



# WINDSOR WILDCATS

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

January 11, 2020

Dear Future Kindergarten Parents,

Welcome to Windsor! The beginning of a child's school career is a very special time. We understand it can evoke a myriad of emotions from excitement, worry, nostalgia, etc. We look forward to partnering with you during this journey.

One of the first steps is to register your child for the 2020-2021 school year. To be eligible for kindergarten in the fall, a child must be five years old on or before September 1, 2020.

**Kindergarten registration will be held on Wednesday, January 22<sup>nd</sup> from 9:30 AM to 11:00 AM and 4:00 PM to 6:45 PM.** It is not necessary for your child to attend registration, but children can accompany you this day. The purpose of this day is for us to be available to support families through the registration process. It is also helpful for our planning to have all future kindergarten students registered during the month of January. If you are unable to attend January 22<sup>nd</sup>, please plan to submit your registration paperwork this month if possible.

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
- Kindergarten AM/PM Preference Handout (This does not guarantee placement; it just helps us to know your preference.)

We invite all of you to save the date for our Kindergarten Parent Information Night on April 9, 2020 starting at 6:30 PM. 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



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## Kindergarten Registration In this packet you will find:

- Letter from the principal.
- Annual Verification of Residency (green) - If you are NEW to District 25, please complete both sides, sign, and attach copies of proof of residency.
- Registration Information Form (blue) - Please complete and return.
- Home Language Survey (yellow) - Please complete, sign, and return.
- Birth Certificate Information for Cook County (for reference).  
Registration requires a certified copy of your child's birth certificate.
- State of Illinois Health Requirements.
- Windsor Important Information Handout.
- Kindergarten AM/PM Preference Handout (salmon)– Please complete, sign and return.

**Please bring the above completed forms and copies with you  
when you drop off your Registration.**

If you have questions, please contact the Windsor Office at 847-398-4297.



2009  
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School



# Welcome to Windsor Elementary School!

Here is some important information as you begin your journey at Windsor!

|   |   |
|---|---|
| Kindergarten School Hours   | 9:05 - 11:50 AM Morning Kindergarten<br>12:50 - 3:35 PM Afternoon Kindergarten  |
| Bus information   | Windsor School does not offer Bus Service.  |
| State of Illinois Health Requirements   | Physical Exam and Immunizations - Due October 15, 2020<br>Dental Exam - Due May 15, 2021<br>Vision Exam - Due October 15, 2020  |
| Children At Play (CAP) - Arlington Heights Park District Before/After School Program at Windsor | Call 847-577-3000 or Visit <a href="https://www.ahpd.org/programs/cap-before-after-school/">https://www.ahpd.org/programs/cap-before-after-school/</a> for more information. Kindergarten AM students can attend before school. Kindergarten PM students can attend after school. |
| Proof of Residency for families NEW to District 25  | Three proofs of you address will be required. Examples include: lease, mortgage statement, tax bill, utility bills and driver's license.  |

## Important Dates

|                      |   |
|----------------------|---|
| January 22, 2020     | Kindergarten Registration and Packet Drop Off Times<br>9:30 AM – 11:00 AM OR 4:45 PM – 6:00 PM  |
| April 9, 2020        | Kindergarten Orientation Night - For Parents AND Children<br>6:30pm – 7:00pm Last Name A-L<br>7:10pm – 7:40pm Last Name M-Z<br>Location: Windsor School |
| May 4, 2020          | Registration Email - Look for an email from Arlington Heights School District 25 with instructions for our annual online registration process.          |
| May 4 - June 1, 2020 | Online Registration - Online 2020-2021 Registration includes fee payment, emergency contact information, PTA membership, etc.                           |
| End of June, 2020    | AM/PM assignments mailed home   |
| Mid-August, 2020     | Kindergarten New and Student Tours  |
| Mid-August, 2020     | PTA Kindergarten Meet & Greet<br>School Tours for New Families<br>Teacher Placement Notifications Emailed<br>PTA Ice Cream Social/Meet the Teacher      |

## Important Communication

|                                      |   |
|--------------------------------------|---|
| Main Phone Number                    | 847-398-4297  |
| Windsor Elementary School            | <a href="https://www.sd25.org/Windsor">https://www.sd25.org/Windsor</a> |
| Windsor PTA                          | <a href="http://www.windsorpta.org">www.windsorpta.org</a>              |
| Arlington Heights School District 25 | <a href="http://www.sd25.org">www.sd25.org</a>                          |
| Windsor on Twitter                   | @WindsorWildcats  |

**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.**

|                                      |            |                                       |
|--------------------------------------|------------|---------------------------------------|
| <b>Category A – One (1) document</b> | <b>AND</b> | <b>Category B – Two (2) documents</b> |
|--------------------------------------|------------|---------------------------------------|

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Real estate tax bill<br><input type="checkbox"/> Signed lease with landlord's phone number listed<br><input type="checkbox"/> Mortgage document or payment book<br><input type="checkbox"/> Contract for home purchase stating date of closing<br><input type="checkbox"/> Section 8 letter<br><input type="checkbox"/> Military housing letter<br><input type="checkbox"/> Residency Affidavit Form<br><small><i>(only required when permanent residence is with third party)</i></small> |  | <input type="checkbox"/> Gas bill<br><input type="checkbox"/> Electric bill<br><input type="checkbox"/> Water/Sewer bill<br><input type="checkbox"/> Phone bill (no cell)<br><input type="checkbox"/> Cable bill<br><input type="checkbox"/> Vehicle registration<br><input type="checkbox"/> Bank statement<br><input type="checkbox"/> Public aid card<br><input type="checkbox"/> Medicaid card<br><input type="checkbox"/> Food stamp card<br><input type="checkbox"/> Credit card statement<br><input type="checkbox"/> Pay check stub<br><input type="checkbox"/> City sticker receipt<br><input type="checkbox"/> 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:

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## 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](http://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 15<sup>th</sup> of the school year, or upon entry if student enters after May 15<sup>th</sup>.

**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 15<sup>th</sup> of the school year, or upon entry if student enters after October 15<sup>th</sup>.



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## OPTIONAL KINDERGARTEN PREFERENCE FORM

Dear Windsor Kindergarten Parents,

Our school's priorities for assigning students to AM or PM kindergarten are based on ensuring balanced classrooms for all of our students. This includes even number of boys and girls across all classes and the scheduling of a variety of special services across all grade levels and classes.

You may indicate your preference for AM or PM kindergarten; however, we cannot guarantee this placement. You will be notified of your child's AM/PM placement by the close of June 5, 2020. Please feel free to contact Ms. Boston or Mrs. Anastacio if you have any questions. Thank you in advance for your understanding and flexibility in your child's kindergarten placement.

Sincerely,

  
Piper Boston  
Principal

  
Lindsay Anastacio  
Assistant Principal

Student Name \_\_\_\_\_  
LAST FIRST

Placement Preference (Check one)

\_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ NO PREFERENCE

**I understand I am only indicating a preference for AM or PM kindergarten. This form does not guarantee my child's AM/PM placement. You can also let us know changes in preference prior to June 5, 2020.**

Parent Signature \_\_\_\_\_



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Arlington  
Heights  
SCHOOL DISTRICT 25

Embracing Today – Inspiring Tomorrow



# 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.

##### Mail 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.