

**Marshall C-2 School Registration
For the 2016-2017 School Year**

Wednesday, August 3 – 8:00 A.M. -- 7:00 P.M.

High School at the High School Office
Junior High School at the Jr. High Office
North and South Elementary Schools at North Elementary School

If you are unable to register on this date, please contact the school after August 3.

Health Physicals

Students entering the District, Kindergarten, 6th Grade, 9th Grade, or any student participating in athletics will need a current physical on file. The remaining Summer physical clinic at Cork Medical Center is Thursday, August 4, from 4-6 p.m. Cost is \$20, cash only.

Book Rental Fees

K-6 (North & South) -- \$45.00
7-8 (Jr. High) -- \$45.00
9-12 (High School) -- \$45.00

High School Lab Fees

\$10.00 Lab fee per class per semester:
Orientation to Home Ec, Foods I & II,
Catering I & II
Industrial Arts, Construction Skills, Production
Ag. Classes Yearly Fee -- \$10.00
Drivers Ed Fee -- \$50.00
Fees for college credit classes will be billed in Sept.

Season Athletic Passes and Football Season Tickets

Season Athletic Passes and Football Season Tickets will be available for purchase at the High School during registration hours. For current reserved seat holders you may re-new your seats at this time also. If you do not currently have reserved seats and wish to get them, you may sign up on the waiting list.

**FIRST DAY OF SCHOOL IS TUESDAY, AUGUST 16 WITH AN 11:30 DISMISSAL.
FULL FIRST DAY WILL BE WEDNESDAY, AUGUST 17.**

MARSHALL SCHOOLS STUDENT HEALTH INFORMATION

Student _____ **Date of Birth** _____ **Grade** _____

The following information will help school personnel plan for your child's health needs at school. Information on this document may be made available to school staff, health care provider, and health department authorities.

Please check the appropriate box if your child has had any of the following:

- | | |
|---|--|
| Chicken Pox <input type="checkbox"/> Month/Year _____ | Hepatitis <input type="checkbox"/> Year _____ |
| Head Injury <input type="checkbox"/> Year _____ | Tuberculosis <input type="checkbox"/> Year _____ |
| Immune Disorder <input type="checkbox"/> Year _____ | Premature Birth <input type="checkbox"/> _____ |
| | Birth Defect <input type="checkbox"/> _____ |

Please identify current health problems or concerns:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bone/Joint Problem |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Toileting Concern | |
| <input type="checkbox"/> Seizure Disorder/Date of Last Seizure _____ | <input type="checkbox"/> Medical Card | | |
| <input type="checkbox"/> Hearing Difficulties | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Tubes | |
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Glasses | <input type="checkbox"/> Contacts | |
| <input type="checkbox"/> Other _____ | | | |

Severe Allergic Reaction to _____

Describe your child's reaction and treatment _____

*****Is an Epi Pen prescribed?** Yes No

Other health concerns/additional information for checked boxes above _____

Does your child have any **physical** or **dietary restrictions**? Please list:

List medications taken at home: _____

List medications that need to be taken at **school**: _____

Does your student have a history of any serious illness, injury, or surgery?

In the event of a medical emergency, I give my permission to have my child transported to an emergency facility. I prefer this hospital _____.

Parent Signature _____ **Date** _____

(OVER)

Student's Name _____ Grade _____

Routine nursing care includes:

- Aloe (for sunburn)
- Anbesol/Orajel (for toothache relief)
- Bacitracin ointment/triple antibiotic ointment
- Band Aid antiseptic wash
- Benadryl Ointment
- Hydrocortisone (anti-itch cream)
- Contact lens solution
- Eye wash
- Redness relieving eye drops
- Instant glucose (diabetic emergency)
- Rubbing alcohol
- Burn ointment
- Sting Away
- Vaseline
- Wax (for braces)

Illness Checks including vital signs:

- Blood Pressure
- Heart Rate
- Temperature
- Oxygen Saturation

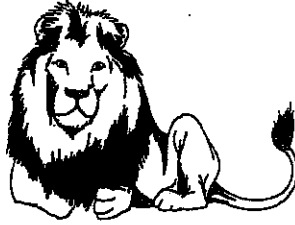
Vision Screening

Hearing Screening

I agree that **ALL** of the care listed above is acceptable to be administered to my child, if necessary.

- *Please note that this list **does not include** pain medications such as **ibuprofen, Tylenol, Aleve, and cough medicine**. If you wish for your student to take these, you must have your doctor fill out and sign an Administration of Medication form and return to your child's school. You must send these medications to school in the original packaging with your child's name on the bottles/boxes.*

Parent Signature _____ Date _____



Student's full given name: _____

Students' cell phone number: _____

List any adult(s) who cannot have contact with your child:

Can your child be photographed for newspapers, etc.?

_____ YES

_____ NO

Please circle one:

Your child lives with:

Both parents

Mother only

Father only

If other, please list:

I give permission for my child to:

_____ Utilize the Open Campus privilege available to 10th, 11th, 12th graders.

_____ Drive to school.

Parents' email address:

As part of your child's experience at Marshall High School, we may take field trips inside the city limits. We will always inform you or your child when these occur. If you have questions, please call MHS, 826-2395.

_____ I DO want my child to participate in trips inside the city limits.

_____ I DO NOT want my child to participate.

FRESHMAN PARENTS: We have one state report that requires your child's social security number; it is not used or given out for any other purpose:

SSN:

FRESHMEN PARENTS: Crosswalk lunch meets at First Christian Church a few Friday's each month. There is no charge, but donations are welcome. Freshmen may attend if parents have given permission. Dates are announced in the Student Bulletin. Please sign below giving your child permission: _____

Parents/Guardians of Marshall High School Students:

**In case of emergency, and it is necessary to leave/evacuate the building, all students, faculty, and staff will be relocated to the First Christian Church, directly across from the Marshall High School/Jr. High School.



**Freshman cannot leave campus for lunch at anytime, unless a parent comes in to the office, signs them out, and signs them back in.

HOWEVER, once the First Christian Church begins their Friday Crosswalk Lunch, (free to MHS students, although they can make a donation) freshman may attend if parents gave permission at registration time.



Students are provided with a padlock for their lockers. These are property of MHS. Please keep the lock on your locker, locked at all times, for your own protection. There is a \$5.00 fee for lost locks.



School pictures will be taken at MHS/MJHS, Thursday, September 15, 2016 with retakes/absentee pictures being taken Thursday, October 27, 2016.



Parents may find the bell schedules, in the registration packet, useful when making Dr./Ortho., etc. appts.

Students will receive their handbook of rules during orientation with Mr. Pearson and Mr. Manuel, the first week of school.

Parents may purchase a Student Datebook for \$5.00.

Please send, with your student, tissues, and a container of disinfectant wipes, to be given to first hour class.



Basic book fees are \$45, with lab fees of \$10 each for Orientation to Home Ec, Foods, I & II, Catering I & II, CAD, Drafting, Energy, Electronics, Welding, Manufacturing, Construction Skills, Production, Transportation, as well as a Drivers' Ed fee of \$50. The total will be determined at registration when picking up your child's schedule.

If your child plays sports, the athletic participation fee is \$30, good for the whole year.

Bring Your Own Device (BYOD) Permission Slip

We give our child, _____, permission to bring their device(s) to school for school work. Network access will allow students to connect to the Internet, (for current school policy, rules and consequences the MHS Student Handbook) but will not allow internal connections to printers and servers i.e.. w drive, g drive, etc.

We understand that we are taking the financial risk of letting our child bring their device to school. The school is not responsible if the device is lost, stolen, damaged. Families will have to seek repercussion through the legal system for lost, stolen or damaged items.

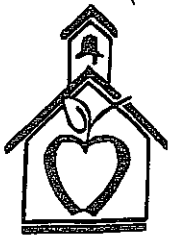
We understand if my child does not follow teacher directions concerning their device they may lose access to the school network.

We understand that each teacher has different expectations and rules concerning student-owned devices. It is the student's responsibility to know and comply with each teacher's rules.

We understand that if the device has a cellular connection, the school is not liable for anything a student does with a cellular connection.

Parent Signatures

Date



Marshall Community Unit Schools

District # C-2

503 Pine Street • Marshall, Illinois 62441 • Ph 217-826-5912 • Fax 217-826-5170 • www.marshall.k12.il.us

MARSHALL SCHOOLS CAFETERIA PRICING FOR 2016-2017

STUDENT BREAKFAST

PAID -- \$1.25
REDUCED -- .30

STUDENT LUNCH

PAID -- \$2.25
REDUCED -- .40
MILK -- .30
JUICE -- .30

ALA-CARTE ITEMS FOR JR. HIGH

EXTRA ENTRÉE -- \$1.00
SIDES -- .50
MILK -- .30
JUICE -- .30

ALA-CARTE ITEMS FOR HIGH SCHOOL

EXTRA ENTRÉE -- \$1.00
SIDES -- .50
MILK -- .30
JUICE -- .30

ALA-CARTE ITEMS VARY IN PRICE FROM .30 TO \$1.25. ALA-CARTE ITEMS ARE NOT INCLUDED IN THE FREE OR REDUCED LUNCH PROGRAM.

ADULT LUNCH

\$3.00



Marshall High School
Athletic Insurance Waiver Form



I understand that Marshall District Unit C-2 does not offer student accident insurance. I understand that I am responsible for all medical expenses. Please allow my son/daughter to participate in athletics.

Signature of Parent/Guardian

Date

In case of an accident, every effort will be made to contact the parents as soon as possible. However, should you be unreachable and immediate medical attention is necessary, your signature will allow the coach to permit treatment.

Signature of Parent/Guardian

Date

PLEASE PRINT IN INK OR TYPE:

Athlete's full name: _____

Date of birth: _____ County Born In _____

Athlete's street address: _____ Phone No. _____

City, State, Zip: _____

Parent's full name: _____

Parent's street address (if different): _____

City, State, Zip: _____

Parent's Phone No. _____ Parent's Cell Phone # _____

Parent's Employer: _____

Street Address: _____

City, State, Zip: _____

Insurance Co.: _____

Mailing Address: _____

City, State, Zip: _____

Policy Holder's Name: _____

Policy Number(s): _____

Allergies or other medical issues:

Bring Your Own Device (BYOD) Permission Slip

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We understand if my child does not follow teacher directions concerning their device they may lose access to the school network.

We understand that each teacher has different expectations and rules concerning student-owned devices. It is the student's responsibility to know and comply with each teacher's rules.

We understand that if the device has a cellular connection, the school is not liable for anything a student does with a cellular connection.

Parent Signatures

Date

Pesticide Notification Registry

This school uses integrated pest management techniques to control pests which may enter the structure. Despite the use of various non-chemical techniques, pesticides may be required to eliminate pests. Per Illinois law, if a non-bait formulation pesticide is used, guardians and employees of schools have a right to be notified. This school has selected the registry method of notification. If you wish to be notified regarding any non-bait insecticide applications, please signify by checking off the appropriate boxes. Please note: the law does permit exceptions to the notification requirements when a pest poses an eminent threat to health.

Student

Name: _____

Phone Number: _____

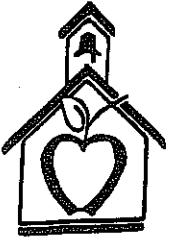
Address: _____

- Yes, notify me regarding any non-bait formulation pesticide application
- No, I do not require notification

Parent

Signature: _____

Date: _____



Marshall Community Unit Schools

District # C-2

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Dear Parents,

We at Marshall Community Schools take very seriously our role in ensuring the safety of your children as they travel to and from school. We work with your child's school to deliver them to and from school safely. This is our number 1 priority. This partnership yields a high degree of safety for children on school buses. You can help by making sure your children know the basic school bus safety rules.

1. The driver is in full charge of the school bus at all times and students must obey him/her promptly.
2. The driver will assign a seat for which the student will be held responsible.
3. Behavior, which may divert the driver's attention thus endangering the safe operation of the bus, is prohibited.
4. No eating or drinking on the bus. Water is allowed.
5. Students may use headphones for games and iPods (for their use only) and must keep the sound turned down and game sounds turned off.
6. Students are not allowed to get off the bus at any place other than their home without written permission from their parent/guardian, along with the Principal's signature.
7. Handbook rules and consequences apply as the school bus is an extension of the school day.

I have read the above rules and agree to follow them.

Name _____

Date: _____



Marshall Community Unit Schools

District # C-2

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Illinois State Board of Education
New U.S. Department of Education Race and Ethnicity Data Standards
LETTER TO PARENTS REGARDING RE-IDENTIFICATION

Dear Parent or Guardian:

In fall 2007, the U.S. Department of Education issued new guidance on the collection and reporting of race and ethnicity data for public school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of the nation's diversity. The new data collection process requires respondents to answer a two-part question, indicating ethnicity first and then one or more of five races. (In the past, individuals were allowed to choose only one race or ethnicity category.)

The Illinois State Board of Education (ISBE) will use the new categories starting with data to be reported for the 2013-14 school year. This requires school districts to re-identify race and ethnicity for all students—and the identification is to be done by parents or guardians. If a student's parents or guardians decline to indicate race and/or ethnicity, observer identification by school district staff is required.

The new race and ethnicity data will be used in the same manner as previously collected data, e.g., in reporting and analyzing test results by race and ethnicity. The information will not be used to check immigration status, and the confidentiality of individual student information will be protected.

Sincerely,

Tim Pearson
Principal,
Marshall High School

**Illinois State Board of Education
New U.S. Department of Education Race and Ethnicity Data Standards**

Student's Name: _____
(pre-printed by school district)

SIS ID: _____
(pre-printed by school district)

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Choose only one.

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.



You have returned a signed permission slip to drive to school. To be able to drive to school and park in the school parking lot, you must fill out and return this form to the high school office as soon as possible.

NAME _____

Class (please circle): 9th 10th 11th 12th

List below the vehicles that you may drive to school.

Vehicle 1

Make _____

Model _____

Color _____

License Plate # _____

Vehicle 2

Make _____

Model _____

Color _____

License Plate # _____

Vehicle 3

Make _____

Model _____

Color _____

License Plate # _____

Vehicle 4

Make _____

Model _____

Color _____

License Plate # _____

Vehicle 5

Make _____

Model _____

Color _____

License Plate # _____

MARSHALL COMMUNITY UNIT SCHOOLS
School Calendar 2016-2017

August 2016

Monday, August 15 – Teacher Institute (No Student Attendance)
Tuesday, August 16 – First day for students, Early Dismissal for School Improvement 11:15 K-6; 11:30 7-12

September 2016

Monday, September 5 – No School, Labor Day
Wednesday, September 14 – Early Dismissal for School Improvement 11:15 K-6; 11:30 7-12

October 2016

Friday, October 7 – Teacher Institute (No Student Attendance)
Monday, October 10 – No School, Columbus Day
Friday, October 14 – End of 1st Quarter
Thursday, October 20 – Early Dismissal for Parent/Teacher Conferences 1:45 K-6; 2:00 7-12
Friday, October 21 – Parent/Teacher Conferences (No Student Attendance)

November 2016

Tuesday, November 22 – Early Dismissal for Holiday 1:45 K-6; 2:00 7-12
Wednesday, November 23 – No School, Thanksgiving Break
Thursday, November 24 – No School, Thanksgiving
Friday, November 25 – No School, Thanksgiving Break

December 2016

Friday, December 16 – Early Dismissal for School Improvement 11:15 K-6; 11:30 7-12, End of 2nd Quarter
December 19 – 23, 26 - 30 - No School, Christmas Break

January 2017

January 2 - No School, Christmas Break
Tuesday, January 3 – School Resumes
Monday, January 16 – No School, Martin Luther King's Birthday

February 2017

Thursday, February 16 – Early Dismissal for Parent/Teacher Conferences 1:45 K-6; 2:00 7-12
Friday, February 17 – Parent/Teacher Conferences (No Student Attendance)
Monday, February 20 – No School, President's Day

March 2017

Wednesday, March 8 – Early Dismissal for School Improvement 11:15 K-6; 11:30 7-12
Friday, March 10 – End of 3rd Quarter

April 2017

Wednesday, April 12 – Early Dismissal for Spring Break, 1:45 K-6; 2:00 7-12
April 13 – 14, 17 – No School, Spring Break
Tuesday, April 18 – School Resumes

May 2017

*Friday, May 19 – Last day for students, Early Dismissal for School Improvement 11:15 K-6; 11:30 7-12, End 4th Quarter
*Monday, May 22 – Teacher Institute (No Student Attendance)
May 23-26, 30 – Emergency Days

These dates may move back depending on the number of Emergency Days used. The latest possible date for the Last day for students is Friday, May 26. The latest possible date for the Teacher Institute is Tuesday, May 30.

REGULAR BELL SCHEDULE

First Bell	7:56 – 8:00	
1st Period	8:00 – 8:42	
2 nd Period	8:46 – 9:28	
3 rd Period	9:32 – 10:14	
4 th Period	10:18 – 11:00	
5A Period	11:04 – 11:46	5A Lunch 11:00 – 11:34
5B Period	11:38 – 12:20	5B Lunch 11:46 – 12:20
6 th Period	12:24 – 1:06	
7 th Period	1:10 – 1:52	
8 th Period	1:56 – 2:38	
9 th Period	2:42 – 3:06	

2:00 DISMISSAL BELL SCHEDULE

First Bell	7:56 – 8:00	
1 st Period	8:00 – 8:42	
2 nd Period	8:46 – 9:28	
3 rd Period	9:32 – 10:14	
4 th Period	10:18 – 11:00	
5A Period	11:04 – 11:46	5A Lunch 11:00 – 11:34
5B Period	11:38 – 12:20	5B Lunch 11:46 – 12:20
6 th Period	12:24 – 12:54	
7 th Period	12:57 – 1:27	
8 th Period	1:30 – 2:00	

11:30 DISMISSAL BELL SCHEDULE

First Bell	7:56 – 8:00
1 st Period	8:00 – 8:23
2 nd Period	8:27 – 8:50
3 rd Period	8:54 – 9:17
4 th Period	9:21 – 9:44
5 th Period	9:48 – 10:11
6 th Period	10:15 – 10:38
7 th Period	10:42 – 11:04
8 th Period	11:08 – 11:30

FINAL EXAM BELL SCHEDULE

Day 1 and 2		Day 3	
First Bell	7:56 – 8:00	First Bell	7:56-8:00
1 st and 4 th Periods	8:00 – 9:35	7 th Period	8:00-9:35
Rest Break	9:35 – 9:51	Rest Break	9:35-9:51
2 nd and 5 th Periods	9:55 – 11:30	8 th Period	9:55-11:30
Lunch	11:30 – 12:21		
3 rd and 6 th Periods	12:25 – 2:00		

Marshall C.U.S.D. #C-2

Optional Student Accident Insurance

&

Optional High School Football Insurance

The school district does not provide any type of health or accident insurance for regular injuries incurred by your child at school.

As a service to students and their families, our school is making available a student accident insurance plan for your child at a nominal cost. Optional coverage for High School Football is also available. The district offers this program due to trends in rising family health insurance costs, increased deductibles, co-payments, or lack of health or dental insurance coverage.

For more information or to purchase,

Go to www.1stAgency.com

Go to "Find Your School" and select Illinois from the K-12 "Choose a State" drop down menu.

Scroll down to Marshall Community Unit School District #C-2 and click on "Purchase Coverage".

Once there, you may look at a brochure and/or purchase coverage. Please note that High School Football Coverage is separate from the Student Accident Insurance options.

Please sign and return the waiver below if you already have adequate insurance.

Parental Insurance Waiver

Student's Name _____

We have adequate insurance to protect our son/daughter in case of an accident .

Parent Signature _____

Date _____

**MARSHALL C-2 LUNCH AND BREAKFAST INFORMATION
2016-2017 SCHOOL YEAR**

This school year our Lunch Program will be set at a \$20.00 limit for charges. This means that once a child has charged \$20.00 the computer will not allow any more charges. Marshall C-2 will still provide a sandwich and drink to assure no child goes without food.

Due to Marshall C-2 losing money as a result of charges not being paid last year, we are forced to set this limit.

Should you need help financing your child's breakfast/lunch, please fill out a free/reduced lunch application that can be obtained at any school or the Unit Office.

Thank you for your help with this situation.

Sincerely,



Kevin Ross
Superintendent

KR/rl

August, 2016

Dear Parent/Guardian,

Per our policy, you have requested to be notified in writing of pest control applications in our district schools. You indicated that you wanted to be notified either when pesticides will be applied while school is in session or when pesticides will be applied to the school grounds any time of the year.

I have contacted Arab, the company we contract for this service. With this letter is a statement by Arab outlining their service to our school district.

Our first and foremost concern is the safety of our students.

If I can be of further service, please contact me.

Sincerely,



Mr. Kevin Ross, Superintendent
Marshall C-2 Schools

KR/rl