

**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.**

North and South Elementary Schools

PARENT PERMISSION 2016-2017

Student's Name: _____

Teacher's Name: _____

AS A PARENT/GUARDIAN, IF YOU AGREE WITH EACH STATEMENT BELOW, PLEASE PUT A CHECK BY EACH STATEMENT AND SIGN BELOW:

_____ I give permission for my child to attend field trips with his/her class.

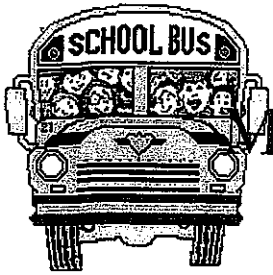
_____ I give permission for my child to be photographed and appear in any newspaper, TV, and on the District Website.

_____ I have received and will read the 2016-2017 Elementary School Handbook which includes the Internet Acceptable Use Policy.

_____ Due to the increase in food allergies, North School and South School WILL NOT allow birthday treats of any kind. Also, birthday invitations WILL NOT be handed out in the classroom or from the office.

PARENT SIGNATURE: _____

DATE: _____



2016-2017

Marshall South Elementary School
After School Plans

Student Name _____

Teacher _____ Grade _____

PICK UP

Picked Up By: _____

Where: (Circle one) NORTH DOORS
SOUTH DRIVE

Mon Tues Wed Thurs Fri

BUS

____ A.M. Location/Address: _____

Directions: _____ Bus # _____

____ P.M. Location/Address: _____

Directions: _____ Bus # _____

Mon Tues Wed Thus Fri

Parent Signature _____ Phone# _____



For the safety of our students, we encourage the same
after-school routine EVERYDAY!

All students are to follow the above after-school procedures unless there is
a note or parent/guardian phone call that states otherwise.

MARSHALL COMMUNITY UNIT SCHOOL DISTRICT C-2

TRANSPORTATION REQUEST

* ONE FORM PER STUDENT

STUDENT NAME _____ GRADE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

HOME PHONE # _____ WORK PHONE # _____

CELL PHONE # _____

ALTERNATE CELL PHONE # _____



DIRECTIONS TO HOUSE

BUS # AND DRIVER IF AVAILABLE: _____

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

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 _____