

Champaign Community Unit District #4 Schools
Verification of Residence Form (9-12)

TO BE COMPLETED BY PARENT/GUARDIAN

Student _____ Grade _____

Parent(s)/Legal Guardian(s) _____

Total # Adults in Household _____ Total # Children in Household _____

Address of Residence _____

Home Phone _____ Work Phone _____

Signature of Parent/Guardian: _____ Date: _____

FOR USE BY SCHOOL PERSONNEL ONLY

- 1. Student is living with parent(s) at the address stated above. (May proceed with registration.)
- 2. Student is living with legal guardian at the address stated above. A certified copy of the court order establishing guardianship was received declaring the district resident to be the legal guardian of the student, and further declaring that the guardianship was formed for a purpose other than establishing residency for school district and educational purposes. (May proceed with registration.)
- 3. Student is living with custodial adult or relative other than parent/legal guardian. (Do not proceed with registration – refer to Director of Student Services at the District Office.)
- 4. Unable to determine residence or custody. (Do not proceed with registration – refer to Director of Student Services at the District Office.)

ITEMS USED TO VERIFY RESIDENCE (two required):

NOTE: If parent/guardian cannot furnish item(s) listed below, refer to Director of Student Services at the District Office.

- 1. Apartment or house lease or home purchase agreement
- 2. Mortgage documents/property deed/payment record/building permit (60 days occupancy)
- 3. Voter's registration card
- 4. Current driver's license
- 5. Other documents acceptable to administration (current utility bills are acceptable)

Signature of School Representative: _____ Date: _____



E.H. Mellon Administrative Center

703 S. New Street
Champaign, Illinois 61820-5818

Telephone: (217) 351-3800
FAX: (217) 351-3871

Student Name: _____ School: _____ Entering Grade: _____

Name/Relationship of person completing form: _____ Date: _____

STUDENT HEALTH HISTORY

Champaign Unit 4 School District recognizes the important role of your child’s health and physical well-being in the learning environment. Please take a few minutes to complete this brief health survey.

	(Circle Yes or No)	
1. Has your child been diagnosed with asthma?	Yes*	No
2. Does your child have allergies? Allergic to _____ Reaction _____ Does your child require an EpiPen?	Yes*	No
3. Has your child been diagnosed with epilepsy or a seizure disorder?	Yes*	No
4. Does your child have diabetes?	Yes*	No
5. Does your child have sickle cell?	Yes*	No
* If you answered yes to any of the questions above, please ask for and complete an action plan or medical management plan!*		

6. Does your child have any physical disabilities or limitations? Yes No
If yes, please explain:

7. Does your child need to take medications during school hours? Yes* No
If yes, please have the “Permit for Authorized Personnel to Administer/Distribute Medication During School Hours” form completed and returned to school office.

8. Are there any other concerns about your child’s health at school you would like us to know about? Yes No
If yes, please explain:

Champaign Community Unit 4 Schools

Military Recruiter and Postsecondary Institutions Receiving Student Directory Information

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/guardian request that it not be disclosed without their prior written consent. Such information may include the student's name, address, telephone number, gender, grade level, birth date and place, and the names and addresses of parents/guardians.

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

TO BE SUBMITTED TO THE BUILDING PRINCIPAL

Please DO NOT release my child's name, address, telephone number, gender, grade level, birth date and place, and the names and addresses of parents/guardians to (please check all that apply):

- Military Recruiters
- Postsecondary Institutions

Student Name (please print)

Student ID Number

Parent/Guardian Name (please print)

Parent/Guardian Signature



E.H. Mellon Administrative Center
Champaign Unit School District #4
701 South New Street
Champaign, IL 61820
217-351-3800

MEDIA AND PHOTO RELEASE FORM

In the spirit of promoting better education through awareness, Champaign Unit 4 School District works to highlight the positive activities and achievements of staff and students. As part of these efforts, the District works with local newspapers, radio and television stations, and community partners to capture these stories and share them with the community we serve. The District also produces such content as part of its own publications and website.

We are requesting your consent for your child to be interviewed or photographed as part of our awareness efforts, and for samples of their work to be featured.

Please note that by consenting, your child may be identified by name and classroom or school. We understand that some parents may request that we do not identify their child(ren), and provide an opportunity for parents to inform us of their wishes regarding publicity.

Please note, however, that your child's image or likeness may appear in occasional candid photos or video without any type of name identification and the use of these candid photos of your child is permissible. This release form does not apply to photographs taken during extracurricular activities. Students who attend extracurricular activities or events forfeit their rights to retain authority over the publication of photos taken.

Your permission helps celebrate the achievements of all of our students.

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- Yes. I hereby grant permission for _____ to have his/her picture taken by Unit 4 employees, student teachers, community partners or representatives of the media while involved in a District-sponsored activity during the school day and/or to use samples of his/her work. I understand that my student may be identified as participating in a special instructional program, e.g. special education, gifted, etc. By giving permission for him/her to be photographed or videotaped, I am giving permission for possible identification of him/her in the photographs and/or video. I understand that any picture or student work is to be used for educational purposes and may be reproduced in print or electronic media.
- No. I do not grant permission for _____ to have his/her picture taken by Unit 4 employees, student teachers or representatives of the media while involved in a District-sponsored activity and/or to use samples of his/her work. I understand that this may impact the publication of my student's accomplishments.

Signature of Parent or Guardian

Date