

**BUS REGISTRATION  
2011-2012**

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Child's (911) Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bus # to above address \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Siblings Also In Dist. #300: \_\_\_\_\_ (Name) \_\_\_\_\_ (Grade)  
\_\_\_\_\_ (Name) \_\_\_\_\_ (Grade)  
\_\_\_\_\_ (Name) \_\_\_\_\_ (Grade)  
\_\_\_\_\_ (Name) \_\_\_\_\_ (Grade)

Neighbor's Name \_\_\_\_\_  
\_\_\_\_\_

If different than home address:

A.M. Bus # \_\_\_\_\_ Tag \_\_\_\_\_  
Driver \_\_\_\_\_  
Address \_\_\_\_\_

P.M. Bus # \_\_\_\_\_  
Driver \_\_\_\_\_  
Address \_\_\_\_\_

Do you plan on moving before school starts?

Yes \_\_\_\_\_  
No \_\_\_\_\_

Where? \_\_\_\_\_

**If you have questions please call Tracy Taylor at 542-5012.**

**K-8 students please do *not* fill out if previously filled out for the 2011-2012 school year at pre-registration.**  
**\*\*All high school students need to fill out this form and return to the school office on registration day.**

Student I.D.# \_\_\_\_\_

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

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

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

Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Grade In School \_\_\_\_\_ Homeroom \_\_\_\_\_ SEX: (circle one)  
Male Female

**Ethnic Origin (demographic purposes):**

**(Please check one)**

Hispanic/Latino (person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture)  
YES \_\_\_\_\_ NO \_\_\_\_\_

**(Choose one or more, regardless of ethnicity status selected above)**

American Indian or Alaska Native     Asian     Black or African American     Native Hawaiian or other Pacific Islander     White  
 Multi-Racial (includes all who chose more than one race and are **not** Hispanic/Latino)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

School \_\_\_\_\_ Social Security Number \_\_\_\_\_

Father/ Guardian \_\_\_\_\_ Father's Home Phone \_\_\_\_\_

Father's Work Place \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Mother's Home Phone \_\_\_\_\_

Mother's Work Place \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

1)Emergency Contact \_\_\_\_\_

Emergency Relation \_\_\_\_\_ Emergency Phone \_\_\_\_\_

2)Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Student Lives With (circle one):    Both Parents    Father Only    Mother Only    Grandparents    Other \_\_\_\_\_

Bus #/Driver *A.M.* \_\_\_\_\_ - \_\_\_\_\_ *P.M.* \_\_\_\_\_ - \_\_\_\_\_  
Bus # Driver Bus # Driver

Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Town You Are Coming From \_\_\_\_\_

**MEDICAID PLAN AUTHORIZATION:**

Please indicate child's Medicaid plan number (if applicable): \_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature**

DUQUOIN MIDDLE SCHOOL  
HOME/SCHOOL INVOLVEMENT COMPACT

SCHOOL:

We understand the importance of the school experience to every student and the role as a teacher, administrator, and model. Therefore, we agree to carry out the following responsibilities to the best of our ability:

1. Provide an environment conducive to learning.
2. Show respect for each child and his/her family.
3. Come to class prepared to teach necessary concepts to your child.
4. Explain assignments clearly to students.

Principal                     *Chenwell*                     Date           2011-2012            
(on behalf of the staff)

STUDENT:

I know my education is important to me. It will help me become a better person. I know my parents want to help me, but I am the one who has to do the work. Therefore, I agree to do the following:

1. Be at school on time, unless I am sick.
2. Come to school prepared with my homework, supplies, and agenda book.
3. Show respect and cooperate with other students and adults in school.
4. Spend time at home daily studying, reading, and/or in conversation with my parent(s)/guardian about school.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT/CAREGIVER:

I realize that my child's years are very important. I also understand that my participation in my child's education will help his/her achievement and attitude. Therefore, I agree to carry out the following responsibilities to the best of my ability:

1. Give my child a quiet place to study and encourage him/her to complete homework daily.
2. Be sure my child gets enough sleep.
3. Help my child attend school and be on time.
4. Encourage and monitor my child's progress by discussing each day's activities, homework, and agenda book.
5. Attend open house and parent conferences when possible.

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



## Does my child need to be on the school's health concerns list???

### ⇒ YES —

- If your child has been diagnosed with a condition which warrants periodic or continual observation by the school nurse, teachers, aides, etc. to protect your child's safety and/or well being.
- Examples: asthma, diabetes, heart conditions, hearing/vision difficulties, seizure disorders, serious environmental allergies, serious food allergies, etc. (Conditions are not limited to the above examples.)

### ⇒ NO—

- If your child is only occasionally sick - cold, flu, "hay fever", etc. (normal childhood illnesses) - and has not been diagnosed by a physician, nor has a physician recognized nor recommended it be monitored at school.

## Does this mean my child's health/wellness needs will be ignored if his/her name is not on the health concerns list??

### ⇒ Absolutely not!!!

- Your child's daily health and wellness needs can be communicated between you and the school nurse and or your child's teacher(s). Just because your child's name does not appear on the health concerns list does not mean your child's well being will be ignored!! The health concerns list exists only to communicate to the staff the most serious health concerns of the current school year. It cannot be updated weekly or monthly to keep everyone aware of how each and every one of our students are doing. (As you can imagine the situation changes very frequently!!!) That's why open communication between the school nursing office and your child's teacher(s) is the best way to ensure your child's health and wellness needs are met on an on-going basis!

- It is required that you have written documentation from a medical provider (physician, physician assistant, nurse practitioner) for your child to be placed on the health concerns list. Notes from parents, grandparents, guardians, etc. are not accepted.
- Written documentation from a medical provider is required EACH year – concerns are not carried over from one year to the next. This is true even if your child has a life-long condition. The nursing office needs to receive updated information from your child's medical provider yearly to best care for your child.
- If your child has a severe food allergy, please notify the nursing office. Parents/guardians and medical providers will have specific paperwork to fill out. The school has a specific protocol that is followed.
- **NOTICE**: If your child is currently on the official school **Food Allergies list** you **DO NOT** have to have paperwork filled out by a medical provider yearly. Once the food allergy plan is initiated, your child **will remain** on the Food Allergy list until written documentation is produced from a medical provider stating your child no longer has a food allergy. Please note the school will not serve your child the food identified as the allergen until a medical clearance note is produced. Verbal or written permission from parents, guardians, etc. will not be accepted. **If your child needs an emergency action plan it will need updated yearly.**

# HEALTH CONCERNS LIST FORM



Please have this form completed by your physician **ONLY** if your child has:

- >Any health concerns/conditions
- >Known illnesses
- >Allergies that may require attention/emergency care at school: food, environment, etc.
- >Any medical condition you feel the faculty needs to be aware of

**\*\*\*please return this form by 8-15-11 so we can inform staff of students with health concerns. Your child cannot be placed on this list without documentation from a medical provider.**

\*\*\*\*\*If your child has a health concern needing special attention/consideration please contact the nursing office at: 542-2646 (ext. 1060). We will take every precaution to ensure your child's wellness and safety throughout the school year.

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Concern(s):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergies:**

\_\_\_\_\_

**Possible Emergency Situations:**

Signs and symptoms to watch for, action required:

\_\_\_\_\_

\_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DUQUOIN COMMUNITY UNIT SCHOOL DISTRICT #300**

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Pupil: \_\_\_\_\_ School: DuQuoin Middle School Grade: \_\_\_\_\_

Parent: \_\_\_\_\_ Address: \_\_\_\_\_ Date: 2011/2012

**Please mark the appropriate space below:**

Annual Textbook Rental: \$35.00

Paid with Check # \_\_\_\_\_

Paid with Cash \_\_\_\_\_

# DuQuoin Middle School

School website: [www.duquoinschools.org](http://www.duquoinschools.org)

## **DMS Office:**

Please contact the DMS office any time you have questions regarding anything at DMS. Mrs. Green and Mrs. Carter will be happy to assist you in any way or put you in contact with an employee at DMS.

Regular office hours are from 7:30am to 4:00pm Monday through Friday. The DMS office will be closed on all school holidays. You may contact the DMS office by calling 542-2646 and extension 1152 for Mrs. Green or extension 1153 for Mrs. Carter

## **Homework Hotline:**

The Homework Hotline is a great resource for parents. You may call any day after 3:30 to listen to a list of homework assignments for each subject by grade level. This is a very helpful resource to parents and we encourage you to call and check the Homework Hotline on a daily basis. You may access the Homework Hotline by dialing 542-2646 and the following extension for each grade level.

Please do not hesitate to call any of our teachers if you have a question regarding a homework assignment.

5th Grade - Ext. 4005

6th Grade - Ext. 4006

7th Grade - Ext. 4007

8th Grade - Ext. 4008