

## HARTSBURG-EMDEN 2024 -2025 Registration Fees

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Registration Fees (ECE =\$65.00, Grades K-5 =\$65.00, Grades 6-12 =\$70.00)	\$	
8 <sup>th</sup> -12 <sup>th</sup> Class Fees/Lab Fees/ Workbook Fees	\$	
Scholastic News (K-5 <sup>th</sup> )	\$	
Heartland Dual Credit (per semester)	\$	
Drivers' Ed	\$	
PE Shirt (8 <sup>th</sup> grade – 12 <sup>th</sup> grade) --\$7.00 Size S, M, L, XL, XXL, XXXL	\$	
Band Rental Fee (\$25)	\$	
Activity Fee: Volleyball, Baseball, Basketball, Golf, Scholastic Bowl, Cheerleading, JH Softball, JH Scholastic Bowl, JH Track \$25 each not to exceed \$50	\$	_____

Breakfast Aug/Sept. = \$64.00	Lunch Aug/Sept=\$91.20
Reduced Breakfast=\$9.60	Reduced Lunch=\$12.80
One Semester Breakfast=\$168.00	
One Semester Lunch=\$239.40	
One Semester Reduced Breakfast=\$25.20	
One Semester Reduced Lunch= \$33.60	
Yearly Breakfast=\$352.00	Yearly Lunch=\$501.60
Yearly Reduced Breakfast=\$52.80	Yearly Reduced Lunch=\$70.40

Previous balance owed \$ \_\_\_\_\_

Total check cash \$ \_\_\_\_\_

## Hartsburg-Emden C.U.S.D. #21 Student and Emergency Information

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone # \_\_\_\_\_

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Birth place \_\_\_\_\_ (City/Town/Country if outside US)

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_

City/Town \_\_\_\_\_ State/Zip Code \_\_\_\_\_

Report Cards Sent: Both \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address For Report Cards \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address For Report Cards \_\_\_\_\_ Email \_\_\_\_\_

Guardianship: I certify that I am the legal guardian of above mentioned student \_\_\_\_\_ (Initials)

**When necessary, the school will make every effort to reach parents. If parents cannot be reached quickly, the school is authorized to contact:**

Name	Relationship	Phone #1	Phone #2

Name	Relationship	Phone #1	Phone #2

Name	Relationship	Phone #1	Phone #2

My child will carry an inhaler or epi-pen at school  Yes  No

My child may be given Tylenol or Ibuprofen  Yes  No

My child may be given Tums or cough drops (JH/HS)  Yes  No

My child has life-threatening allergies to food or pets  Yes  No

If yes, please provide additional information \_\_\_\_\_

Allergies my child has \_\_\_\_\_

Child's primary care physician \_\_\_\_\_

Is there a parent that is deployed to active duty or expects to be deployed to active duty during the school year

Yes  No

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# HARTSBURG-EMDEN C.U.S.D. #21

Joe Yurko, Superintendent  
Adam Wherley, Principal  
400 West Front St.  
Hartsburg, IL 62643

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Telephone 217-642-5244  
Fax 217-642-5333

## 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 need for bilingual and English as a Second Language education services in the schools.

Please answer the questions below

Student's Name: \_\_\_\_\_

1. Does anyone in your home speak a language other than English?

\_\_\_\_\_ Yes      What Language? \_\_\_\_\_

\_\_\_\_\_ No

2. Does your son/daughter speak a language other than English?

\_\_\_\_\_ Yes      What Language? \_\_\_\_\_

\_\_\_\_\_ No

If the answer to either question is yes, the school will assess your child's English language proficiency. The school will measure your child's listening and speaking skills and, for students in grade 2 through 12, reading and writing skills.

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Parent/Guardian Signature

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Date

HARTSBURG-EMDEN COMMUNITY UNIT SCHOOL DISTRICT #21

**Permission Slip for Field Trips - School Year 2024-2025**

To Whom It May Concern:

This will verify that my child, \_\_\_\_\_, in the \_\_\_\_\_ grade at Hartsburg-Emden Community Unit School District #21, has my permission to participate in upcoming field trips for the school year 2024-2025.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*\*\*\*\*

**Medical Treatment and Insurance Information**

Parent/Guardian: Please complete and sign the medical treatment authorization form below.

To Whom It May Concern:

This will grant permission for the proper medical treatment to be obtained for my child, \_\_\_\_\_ should there be a reason for such treatment.

I understand contact will be attempted if there is an emergency, but this form provides permission for treatment should you not be able to be reached.

\_\_\_\_\_ I do not have insurance coverage

\_\_\_\_\_ I have insurance coverage with \_\_\_\_\_  
Name of Company

The following is pertinent information to the insurance coverage (particular doctor, hospital, etc):

\_\_\_\_\_

List any medications the student takes \_\_\_\_\_

My child is allergic to \_\_\_\_\_

Additional comments/information \_\_\_\_\_

I understand and will abide by the above *Authorization for Internet Access*. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. In consideration for using the District's Internet connection and having access to public networks, I hereby release the School District and its Board members, employees and agents from any claims and damages arising from my use, or inability to use the Internet.

DATE: \_\_\_\_\_

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USER SIGNATURE

*(Required if the user is a student:)*

I have read this *Authorization for Internet Access*. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I will hold harmless the District, its employees, agents or Board members, for any harm caused by materials or software obtained via the network. I accept full responsibility for supervision if and when my child's use is not in a school setting. I have discussed the terms of this *Authorization* with my child. I hereby request that my child be allowed access to the District's Internet.

DATE: \_\_\_\_\_

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PARENT/GUARDIAN NAME (PLEASE PRINT)

SIGNATURE: \_\_\_\_\_

\* Adopted January 13, 1997

# HARTSBURG-EMDEN C.U.S.D. #21

Joe Yurko, Superintendent  
Adam Wherley, Principal  
400 West Front St.  
Hartsburg, IL 62643

Telephone 217-642-5244  
Fax 217-642-5333

## Student Handbook Sign-Off

This is to verify that we have received the student handbook, which includes the school bus rider rules and the extra-curricular participation rules. We reviewed the content of the student handbook and will adhere to the policies and procedures included in them. We have proof of health insurance for our child/children that are participating in sports.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Permission for Riding School Bus for Athletic Practices/Contests

I give permission for my child to ride the Hartsburg-Emden Community Unit School District #21 school bus for 2024-2025 athletic practices/contests as needed. It will be my responsibility as to when, how and with whom they will get home.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**This form must be returned to the high school office by August 30, 2024.**

# Hartsburg-Emden CUSD #21

400 West Front Street  
Hartsburg, IL 62643

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JOE YURKO, SUPERINTENDENT

217 642-5244

ADAM WHERLEY, District PRINCIPAL

217 642-5333 (Fax)

## Exhibit - Agreement to Participate

Student Name (*printed*) \_\_\_\_\_

1. I wish to participate in the interscholastic athletics or intramural athletics.

Sport or Activity: \_\_\_\_\_

2. I acknowledge reading the eligibility rules of any group or association sponsoring any athletic activity in which I want to participate and I agree to abide by them.
3. Before I am allowed to participate, I must: (a) provide the School District with a certificate of physical fitness (the ***Pre-Participation Physical Examination Form*** from the IHSA or IESA serves this purpose), (b) show proof of accident insurance coverage, and (c) complete all forms required by any association sponsoring the interscholastic athletic activity, including when applicable and without limitation, ***IHSA Sports Medicine Acknowledgment & Consent Form, Acknowledgement and Consent***. IHSA refers to the Illinois High School Association and IESA refers to the Illinois Elementary School Association.
4. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
5. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion or head injury must be removed from practice or competition at that time and that the student will not be allowed to return to play or practice until he or she has successfully completed return-to-play and return-to-learn protocols, including having been cleared to return by the treating physician licensed to practice medicine in all its branches, physician assistant, treating advanced practice registered nurse, or a certified athletic trainer working under the supervision of a physician.
6. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school-sponsored interscholastic sport(s) or intramural athletics. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

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**Student Signature**

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**Date**

**To be read and signed by the parent/guardian of the student:**

1. I am the parent/guardian of the above named student and give my permission for my child to participate in the interscholastic sport(s) or intramural athletics indicated. I have read the above *Agreement to Participate* and understand its terms.
2. I understand that all sports can involve many **risks of injury**, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_  
Day phone number: \_\_\_\_\_ Evening phone number: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_ Other: \_\_\_\_\_

**Exhibit - Authorization for Medical Treatment**

_____ Student	_____ Sport/Activity
_____ Parent/Guardian	_____ Home phone
_____ Home address	_____ Cell phone
_____ Physician	_____ Physician phone

Medical Information: *(list allergies, medications, conditions and any known restrictions)*

In the event of a medical emergency and if reasonable attempts to contact me using the telephone numbers listed above are unsuccessful:

I, as parent or legal guardian of the above student, do hereby authorize:

1. Treatment by a licensed medical physician of my child in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and
2. Transfer of my child to any hospital reasonably accessible at my expense.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# HARTSBURG-EMDEN C.U.S.D. #21

Joe Yurko, Superintendent  
Adam Whereley, Principal  
400 West Front St.  
Hartsburg, IL 62643

Telephone 217-642-5244  
Fax 217-642-5333

## Consent for Release of Education Records

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 parent(s)/guardian(s) request that it not be disclosed without their prior written consent.

**Important:** If you do not want military recruiters or institutions of high learning to be given your secondary school student's name, address, and telephone number, please complete the form on the back page and return it to the Building Principal.

Sincerely,

Joe Yurko  
Superintendent

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I understand that a student's education records are confidential and may only be disclosed with the written permission of the student's parent or legal guardian or of the student (if over 18 or attending a postsecondary school).

I grant permission for Hartsburg-Emden C.U.S.D. #21 to release education records (including transcripts, report cards and test scores) to postsecondary schools and military recruiters.

Student's Full Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Grade \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (if over 18)

\_\_\_\_\_  
Date

Student's Full Name PRINTED \_\_\_\_\_ Grade \_\_\_\_\_

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### **Denial of Consent to Release Student Information**

#### **For the parents of students under the age of 18**

*I request that Hartsburg-Emden C.U.S.D. #21*

- Not release the name, address or telephone number of my son/daughter to any military recruiter or military recruiting organization without my prior written consent.
- Not release the name, address or telephone number of my son/daughter to any institution of higher learning without my written prior consent.
- Not release the information of any kind, including "directory information" concerning my son/daughter without my prior written consent.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **For students 18 years of age or older**

*I request that Hartsburg-Emden C.U.S.D. #21*

- Not release the name, address or telephone number to any military recruiter or military recruiting organization without my prior written consent.
- Not release the name, address or telephone number to any institution of higher learning without my written prior consent.
- Not release the information of any kind, including "directory information" concerning me without my prior written consent.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HARTSBURG-EMDEN C.U.S.D. #21

Joe Yurko, Superintendent  
Adam Wherley, Principal  
400 West Front St.  
Hartsburg, IL 62643

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Telephone 217-642-5244  
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## VEHICLE REGISTRATION FORM

Student Name \_\_\_\_\_

Make/Model of Vehicle \_\_\_\_\_

Color \_\_\_\_\_

Year of Vehicle \_\_\_\_\_

License Plate Number \_\_\_\_\_

If you change vehicles during the school year, please fill out a new form in the office.

This form must be turned in to the high school office by August 30, 2024.

# Hartsburg-Emden CUSD #21

400 West Front Street

Hartsburg, IL 62643

Joe Yurko, Superintendent  
Adam Wherley, District Principal

217-642-5244  
217-642-5333 (Fax)

July 29, 2024

Dear Caregivers,

Hartsburg-Emden C.U.S.D. #21 received a Grant to purchase Chromebooks for every student in the High School (Grades 9-12) during the pandemic. As part of the Grant, students need to have the opportunity to be issued the Chromebook for full-time use during the school year (just like a textbook). The Chromebook device that your child is being issued is an educational tool and should be used only in that capacity. Students will not be allowed to use their personal devices from home in school. Before a student is granted permission to take their assigned technology device home, the student and the student's parent or guardian must sign the below Technology Agreement Form.

A Chromebook device and power cord will be assigned to your child. He or she is expected to take care of the device. It is expected that all technology assigned to a student will be returned in the same condition it was received and it is cared for properly. Failure to return or damage of the equipment due to the lack of proper care may result in loss of the privilege of taking the equipment home and/or use. All technology is the property of the Hartsburg-Emden School District. Hartem reserves the right to demand the immediate return of the equipment at any time and damaged equipment be compensated. The device assigned should only be used by the student of the parent or guardian who has signed the agreement.

If you, as the parent/guardian, would rather that the technology not be brought home, please inform the school by checking the appropriate box on the permission form and we will honor your request. We will have a charging station located in the Computer Lab for students who wish to leave the device at school on either a part-time (if the student has no need for it on a particular night) or full-time basis (parents request). Students will need to stop by the Computer Lab before leaving from school that day to plug it in. He/She should also pick the device up prior to the start of the first period the next day. Students taking devices home, should return the next day with a fully charged device.

Each Chromebook will have a numeric number assigned to each High School Student. Students should only use their device. Any issues with their device should be reported to the office right away. Again, they will be assigned a specific device and it will be theirs for the school year and they will be expected to have it for class. We will ask students to take their device home during the possibility of inclement weather, in case we have a day of e-learning (in place of a snow day).

Hartsburg-Emden C.U.S.D. #21 will officially be a one-to-one School District. This means that we will have one technology device for every student in the district. Grades K-8 will have I-Pads, Chromebooks, or Laptops available in every classroom for use of learning. We will be able to provide a device for any student who may need one for e-learning purposes during a snow day. We are thrilled to have finally reached this goal.

Sincerely,  
Joe Yurko

*Superintendent*

Hartsburg - Emden C.U.S.D. #21

400 West Front St.

Hartsburg, IL 62643

Phone (217) 642-5244 (HS)

Phone (217) 376-3151 (GS)

# Hartsburg-Emden CUSD #21

400 West Front Street

Hartsburg, IL 62643

Joe Yurko, Superintendent

217-642-5244

Adam Wherley, District Principal

217-642-5333 (Fax)

## Technology Agreement

I agree to the guidelines and procedures outlined on this form and agree to take full responsibility for the Chromebook device being assigned.

\_\_\_\_\_ I give permission for my High School Student to sign out a technology device for use at home.

\_\_\_\_\_ I decline permission for my High School Student to sign out a technology device for use at home. My child will check their device in and out of the computer lab on a daily basis. He/She may only use it at school during the regular school day.

Student Name: \_\_\_\_\_

\_\_\_\_\_ student signature

\_\_\_\_\_ date

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_ parent/guardian signature

\_\_\_\_\_ date

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For Office Use Only

Device assigned: Lenovo Chromebook

Device Number assigned to student: # \_\_\_\_\_

Device Serial Number: # \_\_\_\_\_

Date assigned: \_\_\_\_\_

Charger assigned:    yes    no

# Hartsburg-Emden CUSD #21

400 West Front Street

Hartsburg, IL 62643

Joe Yurko, Superintendent  
Adam Wherley, District Principal

217-642-5244  
217-642-5333 (Fax)

Dear Hartsburg-Emden Families,

## Student Online Personal Protection Act (SOPPA)

This is a notice that educational technologies used in the District shall further the objectives of the District's educational program, as set forth in Board policy 6:10, Educational Philosophy and Objectives, align with the curriculum criteria in policy 6:40, Curriculum Development, and/or support efficient District operations.

The District and/or vendors under its control may need to collect and maintain data that personally identifies students in order to use certain educational technologies for the benefit of student learning or District operations.

Federal and State law govern the protection of student data, including school student records and/or covered information. The sale, rental, lease, or trading of any school student records or covered information by the District is prohibited. Protecting such information is important for legal compliance, District operations, and maintaining the trust of District stakeholders, including parents, students and staff.

## Special Education Services

This is a notice that students with disabilities who do not qualify for an individualized education program, as required by the federal Individuals with Disabilities Education Act and implementing provisions of the School Code, may qualify for services under Section 504 of the federal Rehabilitation Act of 1973 if the child (i) has a physical or mental impairment that substantially limits one or more major life activities, (ii) has a record of a physical or mental impairment, or (iii) is regarded as having a physical or mental impairment.

Sincerely,

Joe Yurko, *Superintendent*

*Hartsburg - Emden C.U.S.D. #21*

400 West Front St.

Hartsburg, IL 62643

Phone (217) 642-5244 (HS)

Phone (217) 376-3151 (GS)

[jyurko@hartem.org](mailto:jyurko@hartem.org)

# HARTSBURG-EMDEN C.U.S.D. #21

Joe Yurko, Superintendent  
Adam Wherley, Principal  
400 West Front St.  
Hartsburg, IL 62643

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Telephone 217-642-5244  
Fax 217-642-5333

July 1, 2024

To: Parents/Guardians

RE: Offender Community Notification Laws

State law requires our administration to notify parents/guardians during school registration that information about sex offenders and violent offenders against youth is available to the public.

You may find the Illinois Sex Offender Registry on the Illinois State Police's website at:  
<http://www.isp.state.il.us/sor/>

You may find the Illinois Statewide Child Murderer and Violent Offender Against Youth Registry on the Illinois State Police's website at: <http://www.isp.state.il.us/cmvo/>

# HARTSBURG-EMDEN C.U.S.D. #21

Joe Yurko, Superintendent  
Adam Wherley, Principal  
400 West Front St.  
Hartsburg, IL 62643

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Telephone 217-642-5244  
Fax 217-642-5333

Dear Parents, Guardians and Staff:

Hartsburg-Emden Community Unit District #21 practices Integrated Pest Management, a program that combines preventive techniques, non-chemical pest control methods, and the appropriate use of pesticides with a preference for products that are the least harmful to human health and the environment. The term "pesticide" includes insecticides, herbicides, rodenticides and fungicides.

**The school district is establishing a registry of people who wish to be notified prior to any pesticide applications. To be included in this registry, please complete the bottom portion of this letter and submit it to Terry Wisniewski, Superintendent.**

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## PESTICIDE APPLICATION REGISTRY

I would like to be notified two days before the use of pesticides at the school. I understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out, I will receive notification as soon as practicable.

Parent/Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_



*\* GS students only \**

## **Hartsburg-Emden C.U.S.D. #21 TITLE 1- SCHOOL/PARENT COMPACT**

Hartsburg-Emden School District #21 and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Elementary and Secondary Education Act (ESEA) (participating children), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the State's high standards. This school-parent compact is in effect during the 2024-2025 school year.

### **School Responsibilities**

**Hartsburg-Emden School District #21 will:**

- 1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the State's student academic achievement standards as follows:**

All students will participate in the curriculum which is driven by the Common Core Grade Level Content Standards and Expectations of the State of Illinois. Students will be supported in a learning environment that provides multiple levels of instruction and considers a variety of learning styles.

- 2. Hold parent-teacher conferences, during which this compact will be discussed as it relates to the individual child's achievement.**

Parent-teacher conferences will be held in the fall of each school year and at parent or teacher request within the school year.

- 3. Provide parents with frequent reports on their children's progress.**

Student progress will be reported to parents every nine weeks with report cards. Parents will be given an Individual Progress Profile following each Aims Web Plus assessment; fall, winter, and spring of each school year.

- 4. Provide parents reasonable access to staff.**

Staff will be available to parents during parent/teacher conferences, during the time provided before and after school, by phone and email as needed.

**5. Provide parents opportunities to volunteer and participate in their child's class, and to observe classroom activities, as follows:**

Parents may participate in their student's classroom by: helping with classroom parties/activities, helping in the classroom at teacher request, providing supplies teachers are in need of for academic activities, and assisting during extra activities created for the students throughout the school year.

**Parent Responsibilities**

**We, as parents, will support our children's learning in the following ways:**

1. Monitoring my student's attendance.
2. Making sure that homework is completed.
3. Volunteering in my child's classroom.
4. Participating, as appropriate, in decisions relating to my children's education.
5. Promoting positive use of my child's extracurricular time.
6. Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding, as appropriate.
7. Serving, to the extent possible, on policy advisory groups, such as being the Title I, Part A parent representative on the school's School Improvement Team, the State's Committee of Practitioners or other school advisory or policy groups.

**Student Responsibilities**

**We, as students, will share the responsibility to improve our academic achievement and achieve the State's high standards. Specifically, we will:**

1. Do my homework every day and ask for help when I need to.
2. Read at least 20 -30 minutes every day outside of school time.
3. Give to my parents or the adult who is responsible for my welfare all notices and information received by me from my school.

Please detach, sign, date, and return by **August 30th**. We can also have students sign at school. Just put their name at the top and we can have them sign it once school starts. The School/Parent Compact is yours to keep for reference.

**Hartsburg – Emden C.U.S.D. #21**

**TITLE 1- SCHOOL/PARENT COMPACT**

I have read the School-Parent Compact and agree to Title I services/enrichment as presented in the compact agreement.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

*Michelle Beber*  
\_\_\_\_\_  
School

*July 1, 2024*  
\_\_\_\_\_  
Date

Please detach this sheet, sign, date, and return by August 30, 2024

## School Medication Authorization Form

*To be completed by the child's parent(s)/guardian(s).*

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

*To be completed by the student's physician:*

Physician's Printed Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Medication Name: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Time medication is to be administered or under what circumstances: \_\_\_\_\_  
\_\_\_\_\_  
Prescription Date: \_\_\_\_\_ Order Date: \_\_\_\_\_ Discontinuation Date: \_\_\_\_\_  
Diagnosis requiring medication: \_\_\_\_\_  
Is it necessary for this medication to be administered during the school day?  Yes  No  
Expected side effects, if any: \_\_\_\_\_ Time interval for re-evaluation: \_\_\_\_\_  
Other medications student is receiving: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

*For only parents/guardians of students who need to carry asthma or an EpiPen®:*

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30). **If you agree please initial:** \_\_\_\_\_

For parent(s)/guardian(s) of students who have asthma:

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication (105 ILCS 5/22-30).

If you agree please initial: \_\_\_\_\_  
Parent(s)/Guardian(s) Initial

By signing below, I agree:

- I. That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices and
- II. To indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature\*      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date

\* Both parents and/or guardians, if available, should sign.

If your child has any health problems, please list so that the teachers and staff may be informed in case of emergencies.

For parent(s)/guardian(s) of students who need to carry an epi-pen:

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her epi-pen (for bee stings) (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication (105 ILCS 5/22-30).

If you agree please initial: \_\_\_\_\_  
Parent(s)/Guardian(s) Initial

By signing below, I agree:

- I. That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices and
- II. To indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature\*      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date

\* Both parents and/or guardians, if available, should sign.

If your child has any health problems, please list so that the teachers and staff may be informed in case of emergencies.

SCHOOL USE ONLY	
<input type="checkbox"/>	Check if Error Prone Application

**1. All Household Members (Attach another sheet of paper if necessary.)**

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	(for Student only) School Name	(for Student only) Grade	SNAP OR TANF CASE NUMBER ONLY Skip to Part 4 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you <b>MUST</b> apply based on household size and income.										Check if Foster Child*				

\* A foster child is the legal responsibility of a welfare agency or court.

**2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)**

Homeless    Migrant    Runaway    Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director \_\_\_\_\_ Date \_\_\_\_\_

**3. Total Household Gross Income (before deductions) You must tell us how much and how often.**

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**4. Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark the **I do not have a social security number** box.  I do not have a social security number.

X X X - X X - \_\_\_\_\_  
Social Security Number

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

\_\_\_\_\_ Date \_\_\_\_\_ Printed Name of Adult Household Member \_\_\_\_\_ Signature of Adult Household Member \_\_\_\_\_

**5. Contact Information (Optional)**

Work Telephone Number (Include Area Code) \_\_\_\_\_ Home Telephone Number (Include Area Code) \_\_\_\_\_ Home Address (Number, Street, City, State, ZIP Code) \_\_\_\_\_

**6. Children's Racial and Ethnic Identities (Optional)**

Mark one ethnic identity:  Hispanic/Latino  Not Hispanic/Latino

Mark one or more racial identities:  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  American Indian or Alaska Native

**– THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY –**

**INITIAL DETERMINATION**

TOTAL INCOME \$ \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice a Month  Month  Year NUMBER IN HOUSEHOLD: \_\_\_\_\_ CHANGE IN STATUS: \_\_\_\_\_ Date \_\_\_\_\_

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported.  
Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Free based on:  homeless  migrant  runaway  Head Start

SNAP or TANF  foster child  household's income

Reduced based on:  household's income

Denied—Reason:  income too high  incomplete application  Non-qualifying SNAP/TANF

Date Withdrawn: \_\_\_\_\_

Signature of Determining Official \_\_\_\_\_ Date: \_\_\_\_\_