

Champaign Community Unit District #4 Schools
Verification of Residence Form (K-8 Returning Students)
Formulario de Verificación de Domicilio (Estudiantes del K-8 grado que regresan)

DEBE SER COMPLETADO POR EL PADRE/GUARDIÁN

Estudiante _____ Grado _____

Padre(s)/ Guardián(es) Legal(es) _____

Número total de adultos en el hogar _____ Número total de niños en el hogar _____

Domicilio _____

Número de teléfono de casa _____ Número de teléfono del trabajo _____

Firma del Padre/Guardián: _____ Fecha: _____

PARA EL USO ÚNICO DEL PERSONAL ESCOLAR

- 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

Nombre del Estudiante: _____ Escuela: _____ Entrando al Grado: _____

Nombre/relación de la persona que está llenando este formulario: _____ Fecha: _____

HISTORIA DE SALUD DEL ESTUDIANTE

El Distrito Escolar de Champaign Unidad 4 reconoce el rol importante de la salud y bienestar físico de su hijo en el entorno de aprendizaje. Por favor tome unos minutos para completar esta breve encuesta de salud.

(Circulé Sí o No)

- | | | |
|---|-----|----|
| 1. ¿Ha sido su hijo diagnosticado con asma? | Sí* | No |
| 2. ¿Tiene su hijo alergias?
Alérgico a _____
Reacción _____
¿Requiere su hijo el “EpiPen”? | Sí* | No |
| 3. ¿Su hijo a sido diagnosticado con epilepsia o con una enfermedad de convulsiones? | Sí* | No |
| 4. ¿Tiene su hijo diabetes? | Sí* | No |
| 5. ¿Tiene su hijo anemia drepanocítica o de células falciformes (sickle cell)? | Sí* | No |

*** ¿Si usted contestó sí a cualquiera de las preguntas anteriores, por favor pida y complete un plan de acción o un plan de tratamiento médico! ***

- | | | |
|---|----|----|
| 6. ¿Tiene su hijo alguna discapacidad o limitación física?
Si contestó sí, por favor explique: | Sí | No |
|---|----|----|

- | | | |
|---|-----|----|
| 7. ¿Necesita su hijo tomar medicamentos durante el horario escolar? | Sí* | No |
|---|-----|----|
- Si contestó sí, por favor complete y devuelva a la oficina de la escuela el formulario de “Permiso para autorizar al personal para administrar/ distribuir medicamentos durante el horario escolar”.**

- | | | |
|---|----|----|
| 8. ¿Hay algunas otras preocupaciones que usted quisiera que nosotros conociéramos sobre la salud de su hijo en la escuela?
Si contestó sí, por favor explique: | Sí | No |
|---|----|----|



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.

-
- 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