Champaign Community Unit District #4 Schools
Verification of Residence Form (K-8 Returning Students)

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: _____________________________

Revised 04/04/2016
**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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1. Has your child been diagnosed with asthma?</td>
<td></td>
<td></td>
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<tr>
<td>• Is your student currently being treated for asthma?</td>
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<td>2. Does your child have allergies?</td>
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<tr>
<td>Allergic to ________________________________________________________</td>
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<tr>
<td>Reaction___________________________________________________________</td>
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<td>Does your child require an EpiPen?</td>
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<td>3. Has your child been diagnosed with epilepsy or a seizure disorder?</td>
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<tr>
<td>• Is your student currently being treated for epilepsy or seizures?</td>
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<td>4. Does your child have diabetes?</td>
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<td>5. Does your child have sickle cell or history of a crisis?</td>
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<tr>
<td>• Is your student currently being treated for sickle cell?</td>
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</table>

***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:
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

This form should be returned to your student’s counselor (middle school/high school) or to the school office (elementary). This form must be completed for each academic year of attendance.

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