Families" tab. Please contact the nurse at your child's school with any questions.

PHYSICAL EXAM & IMMUNIZATIONS:

* **Early Childhood** Completed Certificate of Child Health Examination upon entry into all programs. The *physical exam* form must be dated within a year from the child's program start date. All areas of *physical exam* must be completed by your healthcare provider. Parents must complete and sign the Health History portion.

Required immunizations:

DTP/DTaP	4 doses
IPV/OPV	3 doses
Varicella	1 dose on or after 12 months of age
MMR	1 dose on or after 12 months of age
Hepatitis B	3 doses with the last after 6 months of age
Hib	Completion of primary series or 1 dose after 15 months of age
Pneumococcal	Completion of primary series or 1 dose

* **Kindergarten** Completed Certificate of Child Health Examination dated within a year from the start of the school year. All areas of *physical exam* must be completed by your healthcare provider. Parents must complete and sign the Health History portion. This is due by October 15th of the school year, or upon entry if student enters after October 15th.

Required Immunizations:

DTP/DTaP	4 doses with last after age 4
IPV/OPV	4 doses with last after age 4
Varicella	2 doses at least 1 month apart on or after 12 months of age
MMR	2 doses at least 1 month apart on or after 12 months of age

* **First through Fifth Grades** Must meet the previous Kindergarten health requirements. This is due by October 15th of the school year or upon entry if student enters after October 15th.

* **Sixth Grade** Completed Certificate of Child Health Examination dated within a year from the start of the school year. All areas of *physical exam* must be completed by your healthcare provider. Parents must complete and sign the Health History portion. This is due by October 15th of the school year, or upon entry if student enters after October 15th.

Required Immunizations:

All the kindergarten immunizations plus:

Hepatitis B Series	3 doses at appropriate intervals
Tdap	1 dose after age 11. If under age 11, provide a doctor's note stating when vaccine will be given.
Meningitis	1 dose after age 11. If under age 11, provide a doctor's note stating when vaccine will be given

* **Seventh and Eighth Grade** Must meet the previous Sixth Grade health requirements. This is due by October 15th of the school year or upon entry if student enters after October 15th. Students that participate in Middle School sports must have an annual *physical exam*.

DENTAL EXAM: Illinois School Code requires all students in ***Kindergarten, second and sixth grade*** submit a *dental exam*. This is due by May 15th of the school year, or upon entry if student enters after May 15th.

VISION EXAM: Illinois School Code requires all students in ***Kindergarten and all students new to Illinois Schools*** submit a *vision exam* completed by a licensed vision care provider. This is due by October 15th of the school year, or upon entry if student enters after October 15th.



**ARLINGTON HEIGHTS SCHOOL DISTRICT 25
REQUEST/RELEASE OF STUDENT RECORDS**

Student's Name: _____ Male Female

Date of Birth: _____ SIS Number: _____ Grade: _____

Records Requested:

- Cumulative Record
- Temporary Record
- Health Record

Other (please specify): _____

Release Records: To From

School District Name: _____

School Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

School Phone: _____ School Fax: _____

(Signature of Parent, Guardian, or Student if over 18)

(Date)

I understand that my signature is not required for transfer of records between public schools as per §99.31 and §99.34 of the Family Rights and Privacy Act of 1974.

----- For Office Use Only -----

PLEASE SEND RECORDS TO/FROM:

<input type="radio"/> Dryden Elementary 722 S. Dryden Place Arlington Heights, IL 60005 Phone: 847-398-4280 Fax: 847-394-6294	<input type="radio"/> Greenbrier Elementary/Early Childhood 2330 N. Verde Arlington Heights, IL 60004 Phone: 847-398-4272 Fax: 847-394-6291	<input type="radio"/> Ivy Hill Elementary 2211 N. Burke Drive Arlington Heights, IL 60004 Phone: 847-398-4275 Fax: 847-394-6556
<input type="radio"/> Olive-Mary Stitt Elementary 303 E. Olive Street Arlington Heights, IL 60004 Phone: 847-398-4282 Fax: 847-394-6935	<input type="radio"/> Patton Elementary 1616 N. Patton Avenue Arlington Heights, IL 60004 Phone: 847-398-4288 Fax: 847-394-6681	<input type="radio"/> Westgate Elementary 500 S. Dwyer Avenue Arlington Heights, IL 60005 Phone: 847-398-4292 Fax: 847-394-6191
<input type="radio"/> Windsor Elementary 1315 East Miner Street Arlington Heights, IL 60004 Phone: 847-398-4297 Fax: 847-394-6611	<input type="radio"/> South Middle School 400 S. Highland Avenue Arlington Heights, IL 60005 Phone: 847-398-4250 Fax: 847-506-6999	<input type="radio"/> Thomas Middle School 1430 N. Belmont Avenue Arlington Heights, IL 60004 Phone: 847-398-4260 Fax: 847-394-6843



For Success and Understanding



KAREN A. YARBROUGH

COOK COUNTY CLERK'S OFFICE

Birth Certificates

The Cook County Clerk's office keeps official records of births that occur in Chicago and suburban Cook County.

Under state law, you may legally obtain a certified copy of your own birth certificate if of legal age and/or the birth certificate of your child (your name must appear on the child's birth certificate).

Court-appointed legal guardians may obtain birth certificates of the children under their care if they submit a certified copy of the appointment. Certified copies of appointments can be obtained from the Cook County Clerk of the Circuit Court. Requests made with legal guardianship papers must be made in person or through the mail.

Requesting a birth certificate

There are five ways to obtain a birth certificate:

1. Order Online

Order online via VitalChek.

- You will need to know the city of birth listed on the birth certificate, the child's full name, the exact date of birth, and the parents' first and last names.
- In addition to the standard record fees, VitalChek online orders charge \$12.45 for processing and standard postage.
- Processing time averages 10-14 business days for regular mail (included), 5-7 business days for 2-day air (\$17.50), and 3-5 business days for UPS Air (\$20).
- Credit cards (MasterCard, Visa, American Express & Discover) and checks are accepted.

2. Order By Phone

Phone orders via VitalChek can be made by calling toll free (866) 252-8974.

- You will need to know the city of birth listed on the birth certificate, the child's full name, the exact date of birth, and the parents' first and last names.
- In addition to the standard record fees, VitalChek online orders charge \$12.45 for processing and standard postage.
- Processing time averages 10-14 business days for regular mail (Included), 5-7 business days for 2-day air (\$17.50), and 3-5 business days for UPS Air (\$20).
- Credit cards (MasterCard, Visa, American Express & Discover) and checks are accepted.

3. Order By Mail

On average, mail orders are processed in 7-10 business days.

Mall your request to:
Cook County Clerk's Office
Bureau of Vital Records
P.O. Box 641070
Chicago, IL 60664-1070

Include the following items in your mail order:

- a completed Birth Certificate Request Form (be sure to include your phone number)
- a photocopy of your photo identification (click here for acceptable forms of ID)
- a check or money order payable to "Cook County Clerk" for \$15 (additional copies of the same record cost \$4 each)
- a self-addressed stamped envelope for your document(s) to be mailed to you.

4. Go to a local Currency Exchange

Birth records can be ordered at any Currency Exchange.

- For hours and locations, call (847) 759-8905 or visit mycurrencyexchange.com.
- In addition to the standard record fees, there is a \$5 surcharge for records obtained at a Currency Exchange.
- Records must be picked up at the store by the customer at a later time.

5. Visit us in person at one of our six locations

Most records are printed on demand while you wait at any of our locations (downtown and five suburban courthouses).

- Records are \$15 for the first copy and \$4 for each additional copy of the same record.
- Cash, debit cards and credit cards (MasterCard, Visa, American Express & Discover) are accepted. A \$1.25 processing fee is charged for debit cards; a \$1.75 processing fee for credit cards. Checks are not accepted.