

**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 _____ | | | |
| <input type="checkbox"/> 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 _____

**MARSHALL JUNIOR HIGH SCHOOL
MARSHALL, ILLINOIS 62441**

Date of Request _____

Student's Name _____

D.O.B. _____ Grade _____

We request the release of the following information:

- Cumulative permanent school records
- Psychological reports
- Health Records
- Special education records including: current IEP, Diagnostic Summary, original consent to evaluate and original consent to place.
- Other (specify):

THIS INFORMATION IS REQUESTED FOR THE FOLLOWING REASON(S):

- Transfer of student to this/another district.
- New enrollment/re-enrollment
- Hospitalization
- Contractual placement
- Other (specify): _____

Please send records to: Marshall Junior High School, 806 N 6th Street; Marshall, IL 62441

Parent permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol.41, No.118, Page 24673.)

M.J.H. STUDENT INFORMATION

Student's Last Name: _____ First: _____

Middle Name _____ Nickname, if different than first
name _____

M / F _____ Grade: _____ Birthdate: _____

Address: _____

Home Ph. No. _____

Parent's email address _____

Do you ride a bus? _____ If yes, bus # or driver _____

If you do not ride a bus, do you: (circle one) walk; ride bike; family vehicle; carpool

How far do you live from school? (circle one) 0 miles to 1/2 mile; 1/2 mile to 1 mile;
over 1 mile?

GUARDIAN INFORMATION:

Father/Guardian: _____

Address (if different than above) _____

Phone No. (if different than above) _____ Father's cell _____

Mother/Guardian: _____

Address (if different than above) _____

Phone No. (if different than above) _____ Mom cell: _____

Father's place of employment: _____ Work ph. no. _____

Mother's place of employment: _____ Work ph. No. _____

Family Doctor & Ph.No. _____

EMERGENCY CONTACT INFO: (If no one is home, who do we contact?)

Name: _____ Ph. No. _____ Relationship: _____

**If you reside at a different address than your child, and you wish
to receive mailings concerning your child, please check.**

Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students that need to be assessed for English language proficiency.

Please answer the questions below and return this survey to your child's school.

Student's Name: _____

1. Is a language other than English spoken in your home?

Yes _____ No _____

What language? _____

2. Does your child speak a language other than English?

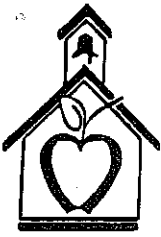
Yes _____ No _____

What language? _____

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent/Legal Guardian Signature

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

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

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 2011-12 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.

MARSHALL HIGH SCHOOL
806 N. Sixth Street
217-826-2395

MARSHALL JUNIOR HIGH SCHOOL
806 N. Sixth Street
217-826-2812

NORTH ELEMENTARY
1001 N. Sixth Street
217-826-2355

SOUTH ELEMENTARY
805 S. Sixth Street
217-826-5411

**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.

RESIDENCY

All new students and students in families that have moved into the district during the past school year must register their residence and receive a permit to enroll. Families or legal guardians may be required to show proof of residency by two or more of the listed documents: proof of ownership, drivers license, rent receipt, utility receipt, telephone connection receipt, voters registration, or any other document which would show a legal address in the Marshall district. Employees of the district may visit the residence to document residency if there is a question about occupancy. Students may not enroll until proof of residency is verified.

Students may attend Marshall Community Unit #C-2 Schools on a tuition-free basis if they meet one of the following requirements:

1. The parents or parent with whom they are residing lives in the school district.
2. The legal guardians with whom they are residing lives in the school district.
 - a. Residency cannot be established for the sole purpose of going to school.
 - b. Legal guardians must have the sole care, custody, control and support of the student.
3. The student is of legal age and is emancipated and has an established residence of their own, provided they are self-supporting and are not under the care, custody, control or support of their non-resident parents or guardians.

Students who do not meet the above requirements or have living parents who reside in another school district are not entitled to attend Marshall Community Unit #C-2 on a tuition free basis. Students wishing to attend school on a tuition basis must have permission of the Board of Education of the Marshall Community Unit #C-2.

I certify that my child/custodial student qualifies for enrollment based upon the above listed requirements. I understand that it is my responsibility to immediately notify Marshall Community Unit #C-2 of any change in residency and/or conditions which may affect my residency and/or conditions which may affect my residence in the district. I understand that falsification of any of the listed information may be a Class C misdemeanor and be cause for my child(ren) to be dropped from enrollment.

<u>Name of Student(s)</u>	<u>Grade in School</u>	<u>Birthdate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____
Phone: _____
Signed: _____
Date _____

If the student is not a child of yours, please explain relationship and why the child is residing in your home:

Approved for enrollment: _____ **Date** _____

ILLINOIS STATE BOARD OF EDUCATION
AFFIDAVIT OF ENROLLMENT AND RESIDENCY

This affidavit form may be used if you are an adult who has assumed responsibility for a pupil and provide the pupil with a fixed, night-time abode, **for reasons other than access to the educational programs of the school district.**

This form should *not* be used, however, if you are the natural or adoptive parent of the pupil, have been granted court-ordered custody or guardianship, or are receiving public aid on behalf of the pupil. For these situations, you are only required to provide documentation (such as a birth certificate or court order), without the need of an affidavit like this one.

This form is also *not* required for pupils who are sharing the housing of others due to lack of housing, economic hardship, or similar reason, or are otherwise homeless as defined in state and federal law. **Homeless pupils must be enrolled immediately.**

If you have **any** questions about residency, including homelessness, please contact the Illinois State Board of Education's Educator and School Development Division at (217) 782-2948.

I, _____, reside at _____
Name of Adult *Address*
which is located within the boundaries of _____
School District

Provide the appropriate information and check each of the following:

- I am at least 18 years of age.

- I have provided proof in the form(s) of _____
Proof of Residency
that I am a resident of _____
School District

- I have assumed and exercise responsibility for _____
Name of Pupil

- I provide a fixed, night-time abode for _____
Name of Pupil

- _____ is not living with me for the purpose of having access to the educational programs
Name of Pupil
of the school district.

- I understand that knowingly or willfully providing false information to a school district regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of nonresident tuition is a Class C misdemeanor.

- I understand that knowingly enrolling or attempting to enroll a pupil in the school of a school district of a tuition free basis when I know that pupil to be nonresident of the school district, unless the nonresident pupil has a lawful right to attend, is a Class C misdemeanor.

_____ <i>Date</i>	_____ <i>Signature of Adult</i>	_____ <i>Adult (Print Name)</i>
_____ <i>Date</i>	_____ <i>School District Employee (Signature)</i>	_____ <i>School District Employee (Print Name)</i>

BELL SCHEDULE

Regular Day

1 st Hour	8:00-8:47	47 MINUTES
2 nd Hour	8:50-9:37	47 MINUTES
3 rd Hour	9:40-10:27	47 MINUTES
4 th Hour	10:30-11:16	46 MINUTES
5 TH Hour	11:19-12:05	46 MINUTES
LUNCH	**12:15-12:45	30 MINUTES
6 th Hour	12:48-1:34	46 MINUTES
7 th Hour	1:37-2:23	46 MINUTES
8 th Hour	2:26-3:06	40 MINUTES

** Will alternate each week- 8th grade will eat at 12:05 one week, 7th grade will eat at 12:15, then switch the next week.

2:00 EARLY DISMISSAL SCHEDULE

1 st Hour	8:00-8:47	47 MINUTES
2 nd Hour	8:50-9:37	47 MINUTES
3 rd Hour	9:40-10:27	47 MINUTES
4 th Hour	10:30-11:16	46 MINTUES
5 th Hour	11:19-12:05	46 MINUTES
LUNCH	12:15-12:45	30 MINUTES
6 th Hour	12:48-1:23	35 MINUTES
7 th Hour	1:26-2:00	34 MINUTES

11:30 DISMISSAL (FIRST & LAST DAY OF SCHOOL)

1 st Hour	8:00-8:28	28 MINUTES
2 nd Hour	8:31-8:59	28 MINUTES
3 rd Hour	9:02-9:30	28 MINUTES
4 th Hour	9:33-10:00	27 MINUTES
5 th Hour	10:03-10:30	27 MINUTES
6 th Hour	10:33-11:00	27 MINUTES
7 th Hour	11:03-11:30	27 MINUTES

M.J.H.S. BOOSTER CLUB

You are invited (and needed) to be involved with the Marshall Jr. High Booster Club this year.

Past projects include: ceiling fans, EBS books, TV/VCR, \$\$ for field trips, doormats, library materials, educational equipment, incentive awards, trophy cases, etc.

We also chaperone all dances, the hayride, and field trips, as well as run the concession stand at sporting events.

Thank you!

M.J.H.S. BOOSTER CLUB

NAME: _____ PHONE NO. _____

I will help with:

Girls' basketball concessions	_____
Boys' basketball concessions	_____
Volleyball concessions	_____
JH Hayride/October	_____
Red Ribbon Week	_____
Christmas Dance-December	_____
Spring Dance	_____
8 th Grade Dance	_____
8 th Grade Field Trip - May	_____
7 th Grade Grill-In	_____
Teacher Appreciation Week	_____

My child's name is: _____ and is in the 7th ___ 8th ___ grade.

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.

MJHS loves to see the artistic side of our students when they decorate the inside of the lockers. However in recent years lockers have been damaged and great lengths had to be taken to clean/repair lockers. The following items are not allowed to decorate....

NO spray adhesive or glue should be used to attach items to locker walls or doors.

NO glitter should be sprinkled or sprayed inside lockers.

NO duct tape should be used to "wallpaper" the inside of the lockers.

Whatever the students use to decorate the inside of their lockers, locker doors must be shut **ALL** the way, and **NO** decorations should be visible on the outside.

Students may attach items such as pictures, drawings and similar things with

MAGNETS ONLY!

Students may use shelving inside their lockers, but no holes may be drilled to attach the shelving.

Students may "hang", mirrors, pencil holders and wipe boards that are manufactured for the purpose of hanging in lockers. (These items should be the kind with magnets on the back.)

If you have questions about something you would like to put in your locker, please ask **BEFORE** you put it in your locker.

WORTH MENTIONING AT M.J.H.

****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.**

ABSENCES: If your child is absent, due to illness or appt., **please notify the school office by 9:30** if possible, 826-2812; if you know in advance that your child will be absent for any reason, please send a note to the school office with your child in advance, so that arrangements can be made for your child to get assignments from teachers ahead of time. Homework must be requested by 10:00 am on the day of the absence.

State law mandates that any student who exceeds 18 absences immediately be reported to the Regional Office of Education, and that they must obtain a doctor's note from a medical physician for each absence thereafter.

BOOK FEES at Marshall Jr. High for 2016-2017 are \$45.00; if paying by check, make payable to Marshall Comm. Schools.

If participating in any sport, girls' volleyball, track, basketball, there is a sports fee for \$15.00 that covers the entire year.

Picture day for Marshall Jr. High is Thursday, September 15, 2016. You will receive your order form/envelope about a week ahead of time. Students that are absent or would like to retake their pictures, pictures will be done again on Thursday, October 27, 2016. Junior High Spring Picture Day is Monday, March 13, 2017.

Breakfast is served each morning in the Jr. High gym lobby. \$1.25 is regular price; .30 for reduced and free for those who qualify. Students must have money in their accounts to cover breakfast. NO charges will be allowed for breakfast.

Lunch prices at M.J.H. are \$2.25/day, regular price; reduced is .40 for those who qualify or Free for those who qualify. Lunch times alternate each week between 7th and 8th grade at 12:05 and 12:15.

SUGGESTED SCHOOL SUPPLIES FOR
MARSHALL JR. HIGH
SCHOOL YEAR

Please label everything with your name!

Pens, pencils (at least 3 doz.), colored pencils, extra pencil-top erasers,
Ear buds,
Loose-leaf paper,
3x5 index cards,
Tape
Glue sticks, scissors;
One Spiral Notebook for each Class (excludes 8th grade Math)
2"- 3" binder and loose leaf paper for Math.
7th grade Science – D-Cell battery
7th & 8th grade-one solid colored folder for each class subject (excluding 7th &
8th grade Math)
8th grade Language Arts & Literature composition notebook or spiral
notebook

3 boxes of tissues to be given to Homeroom Teacher;
2 containers of disinfecting wipes for homeroom.
Hand Sanitizer
Lock for Locker
**(Turn in spare key or combination
on a note card, to the office,
include name and locker number on card.)**

NO WHITE-OUT! NO SPRAY DEODORANT FOR P.E.
Trapper Keepers are acceptable

7th grade art supply lists will be given
Out at the first of the nine weeks that
7th graders are in Art

(Calculators, rulers, compasses, protractors
will be provided by math teacher to use in class)

Students are to bring their own P.E. locks for P.E. locker
P.E. Shoes

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 SCHOOL DISTRICT C-2

TRANSPORTATION REQUEST

* ONE FORM PER STUDENT

OUTSIDE CITY LIMITS ONLY

STUDENT NAME _____ GRADE _____

PARENT/GUARDIAN NAME _____

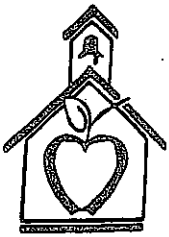
ADDRESS _____

HOME PHONE # _____ WORK PHONE # _____

CELL PHONE # _____

ALTERNATE CELL PHONE # _____

DIRECTIONS TO HOUSE IF NOT WITHIN CITY LIMITS:



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

Dear Parents,

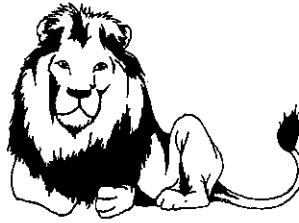
We at Marshall Community Schools take very seriously our role in ensuring the safety of your children as they travel to and from school. We work with your child's school to deliver them to and from school safely. This is our number 1 priority. This partnership yields a high degree of safety for children 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: _____



Student's full given name: _____

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:

Parents' email address:

As part of your child's experience at Marshall Junior 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 MJHS, 826-2812

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

_____ I DO NOT want my child to participate.

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.

NAME 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.

NAME OF PARENT/GUARDIAN DATE

PLEASE PRINT IN INK OR TYPE:

GRADE: _____

ATHLETE'S FULL NAME: _____

DATE OF BIRTH: _____ COUNTY BORN IN: _____

ATHLETE'S ADDRESS: _____ PH.NO. _____

CITY, STATE, ZIP: _____

PARENT'S FULL NAME: _____

PARENT'S ADDRESS (IF DIFFERENT): _____

IN CASE OF AN EMERGENCY: _____

CITY, STATE, ZIP: _____

PARENT'S EMPLOYER: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

INSURANCE COMPANY: _____

STREET ADDRESS: _____

CITY STATE, ZIP: _____

INSURED'S NAME: _____

POLICY NUMBERS: _____

ALLERGIES: _____

Request For
ADMINISTRATION OF MEDICATION

Student's Name _____
School _____ Age _____ Grade _____ Teacher _____

TO BE COMPLETED (IN FULL) BY PHYSICIAN:

Disease or illness of student _____
Name of drug to be given _____
Dosage/Time/Frequency to be given at school _____
Action of drug _____
Side effects of drug _____
Times administered at home _____
Minimum time between doses _____
This drug is to be administered:
Until the end of the current school year _____ Other _____

Can the student carry his/her own inhaler? YES _____ NO _____

Can the student carry his/her own Epi-Pen? YES _____ NO _____

*****Please note that we would like to have an extra inhaler/Epi-pen to be kept in the nurse's office in the event that the student would misplace or forget his/her medication.**

1. The above-named medication is to be brought to school in a container appropriately labeled by the pharmacy or physician. Over-the-counter medications can be labeled by the parent. This container must duplicate the directions given on this request.
2. Parents must pick up medication from their child's school. No medications will be sent home with students.

By signing this, I, the parent, understand that I am releasing Marshall Community Unit School District #C-2 and the employees of any liability while following the above request.

Marshall Schools may _____ or may not _____ contact the physician or pharmacy regarding any questions about the above-listed medication.

Parent Signature _____ Date _____
Doctor's Signature _____ Date _____
Doctor's Name and Address _____
Doctor's Telephone Number _____

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