

Join Us!

UNPACK THE BACKPACK NIGHT

Tuesday, August 27, 2019

6:00pm in the Lostant School Gym

Introduction of Staff and School Board Members

State of the School Address



All families and community members are invited. Dinner is free to everyone. Please visit our classrooms. Volunteer forms and P.T.O. information will be available as well.

First Day of School

Wednesday, August 28, 2019

8:30am – 1:30pm

Breakfast and Lunch Served

Lostant Community Unit School District 425

Registration Form

1. Student First, Middle, Last Name _____

Birthdate _____ Birthplace _____ Gender _____ Grade _____

Ethnicity American Indian Asian Black/African American Hispanic Multiracial Native Hawaiian White

2. Student First, Middle, Last Name _____

Birthdate _____ Birthplace _____ Gender _____ Grade _____

Ethnicity American Indian Asian Black/African American Hispanic Multiracial Native Hawaiian White

3. Student First, Middle, Last Name _____

Birthdate _____ Birthplace _____ Gender _____ Grade _____

Ethnicity American Indian Asian Black/African American Hispanic Multiracial Native Hawaiian White

4. Student First, Middle, Last Name _____

Birthdate _____ Birthplace _____ Gender _____ Grade _____

Ethnicity American Indian Asian Black/African American Hispanic Multiracial Native Hawaiian White

Student(s) Live(s) With

Both Parents Mother Father Other (please list) _____

Father's Name _____

Father's Address _____
Street or P.O. Box City State Zip

Father's Employer & Telephone _____

Father's Telephone Numbers _____

Father's E-mail Address _____

Mother's Name _____

Mother's Address _____
Street or P.O. Box City State Zip

Mother's Employer & Telephone _____

Mother's Telephone Numbers _____

Mother's E-mail Address _____

Emergency Contact People

Name _____

Relationship _____

Telephone _____

Name _____

Relationship _____

Telephone _____

Names and Ages of Other Children Living with Family

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Family Physician _____

Telephone _____

Hospital Preference _____

Known health problems that the school should be made aware of: _____

In case of accident or serious illness, I request the school to contact me. If unable to contact me, I authorize the school to call the physician listed and follow instructions. If unable to contact the physician, the school may make arrangements that seem necessary.

Parent/Guardian Signature

Date

Insurance

_____ My child is covered by private insurance.

_____ My child is participating in the Kid Care program. The number is _____.

_____ My child is not covered by any insurance.

Military Families (Optional)

_____ The student(s) listed on this form have a parent or guardian who is a member of a branch of the armed forces of the United States who is either deployed to active duty or expects to be deployed to active duty during the school year.

Parent/Guardian Signature

Date

Contact Numbers

Please list below ALL telephone numbers you would like on the Phone Blast System with regard to changes in bus routes, school cancellations, and school emergencies.

Student(s) _____

Name

Phone number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Proof of Residency
School Year: 2019 – 2020

Name of Lostant Resident _____

Address of Lostant Resident _____

Relationship to Student(s) _____

Student Name _____

Student Name _____

Student Name _____

Student Name _____

For Office Use Only	
Please check any two documents presented as proof of residency.	
_____ Water Bill	_____ Telephone Bill
_____ Electric Bill	_____ Rental lease agreement
_____ Gas Bill	_____ Mortgage statement or coupon
_____ Tax Bill	School Official _____



2019-2020 Fee Schedule

Lostant School District 425

BREAKFAST

**Pay Students**

Breakfast fees are \$1.75 per breakfast. You may deposit money in your child's breakfast account at any time.

**Reduced-Price**

If you believe your family may be eligible for reduced-price breakfast, please complete the federal document located in the school office. You may deposit money in your child's breakfast account at any time. Reduced breakfast fees are 30 cents.

**Free**

If you believe your family may be eligible for free breakfast, please complete the federal document located in the school office.

LUNCH

**Pay Students**

Lunch fees are \$3.00 per lunch. You may deposit money in your child's lunch account at any time.

**Reduced-Price**

If you believe your family may be eligible for reduced-price lunch, please complete the federal document located in the school office. You may deposit money in your child's lunch account at any time. Reduced lunch fees are 40 cents.

**Free**

If you believe your family may be eligible for free lunch, please complete the federal document located in the school office.

MILK

One carton of milk is included in the price of breakfast and lunch. If your child would like an extra milk or if you sign up for milk as a snack for the lower elementary students, the charge is 40 cents per carton. Free and reduced-price students must also pay the 40 cent charge for extra milk.

ACTIVITY FEE

If your student participates in cheerleading, basketball, volleyball, baseball, track, Scholastic Bowl, or softball, there is a one time annual charge of \$50.00. This fee covers all activities for the year.

P. E. Clothes

Students in grades 5-8 must have a shirt and shorts for P.E. The shirt cost is \$7.00 and shorts are \$10.00. Your student may wear last year's P.E. clothes. It is also recommended students bring sweatpants and a sweatshirt for outdoor P.E. days.

HEAD PHONES

There is a \$5.00 charge per student to cover the cost of personal headphones. The school will order the headphones. If your child(ren) have headphones from last year, these may be used. Please send the headphones in a ziploc baggie with your child(ren) name written on the baggie.

REGISTRATION FEE

Registration fees are \$75.00 per student. A \$25.00 discount is applied if the student is registered on or before August 3, 2019.

SUPPLY FEE

The supply fee per student is \$25.00 which includes books, paper, assignment book/take-home folder and all school supplies.

ALL FEES ARE DUE AT TIME OF REGISTRATION







P.E. Uniform Order Form

Grades 5-8

If your child has shorts and shirts from past years, these may be used again this year. If you are a new student, a 5th or 6th grade student, or have out-grown your P.E. clothes, please complete this form and we will place your order. P.E. clothes will be passed out on the first day of school.

Student Name: _____ Grade: _____

	Sizes (Please note quantity of order on the line)	Total Cost
<p>SHIRTS</p> 	<p>_____ YM (\$7.00) _____ L (\$7.00)</p> <p>_____ YL (\$7.00) _____ XL (\$9.00)</p> <p>_____ S (\$7.00) _____ XXL (\$9.00)</p> <p>_____ M (\$7.00)</p>	
<p>SHORTS</p> 	<p>_____ YM (\$10.00) _____ L (\$10.00)</p> <p>_____ YL (\$10.00) _____ XL (\$12.00)</p> <p>_____ S (\$10.00) _____ XXL (\$12.00)</p> <p>_____ M (\$10.00)</p>	
	<p>Gym shoes are needed however the style and brand are up to you. Please send gym shoes that fit properly for running, jogging, walking, and playing sports.</p>	
	<p>Students will need a lock for their gym locker. Keyed or dial is whatever works best for the student. Please send the lock on the first day of school.</p>	

Total Amount Due: _____

PAYMENT MUST BE ATTACHED!

...where all students are given the opportunity to reach their highest potential.

Student/Parent Handbook Acknowledgement Form

2019-2020

I have reviewed or will review the Lostant CUSD 425 Student/Parent Handbook (Handbook) with my child in an effort to promote a better understanding of District 425 school rules and expectations. My signature below acknowledges receipt of the Handbook and recognition of rules and guidelines.

I understand that this Handbook may be amended during the year without notice. This Handbook in the latest version is applicable to all Lostant students in grades K-12 upon the implementation of any change. The Superintendent will notify all parents and students in writing, where possible, of any changes to the Handbook.

Parent/Guardian Name (*please print*)

Parent/Guardian Signature

Date

K-12 Student must also sign.

I have received a copy of the Student/Parent Handbook. I have read or will read the Handbook and understand all the rules and expectations. I agree to be responsible for following all of the rules and expectations of the District and understand the consequences for failing to follow the requirements.

Student name (*please print*)

Student Signature

Date

In the event the student does not sign and return this page, the student is not excused from the rules and expectations set forth in this Handbook. The parent signature is on file. Parents are responsible for educating their children of the language contained within this Handbook.

***This is a 2 SIDED Parent/Student Acknowledgement Form.
Please complete both sides and return to the office by September 3, 2019.***

CONTINUE TO BACK 

Technology Use Guidelines Form 2019-2020

Dear Parents and Guardians,
Our School District has the ability to enhance your child's education through the use of electronic networks, including the Internet. Our goal in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication.

The District *filters* access to materials that may be defamatory, inaccurate, offensive, or otherwise inappropriate in the school setting. However, it is impossible to control all material and a user may discover inappropriate material. Ultimately, parents/ guardians are responsible for setting and conveying the standards that their child or ward should follow, and the school district respects each family's right to decide whether or not to authorize Internet access.

With this educational opportunity also comes responsibility. Therefore, it is important that you and your child read, discuss, and agree to the TECHNOLOGY USE GUIDELINES, found in the handbook. The use of inappropriate material or language, or violation of copyright laws, may result in the loss of privilege to use this resource. Remember that you are legally responsible for your child's actions.

Authorization of Electronic Network Access Form
Student must have a parent/guardian read and agree to the following
before being granted unsupervised access:

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. **The failure of any user to follow the terms of the *Acceptable Use of Electronic Networks* will result in the loss of privileges, disciplinary action, and/or appropriate legal action.** The signatures at the end of this document are legally binding and indicate the parties who signed have read the terms and conditions carefully and understand their significance.

I have read this Authorization form. I understand that access is designed for educational purposes and that the District has taken precautions to eliminate 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 *Acceptable Use of Electronic Networks* with my child. I hereby request that my child be allowed access to the District's electronic network, including the Internet.

Parent/Guardian Name *(please print)*

Parent/Guardian Signature

Date

Student must also read and agree to the following
before being granted unsupervised access:

I understand and will abide by the above Authorization for Electronic Network Access. I understand that the District and/or its agents may access and monitor my use of the Internet, and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or legal action may be taken. In consideration for using the District's electronic network 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 of, or inability to use the District's electronic network, including the Internet.

Student name *(please print)*

Student Signature

Date

Please sign both sides of the form and return to the office by September 3rd.

This Technology Authorization Form MUST be signed by parent and student.

Publication Release

Lostant Elementary School may publish photos, and individual work of students or staff on web pages, in the newspaper, or in the school newsletter, to recognize achievements and awards. However, the following standards will be adhered to:

- 1.) At no time will a student's name be published without parental/guardian permission.
- 2.) Student and staff photos require written permission.
- 3.) Student work, such as artwork or writings, shall be published with written permission.

Please check the boxes and sign below to authorize the acceptance or rejection of permission to publish student's photograph and/or work (artwork, writings, etc.) on the Lostant Elementary School Internet web site, in the local newspaper, or in the school newsletter.

Group photo may be published: Yes No

Individual photo may be published: Yes No

Student's name may be used. Yes No

Student's work may be published (artwork, writings, etc.): Yes No

I hereby give authorization, as indicated by the above checkmarks, and release Lostant Elementary School Unit District #425 from liability resulting from or connected with the publication of this information.

NAME OF STUDENT

NAME OF STUDENT

NAME OF STUDENT

NAME OF STUDENT

NAME OF PARENT/GUARDIAN

SIGNATURE OF PARENT/GUARDIAN

Date _____

K-8 Transportation

My child(ren) will require transportation service.

Name of child(ren) _____

Pick up and drop off address: _____

Parent Signature

High School Transportation

Name of child(ren) _____

Pick up and drop off address: _____

PC and LP town students are picked up and dropped off at Lostant School.
Please write Lostant School on the above line if you live within 1.5 miles of the
school.

_____ **My child(ren) DO NOT need bus service to and from the high school.**

Parent Signature

Bus Incident and School Emergency Form

Parent/Guardian Request

In the event of a school bus accident or school emergency, the Emergency Medical Service (EMS) personnel will determine the seriousness of the accident and injury. It may be determined a student or chaperone be transported to an appropriate hospital. Lostant CUSD 425 shall abide by the judgment of the appropriate EMS personnel, and will not transport an uninjured student or adult to the hospital, unless otherwise directed to do so in writing. Any such transportation or services shall be at the expenses of a parent or guardian.

_____ I choose to abide by the judgment of the appropriate EMS personnel. My child will be transported to the hospital, only if EMS personnel determine that it is necessary.

_____ I choose to have my child transported to the hospital at my own cost, whether or not the appropriate EMS personnel determine that it is necessary.

Name of student(s):

Name of possible chaperone(s);

Parent/Guardian Signature _____

Date _____



LOSTANT COMMUNITY UNIT SCHOOL DISTRICT 425

315 W 3rd Street • Lostant, Illinois 61334
Phone (815) 368-3392 • Fax (815) 368-3132
www.lostantcomets.org

Date: 2019 – 2020 School Year
To: Parents and Staff
Re: Annual Asbestos Management Plan Notice
From: Dr. Sandra Malahy, Superintendent

This is to inform you of the status of Lostant CUSD #425 asbestos management plan. It has been determined by the Illinois Department of Public Health and the Federal Environmental Protection Agency that asbestos is a potential health hazard and precautions should be taken to avoid disturbing any asbestos containing materials.

As required, our building was initially inspected for asbestos. Our inspection was conducted on September 7, 1988. The AHERA law requires that a visual surveillance of asbestos containing areas be completed every six months and a re-inspection conducted every three years. Any evidence of disturbance or change in condition will be documented in the Management plan as required.

The Inspection/Management Plan is available for public review in the Lostant CUSD #425 office. Should you wish to review the plans, please call the district at (815) 368-3392 to make an appointment between 9:00am – 2:00pm.

Any concerns relative to asbestos containing materials should be directed to Dr. Sandra Malahy, Superintendent at 315 W. 3rd Street, Lostant, Illinois 61334.

Educationally yours,

Dr. Sandra Malahy
Superintendent



Parent Notification Letter Asbestos

I, _____, do hereby attest that the attached asbestos
(name)

notification has been distributed at registration to me on _____.
(date)

(signature)



LOSTANT COMMUNITY UNIT SCHOOL DISTRICT 425

315 W 3rd Street • Lostant, Illinois 61334
Phone (815) 368-3392 • Fax (815) 368-3132
www.lostantcomets.org

Date: 2019 – 2020 School Year

To: Parents and Staff

Re: Annual Pest Control Management Plan Notice

From: Dr. Sandra Malahy, Superintendent

This is to inform you that Lostant CUSD #425 contracts with Kendrick Pest Control for the management of a monthly interior spray for pests. An Integrated Pest Management Plan is on file in the school office.

Any concerns relative to pest control should be directed to Dr. Sandra Malahy, Superintendent at 315 W. 3rd Street, Lostant, Illinois 61334, or by phone at (815) 368-3392

Educationally yours,

Dr. Sandra Malahy
Superintendent



Parent Notification Letter Pest Control

I, _____, do hereby attest that the attached pest control
(name)

notification has been distributed at registration to me on _____.
(date)

(signature)



LOSTANT COMMUNITY UNIT SCHOOL DISTRICT 425

315 W 3rd Street • Lostant, Illinois 61334
Phone (815) 368-3392 • Fax (815) 368-3132
www.lostantcomets.org

To: Parents/Guardians
Re: Annual Sexual Abuse Notice
From: Dr. Sandra Malahy, Superintendent

The U.S. Department of Justice, National Sex Offender Public Website provides up-to-date information on education and prevention of sexual abuse for parents and guardians to use as talking points. Topic include, but are not limited to:

- Talking to Your Child
- Recognizing Sexual Abuse
- Help and Support for Victims
- Common Questions
- Resources and Materials
- Facts and Statistics

The website address is: <https://www.nsopw.gov/en-US/Education/ResourcesMaterials>

The Lostant CUSD #425 school psychologist is also available to assist with counseling related to sexual abuse. Please call the school office at (815) 368-3392 to contact the school psychologist.

Educationally yours,

Dr. Sandra Malahy
Superintendent

...where all students are given the opportunity to reach their highest potential.

Notice to Parents/Guardians of Students Enrolled in
Family Life and Sex Education Classes
Grades 6-8

Date _____

Class and Time _____

Teacher _____

Classes or Courses on Sex Education, Family Life Instruction, Instruction on Diseases, Recognizing and Avoiding Sexual Abuse, or Donor Programs for Organ/Tissue, Blood Donor, and Transplantation

For your information, all classes that teach sex education emphasize that abstinence from sexual activity is the expected norm. Family life courses are designed to promote a wholesome and comprehensive understanding of the emotional, psychological, physiological, hygienic, and social responsibility aspects of family life, and for grades 6 through 12, the prevention of AIDS.

Request to Examine Instructional Material

A sample of the District's instructional materials and course outline for these classes or courses are available from the classroom teacher for your inspection. If you are requesting to examine this material, please complete the following statement and return it to your child's classroom teacher within 5 days.

I request to examine the instructional materials and course outline for this class.

Class Attendance Waiver Request

According to State law, no student is required to take or participate in these classes or courses. There is no penalty for refusing to take or participate in such a course or program.

If you do not want your child to participate in these classes or courses, please complete the following **class attendance waiver** statement and return it to your child's classroom teacher within 5 school days.

I request that the District waive the class attendance of my child in a class or courses on:

- Comprehensive sex education, including in grades 6-8, instruction on the prevention, transmission, and spread of AIDS
- Family life instruction, including in grades 6-8, instruction on the prevention, transmission, and spread of AIDS
- Instruction on diseases
- Recognizing and avoiding sexual abuse
- Instruction on donor programs for organ/tissue, blood donor, and transplantation

Student (*please print*)

Parent/Guardian (*please print*)

Parent/Guardian Signature

Date

Notice to Parents/Guardians
K-8 Instruction on Healthy Choices, Reporting Abuse, and Being Safe

In kindergarten through 8th grade the following topics are taught by classroom teachers, the social worker, or physical education teacher: drug and substance abuse prevention; respect; responsibility; fairness; caring; trustworthiness; citizenship; dangers and avoidance of abduction; age-appropriate sexual abuse and assault awareness and prevention; sex education; family life instruction; instruction on diseases; recognizing and avoiding sexual abuse; or donor programs for organ/tissue; blood donor; and transplantation.

For your information, all classes that teach sex education emphasize that abstinence from sexual activity is the expected norm. Family life courses are designed to promote a wholesome and comprehensive understanding of the emotional, psychological, physiological, hygienic, and social responsibility aspects of family life, and for grades 7 and 8, the prevention of AIDS.

Request to Examine Instructional Material

Social skill materials are Board of Education approved. A sample of the District's instructional materials and course outline for these classes or courses are available from the classroom teacher for your inspection. If you are requesting to examine this material, please complete the following statement and return it to your child's classroom teacher within 5 days.

I request to examine the instructional materials and course outline for this class.

Class Attendance Waiver Request

According to State law, no student is required to take or participate in these classes or courses. There is no penalty for refusing to take or participate in such a course or program.

If you do not want your child to participate in these classes or courses, please complete the following **class attendance waiver** statement and return it to your child's classroom teacher within 5 school days.

I request that the District waive the class attendance of my child in a class or courses on:

- Comprehensive sex education, including in grades 7-8, instruction on the prevention, transmission, and spread of AIDS
- Family life instruction, including in grades 7-8, instruction on the prevention, transmission, and spread of AIDS
- Instruction on diseases
- Recognizing and avoiding sexual abuse
- Instruction on donor programs for organ/tissue, blood donor, and transplantation

Student (*please print*)

Parent/Guardian (*please print*)

Parent/Guardian Signature

Date

Lostant CUSD 425

Sex Equity Survey

Your district may use this survey, or design a survey with similar questions of your choosing. Please have a variety of respondents answer.

IDK = I don't know.

I am a/an (check one)

Student Parent Teacher Support Staff Administrator

Coach Counselor Board Member Community Member Other

Survey Question	YES	NO	IDK
1. Has the district assured itself that no organizational changes or employment practices have resulted or will result in discrimination of students of either sex?			
2. Has the district assured itself that facilities and related services, equipment and supplies are neither assigned nor limited on the basis of sex (excluding shower and toilet facilities, locker rooms, dressing areas, and facilities used by exempt organizations?)			
3. Has the district implemented policies and procedures to protect students from sexual intimidation and sexual harassment?			
4. Do all district codes of conduct apply equally to both sexes?			
5. Does the district admit students to all courses without regard to their sex?			
6. Are all physical education classes open equally to both sexes?			
7. Has the district taken steps to ensure that all students are provided opportunities to acquire knowledge and understanding of vocational career options without discrimination on the basis of sex?			
8. Has the district assured itself that special education/gifted referral, testing, and placement practices do not discriminate on the basis of sex?			
9. Are students counseled to take courses and to pursue careers that are consistent with their individual interests and abilities, regardless of their sex?			
10. Does the district's athletics program offer comparable opportunity to accommodate the interests and abilities of students of both sexes?			
11. Are instrumental/choral music/drama/competitive speech skill acquisition and performance opportunities provided to students without regard to their sex?			

Student Medical Authorization Form

Required when a student needs to take prescription and non-prescription medication to be taken at school.

Student's Name

Birth Date

Date

School medications and health care services are administered following these guidelines:

- Physician/prescriber signed and dated authorization to administer the medication
- Parent/guardian signed and dated authorization to administer the medication
- The medication must be in the original labeled container as dispensed or the manufacturer's labeled container
- The medication label must contain the student's name, name of the medication and directions for use and date
- Annual renewal of authorization and immediate notification of changes is required.

Physician Authorization:

Medication/ Treatment

Dosage

Time to be Administered

Intended Effect of Medication/Treatment

Side Effects (if any)

Other Medication the Student is Taking

May the student self-administer the medication under the supervision of a school nurse or school designee? ____ Yes ____ No

Administration Instructions:

Date to Discontinue, Reevaluate or Follow Up:

Physician's Signature

Date Signed

Physician's Emergency Phone Number

Physician's Address

Parent Authorization:

I hereby acknowledge 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 Lostant CUSD 425 and its employees and agents, on 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 an employee or agent of the School District, lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child to be performed by an individual other than a school nurse and I specifically consent to such practices. I further acknowledge and agree that when lawfully prescribed medication is so administered or attempted to be administered, I waive any claims that I might have against the School District, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify the School Districts, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent's Signature

Date Signed

Parent's Phone Number

Parent's Emergency Phone Number

Additional Information:

Authorization for Student Self-Medication Form

(Required if student has authorization to self-administer asthma medication and/or an Epinephrine Auto-Injector)

School Year: _____

Student's Name: _____ Birth Date: _____

School: Lostant CUSD 425

Physician, Physician Assistant or Advanced Practice RN Authorization:

I certify that this student has been instructed in the use and self-administration of their emergency asthma medication and/or Epinephrine auto-injector (or EpiPen®). He/She understands the need for the medication and the necessity to report to school personnel any utilization of the medication and/or any unusual side effects. He/She has been given instructions and is capable of using this medication independently.

1. Will this student self-carry medication?

_____ Yes _____ No

2. Will a second set of medication be kept in the health office at school?

_____ Yes _____ No

Prescriber's Signature

Date Signed

Prescriber's Emergency Phone Number

Prescriber's Address

Parent Authorization:

I hereby authorize my son/daughter, to self-administer the above referenced medication at school, school-sponsored activities, while under the supervision of school personnel, and before/after normal school activities such as before/after school care on school operated property. (We recommend that you provide an additional dose of the medication to be kept at school in the event that your child forgets or loses his/her medication.)

I agree to indemnify and hold harmless the School District, its Board of Education and the Board's members, officers, employees and volunteers from any claim, liability, loss or expense including reasonable attorneys' fees, suffered by any of the foregoing and arising out of a claim related directly or indirectly to my son/daughter's self-administration of the above referenced medication or brought by me, any other parent or guardian of my student or another student, or by or on behalf of my student or another student. We understand that the School District and foregoing individuals are to incur no liability as a result of any injury arising from the self-administration of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing.

Parent Signature: _____ Date: _____

Student Authorization:

I agree to:

- Demonstrate correct use of the inhaler or Epinephrine auto-injector using a trainer/demonstrator to the registered nurse at school.
- Never share the inhaler or Epinephrine auto-injector with another person.
- Notify a teacher or other responsible adult if there is not marked improvement in my breathing within several minutes after two puffs of the inhaler.
- Immediately notify a teacher or another responsible adult if I use my Epinephrine auto-injector.

Student Signature: _____ Date: _____

REQUEST FOR ADMINISTERING MEDICINE AT SCHOOL

I understand that Lostant School will not give any medication to my child with out contacting me first. After I have been contacted and agree, I give my permission to Lostant School to give the following medication to my child.

Parent Signature _____

Date _____

Student Name _____

Name of Medicine _____

Dosage _____

Time that medication will be given _____

Specific Directions _____

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• "Pressure in head"• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• "Don't feel right"• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays in coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Return-to-Play Policy of the IESA and IHSA requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions.

Student

Student Name (Print): _____ Grade: _____
Student Signature: _____ Date: _____

Parent or Legal Guardian

Name (Print): _____
Signature: _____ Date: _____
Relationship to Student: _____

Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.

Home Language Survey

Dear Parent/Guardian,

The Federal NCLB-Title III Act and the Illinois School Code require that each school district administer a Home Language Survey to every student entering the district's schools for the first time. This information is used to report to the state the number of students whose families speak a language other than English. It also helps to identify the need for English Language Learning services in the schools. Your cooperation in helping us meet this important legal requirement is appreciated.

Student Name _____ Grade _____
School _____ Birthdate _____ Gender _____
Country of Birth _____ Home Phone Number _____

1. Does anyone in your home speak a language other than English? YES NO
If yes, what language? _____

2. Which language is spoken most often in your home? _____
Please be specific. (example: Mandarin, not Chinese)

3. Does this student speak a language other than English? YES NO
Note: Foreign languages the student has learned in school do not count.

If the answer is NO, go to question # 7. If the answer is YES, please continue.

What language, other than English, does this student speak? _____

Can the student read this language? YES NO

Can the student write this language? YES NO

4. Does this student

...understand English? YES NO ... speak English? YES NO

...read English? YES NO ... write in English? YES NO

5. Which language does this student speak most often with his/her parents? _____

6. Which language does this student speak most often with his/her friends? _____

7. Where did this student attend school last year? _____

8. Was this student in a bilingual or ELL/ESL program during the last school year? YES NO

9. Was this student ever in a Bilingual or ELL/ESL program? YES NO

If yes, what grade(s)? _____ where (school/city)? _____

10. If you speak a language other than English, would you be willing to occasionally translate at school if needed? YES NO

Parent/Guardian Signature

Date

Revised January 2009

OFFICE USE ONLY

Home & Other Language on student's language record will match language(s) listed in question 1.

If more than one language is listed, the first language listed shall be HOME, and the second shall be OTHER on the student's language record.



LOSTANT COMMUNITY UNIT SCHOOL DISTRICT 425

EXTRA -CURRICULAR 2019-2020

Please indicate all activities you would like to join this year.

Activity	Check All That Apply
Boys' Baseball	
Boys' Basketball	
Co-Ed Track	
Co-Ed Cheerleading	
Co-Ed Scholastic Bowl	
Girls' Basketball	
Girls' Volleyball	
Girls' Softball	

Student Name: _____

Date: _____

\$50.00 paid on _____

Volunteer Information Form and Waiver of Liability

Only one form needs to be completed by a volunteer each school year. Please print clearly in ink:

Name _____
Last First Middle Telephone

Address _____
Street City Zip code

Personal physician _____ Telephone _____

Emergency adult contact _____ Telephone _____

Are you now or have you ever been a school volunteer? Yes No

If yes, at which school? _____ Year? _____

The name of any child or ward attending this school _____

Criminal Conviction Information: Are you a child sex offender? Yes No

Have you ever been convicted of a felony? Yes No If Yes, list all offenses.

Offense	Date	Location
_____	_____	_____
_____	_____	_____

If requested, are you willing to consent to a criminal history records check? Yes No

Waiver of Liability

The School District does not provide insurance coverage to non-District personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk.

By your signature below:

You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the School District.

You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the School District. You also agree to waive any and all claims against the School District, or its officers, School Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.

Volunteer name (*please print*)

Volunteer signature

Date

For School Use Only

General description of assignment(s):

- Supervising students as needed by a teacher
- Supervising students during a regularly scheduled activity
- Assisting with academic programs
- Assisting in the (circle all that apply): office library cafeteria recess
- Other _____

Name of supervising staff member _____

Child Sex Offender List checked _____ o
by _____ n _____ (mandatory)

Statewide Sex Offender Database checked _____ o
by _____ n _____ (mandatory)

To be completed by the building principal:

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a criminal history records check would be prudent?

- Yes No

If "yes," and provided the individual authorized the criminal history records check, please provide the following:

Date that the check was requested _____

Date that the check was received and reviewed _____

Check reviewed by (*please print*) _____

Signature of reviewer

Date