

**STUDENT'S INFORMATION****STUDENT'S HOME ADDRESS**

Legal Last Name: \_\_\_\_\_

Street: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

County: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Mailing Address  Same as Above

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ETHNICITY AND RACE (Complete Both Parts A and B)****Part A: Ethnicity (Choose only one)**

Hispanic/Latino Not Hispanic/Latino

**Part B: Race (choose all that apply)**

American Indian or Alaska Native Asian

Black or African American White

Native Hawaiian or Other Pacific Islander

**MOTHER/GUARDIAN****FATHER/GUARDIAN**

Lives with Student

Lives with Student

First/ Last Name: \_\_\_\_\_

First/ Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address Same as Student. Check and move on to Home Phone.

Address Same as Student. Check and move on to Home Phone.

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

*Is a parent/guardian listed above, a member of the Armed Forces or a Full-time National Guard on active duty?* Yes  No**EMERGENCY CONTACTS**

Please include individuals who are available or can arrange for pick-up of the student in case a parent or guardian cannot be reached.

**Call Sequence #1****Call Sequence #2****Call Sequence #3**

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**LEGAL DOCUMENTATION**

Is there someone who is not allowed by court order to be in contact with this student? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide copy of court order.

Name Street Address State Zip Relationship to Student

# **North and South Elementary Schools**

## **PARENT PERMISSION 2017-2018**

**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.

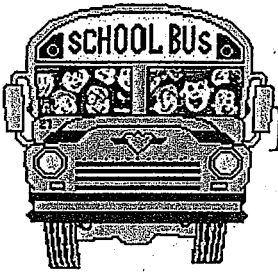
\_\_\_\_\_ I give permission for my child to be photographed and appear in any newspaper, TV, and on the District Website.

\_\_\_\_\_ I have received and will read the 2017-2018 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:** \_\_\_\_\_



2017-2018

Marshall South Elementary School  
After School Plans

Student Name \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

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**PICK UP**

Picked Up By: \_\_\_\_\_

Where: (Circle one) NORTH DOORS  
SOUTH DRIVE

Mon  Tues  Wed  Thurs  Fri

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**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** \_\_\_\_\_

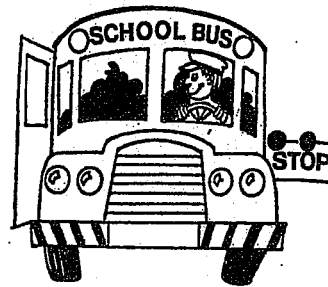
**PARENT/GUARDIAN NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_ **WORK PHONE #** \_\_\_\_\_

**CELL PHONE #** \_\_\_\_\_

**ALTERNATE CELL PHONE #** \_\_\_\_\_



**DIRECTIONS TO HOUSE**

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**BUS # AND DRIVER IF AVAILABLE:** \_\_\_\_\_

## STUDENT REQUEST FOR THE LOAN OF TEXTBOOKS

I hereby request the loan of secular textbooks in accordance with Section 18-17 of the School Code (IL Rev. Stat. 1989, ch. 122, par. 18-17). I understand that this request will remain valid so long as my son/daughter is enrolled in Marshall Community Schools and at that I may at any time withdraw this request.

Marshall Community Unit Schools, Marshall, Illinois, Clark  
County

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### FOR SCHOOL USE ONLY

Date: 2017-2018

Date of Student Transfer: \_\_\_\_\_

Date of Student Graduation: \_\_\_\_\_

### 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 need for bilingual and English as a Second Language education services in the schools.

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

Student's Name: \_\_\_\_\_

1. Does anyone in your home speak a language other than English?

Yes \_\_\_

What language? \_\_\_\_\_

No \_\_\_

2. Does your son/daughter speak a language other than English?

Yes \_\_\_

What language? \_\_\_\_\_

No \_\_\_

If the answer to either question is yes, the school will assess your child's English language proficiency. The school will measure your child's listening and speaking skills and, for students in grades 2 through 12, reading and writing skills. The law requires the school to assess your child's English language proficiency.

Signed: \_\_\_\_\_

*Parent or Guardian*

Date: \_\_\_\_\_

**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.

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

## Optional Student Accident Insurance

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## 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](http://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.

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### Parental Insurance Waiver

Student's Name \_\_\_\_\_

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

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_