2020-21 Student Registration Packet

PARENTS:
It's registration time! Enclosed are the required forms to complete the registration process for the 2020-2021 school year. As always, we ask that you carefully read through each page and complete all forms that are necessary for your child. When all registration forms are completed, please drop them off or send them by mail to the school office no later than Thursday, July 23rd. If you would prefer to register in person, the registration dates are listed below. **Please note at this time dates and times are subject to change. Please check out our website for any updates** If you have any questions please feel free to call the school office at 815.223.2933.

Completed Registration can be returned by the following ways:

Mailed In	Dimmick School 297 N 33rd Road LaSalle, IL 61301
In Person	Monday, July 20th—Thursday, July 23rd 9:00AM—1:00PM in School Office
E-Mail	jkrolak@dimmick175.com *(Please indicate Last Name and Registration 2020-21 in Subject)*

REQUIRED FOR ALL STUDENTS:

- Completed Registration Packets
- **All families (new and returning) must provide 2 proofs of residency.**
  *(Please see *New* Legal Custody and Residency Requirements)*
- Students entering Kindergarten and 6th Grade (or are new to Illinois), are required to have school physicals. Students entering Kindergarten, 2nd Grade and 6th Grade (or are new to Illinois), are required to have a dental examination. Students entering Kindergarten (or are new to Illinois) are required to have a vision exam. Sport Physicals are required before participating in any school sport. All Immunizations need to be current for their grade level. *Exam Forms should be provided by your health care provider.*
- Immunizations need to be current for their grade level. *(Please see Urgent Physical/Immunization Form)*

Official School Registration Dates
Monday, July 20th—Thursday, July 23rd
@Dimmick School 9:00AM-1:00PM

First Day of School
Wednesday, August 19th
8:30AM-2:30PM
(Early Dismissal)

**The times and dates listed above may be subject to change.*
*Please check on our website www.dimmick175.com for any updates**

2020-21 Student Information Form

STATE ID#:

STUDENT INFORMATION

Entering Grade *(Please Circle)*: K 1 2 3 4 5 6 7 8 Sex *(Please Circle)*: M or F

Student's Full Name: _____
(First) *(Middle)* *(Last)*

Student's Nickname: _____ Students Social Security Number: _____

Student's Birth Date: _____ Student's Birthplace (City/State): _____

Home Address: _____ City/Zip: _____

Mailing/P.O. Address: _____ City/Zip: _____

Does your student currently have a Individual Education Plan (IEP) *(Please Circle)*: No or Yes _____

WHO HAS LEGAL CUSTODY: *(Please Check)*

Provide a copy of the Birth Certificate:

____ Both Parents / Married

Provide a copy of decree or court order or guardianship must be provided:

____ Mother

____ Father

____ Guardian: _____

SIBLING NAMES & BIRTHDATES: *(Younger or in school age)*

TEXT MESSAGE ALERT SYSTEM

To sign up for DIMMICKALERT Please text the information provided below. All messages will come from 313131. Standard message rates may apply. You can cancel at any time.

TEXT: **DIMMICKALERT** TO **313131**

PARENT/GUARDIAN INFORMATION

Fathers/Guardian Name: _____

Cell Phone: _____ Other: _____

Fathers Employer: _____ Work Phone: _____

Fathers Address if Different: _____

Member of a branch of the armed forces of the United States: *(Please Circle)*: Y or N

Mothers/Guardian Name: _____ Maiden Name: _____

Cell Phone: _____ Other: _____

Mothers Employer: _____ Work Phone: _____

Mothers Address if Different: _____

Member of a branch of the armed forces of the United States: *(Please Circle)*: Y or N

ETHNIC BACKGROUND *(Please Check)*:

____ American Indian/Alaskan Native

____ Asian or Pacific Islander

____ Black, Non-Hispanic

____ White, Non-Hispanic

____ Hispanic

____ Other: _____

ONLINE GRADE ACCESS PROGRAM

Parents/Guardians wishing to sign up for our online grade access program and wishing to receive e-mails from the school district please fill out your e-mail below:

_____@_____

EMERGENCY CONTACTS *Parents will be contacted first.*

1st Emergency Person: _____ Phone Number: _____ Relationship: _____

2nd Emergency Person: _____ Phone Number: _____ Relationship: _____

3rd Emergency Person: _____ Phone Number: _____ Relationship: _____

4th Emergency Person: _____ Phone Number: _____ Relationship: _____

HOME LANGUAGE SURVEY

Is your child a fluent English speaker?

____ Yes ____ No _____

Is a language other than English spoken in your home?

____ No ____ Yes _____

Does your child speak a language other than English?

____ No ____ Yes _____

******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 identify the students who need to be assessed for English language proficiency.**

PHOTO/VIDEO PERMISSION

By checking below I give consent for Dimmick School to photograph/ videotape my child for any or all Classroom Activities, School Activities *(Field trips, programs, assemblies, extra curricular)*, Possible Newspaper Release, Videotaping of Classroom Activities and classroom social media pages, Videotaping of School Activities *(Field trips, programs, assemblies, extra curricular)* and the District Webpage.

____Yes ____No _____

Parent/Guardian Signature

2020-21 Legal Custody and Residency Requirements

Illinois School Code states that only resident pupils of a school district may attend the school. 105 ILCS 5/10-20.12b(b). A student's residence is the residence of the person who has legal custody of the student. In order to establish residency, one must provide proof that the address used for the purpose of registering their child is their primary residence. Property ownership in the district does not constitute "residency". A person who knowingly or willfully presents to any school district with any false information regarding the residency of a pupil for the purposes of enabling that pupil to attend any school in that district may be charged with a Class C misdemeanor and charged the Per Pupil Tuition rate per diem for each child for each day of attendance based on the most recent audit completed. **NOTE: Based on the 2019-20 Per Pupil Tuition calculation it would be $12,983.00 ÷ 176 school days = $73.77 per child per day.** (Public Act 89-0480).

Students may not begin attending until all legal custody and residency documents have been submitted and verified.

LEGAL CUSTODY is defined as one of the following:

1. **A natural or adoptive parent of the child.** Provide a copy of the birth certificate and if parents are separated or divorced, a copy of the divorce decree or court order.
2. **A court order to a person with whom the child resides** for reasons other than "to have access to the district's educational programs". Provide a copy of the court order.
3. **A granted short-term guardianship, within 60 days a court order will be entered that establishes permanent guardianship to a person with whom the student resides.** Provide a copy of the completed appointment of short-term guardianship form.
4. **A relative who is receiving public aid for a student and resides with the relative** for reasons other than "to have access to the district's educational programs". Provide a copy of the form from public aid.

RESIDENCY must be verified annually by providing TWO forms of evidence; one from category 1 and one from category 2.

Category 1

1. An original closing statement from a mortgage and/or bank indicating the parent, legal guardian/custodian's name. Statement may not be older than 60 days.
2. Current mortgage statement with current address indicated as being located in the district.
3. An original lease/rental agreement indicating the parent or legal guardian/custodian's name. Lease must indicate length of lease. If the parent or legal guardian is not the lessee the lease must indicate the names of all individuals residing at the address.
4. Driver's license or State ID with current address indicated as being located in the district.
5. If residing with a family member and all forms of legal residency are in their name, the district resident must complete a ***PROPERTY OWNER VERIFICATION*** in addition to providing TWO forms of evidence; one from category 1 (#'s 1-4) and one from category 2.

Category 2

1. The two most recent months of a utility bill (gas or electric) indicating the head of household's name and service address.
2. A current tax bill indicating "owner occupied" with the property owner's name and address along with matching photo identification.
3. A current home/renters insurance bill.
4. For those leasing or renting, a ***LANDLORD VERFICATION*** form must be completed and submitted.

NOTE: Additional documents may be requested to verify residency by the school district on a case-by-case basis.

2020-21 Landlord Verification

(To be used to verify a current lease)

A person who knowingly or willfully presents to any school district any false information regarding the residency of a pupil for the purposes of enabling that pupil to attend any school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. (Public Act 89-0480).

To comply with Dimmick School District #175's proof of residency requirement I verify the following information:

I ***(Property Owner/Landlord Name)*** _____ am the property owner at

(Rental Property Address/City/State) _____.

I am currently renting to ***(Tenant(s) Name(s)***: _____

and they have been renting and residing at this property since ***(Month/Date/Year)*** _____

and to the best of my knowledge will reside at this address until ***(Month/Date/Year)*** _____.

_____ _____

Signature of Landowner Printed Name

_____ _____

Landlord Telephone Number Date

March 20, 2018

2020-21 PARENT ACKNOWLEDGEMENT & SCHOOL COMMUNICATION SIGN-UP

Student Name: _____ Grade: _____
Student Name: _____ Grade: _____
Student Name: _____ Grade: _____

Student Name: _____ Grade: _____
Student Name: _____ Grade: _____
Student Name: _____ Grade: _____

Handbook Acknowledgement

Acknowledgement and Understanding

Every year we ask that every family read the current Student Handbook and complete the following acknowledgement form. A copy of the Student Handbook is available on our website ww.dimmick175.com under *Parent Resources*. (If you would like a hard copy of the handbook please contact the school office at 815.223.2933.) After you are done reading the Handbook please sign and return this form to the school office as soon as possible.

The provisions of the handbook are not to be considered as irrevocable contractual commitments between the school and the students. Rather, the provisions reflect the current status of the rules, practices and procedures as currently practiced and are subject to change. My signature acknowledges receipt of a copy of the Dimmick Consolidated School District #175 Parent/Student Athletic Handbook. I further acknowledge that upon written or oral request, the principal will be available to discuss the contents of this handbook. My signature does not imply that I either agree or disagree with the contents.

_____ _____

PARENT/GUARDIAN NAME (PRINT) **DATE**

_____ _____

PARENT/GUARDIAN NAME SIGNATURE **DATE**

District Calendar

Communication Resource

Our google calendar will have all of the latest events posted as they are given. Please note events are subject to change. District 'Calendar' can be found on our website www.dimmick175.com under Current Calendar

District Website

Communication Resource

All current updates and information will be provided on the district website: **www.dimmick175.com**

Teacher-Ease Access

Communication Resource

By signing up with Teacher-Ease you will have access to grades, district emails, teacher communication, attendance and fees. Please Note: *The email addresses listed below will be added into the system. Once we enter in your email address you will receive an email from Teacher-Ease. In order to gain access to your account you will need to follow the steps in the email., (Please check your spam folder.)*

_____@_____
_____@_____
_____@_____
_____@_____

Dimmick Alert

Communication Resource

Dimmick Alert is a text message alert from Dimmick School that will provide you with messages, reminders, and cancellations. To sign up for DIMMICKALERT Please text the information provided below. You will receive a sign up message once you are added to the program which will read ***"THANK YOU FOR JOINING DIMMICK ALERT! YOU WILL NOW RECEIVE ALL MESSAGES FROM DIMMICK GRADE SCHOOL."*** All messages will come from 313131. Standard message rates may apply, you can cancel at any time.

TEXT: **DIMMICKALERT** TO **313131**

Form Updated 05/06/2020

2020-21 Registration Fees

Student Name: _____ Grade Level *(Please Circle)*: *K 1 2 3 4 5 6 7 8*
Student Name: _____ Grade Level *(Please Circle)*: *K 1 2 3 4 5 6 7 8*
Student Name: _____ Grade Level *(Please Circle)*: *K 1 2 3 4 5 6 7 8*
Student Name: _____ Grade Level *(Please Circle)*: *K 1 2 3 4 5 6 7 8*
Student Name: _____ Grade Level *(Please Circle)*: *K 1 2 3 4 5 6 7 8*

REGISTRATION/BASIC TECHNOLOGY FEE
Mandatory—For All Grades

Kindergarten-8th Grade $50.00 x _____ = _____

CHROMEBOOK "BRING HOME" FEE
Optional—For 5th-8th Graders.
Parent/Guardian must attend mandatory meeting.

Chromebook Fee $60.00 x _____ = _____

YEARBOOK FEES
Optional—For All Students

Yearbook Fee $8.25 x _____ = _____

HOT LUNCH ACCOUNT Aug—Sept—Extra = _____
Optional—For All Students.
Lunch Balances are available on TeacherEase.

P.E. UNIFORM—*Black Mesh Shorts & Dry-Fit T-Shirt w/ Name on Back*
Mandatory for Grades 5th-8th Grade. If students have PE Uniforms from Previous Years they may use those.

$20.00 x _____ = _____ *(Uniform Set Price)*
$12.00 x _____ = _____ *(Individual Shirt Price)*
$12.00 x _____ = _____ *(Individual Short Price)*

Shirt Name Example: *J. DOE* **No Nicknames**

First Name Initial _____ Last Name _____
Shirt Sizes: YM YL AS AM AL AXL 2XL
Short Sizes: YM YL AS AM AL AXL 2XL

First Name Initial _____ Last Name _____
Shirt Sizes: YM YL AS AM AL AXL 2XL
Short Sizes: YM YL AS AM AL AXL 2XL

First Name Initial _____ Last Name _____
Shirt Sizes: YM YL AS AM AL AXL 2XL
Short Sizes: YM YL AS AM AL AXL 2XL

First Name Initial _____ Last Name _____
Shirt Sizes: YM YL AS AM AL AXL 2XL
Short Sizes: YM YL AS AM AL AXL 2XL

OFFICE USE ONLY:

TOTAL _____
CHECK # _____
CASH _____
DATE _____
_____

Dimmick Consolidated School District #175 297 N. 33rd Road La Salle, Illinois 61301 Ph# 815.223.2933—Fx#815.223.0169

Updated 3/13/20

2020-21 Bus Transportation

1. Transportation will be provided to and from a student's primary residence in rural areas and to designated bus tops in town. Alternative arrangements may only be requested if ALL of the following criteria are met.

   A. The alternative pickup or drop off location is already on an established bus route. (The Learning Center will be an acceptable pick up and drop off location.)

   B. The pickup and or drop off location **must remain the same each day of the week throughout the entire school year, no exceptions!**

   C. If the request would place the student on a different bus other than the one assigned to them, enough space must exist on the bus desired to accommodate the request.

2. Every student will be assigned a seat on their designated bus.

3. Students will only be permitted to ride on their assigned bus and sit in their assigned seat.

4. Students will not be able to take other students on the bus with them to school or home from school. Alternative arrangements will need to be made by parents/guardians.

I WOULD LIKE TO REQUEST AN ALTERNATE PICK UP OR DROP OFF LOCATION:

PICK-UP LOCATION: _____ _____

Address | Contacts Name and Phone Number

DROP-UP LOCATION: _____ _____

Address | Contacts Name and Phone Number

By signing below I acknowledge that I have read the following 2020-21 bus transportation changes.

_____ _____ _____

Student / Family Name | **Parent/Guardian Printed Name** | **Parent/Guardian Signature**

2020-21 Urgent Physical/Immunization Reminder

PHYSICALS

Students entering Kindergarten and 6th Grade (or are new to Illinois), are required to have school physicals. Students entering Kindergarten, 2nd Grade and 6th Grade (or are new to Illinois), are required to have a dental examination. Students entering Kindergarten (or are new to Illinois) are required to have a vision exam. Sport Physicals are required before participating in any school sport. All Immunizations need to be current for their grade level. *Exam Forms should be provided by your health care provider.*

VISION EXAMS	**New to Illinois**	Kindergarten		
HEALTH PHYSICALS	**New to Illinois**	Kindergarten	Sixth Grade	
DENTAL EXAMS	**New to Illinois**	Kindergarten	Second Grade	Sixth Grade

Effective Date July 1, 2005: All Illinois children in Kindergarten, Second and Sixth grades will be required to have an oral health examination. This includes all public, private, or parochial schools. Examination must be performed by a licensed dentist and he/she shall sign the proof of examination form. Each child shall present proof of examination by a dentist prior to May 15th of the school year. School dental examinations must have been completed within 18 months of the May 15th deadline.

SPORTS PHYSICALS Sport Physicals are required before participating in any school sport.

IMMUNIZATIONS

The Illinois State Board of Education (ISBE) and the Illinois Department of Public Health (IDPH) encourage parents and guardians to ensure their children's immunizations are up to date.

Kindergarten

Physical exam completed within one year prior to the start of school 4 or more doses of DTap with the last dose being a booster and received on or after the fourth birthday. 3 or more does of poliovirus vaccine with the last dose being on or after the fourth birthday. 2 doses of MMR (measles, mumps, rubella) vaccine. 2 doses of varicella (chickenpox) vaccine or proof of disease. Must be assessed for lead poisoning by a blood test or the Lead Risk Assessment Questionnaire (done at the doctor's office). Eye Examination by an optometrist or ophthalmologist within in one year prior to the start of school. All the above is to be turned in to school By October 15 unless your school has given 60 days notice of an earlier turn in date. Dental exam due by May 15 of the next school year (so that would be May 15, 2021 for the 2020-2021 school year) the exam is to be within 18 months of that May 15 deadline.

Second Grade

Dental Exam within 18 months of the May 15, 2021 deadline.

Sixth Grade

Physical exam completed within one year prior to the start of school. 3 doses of Hepatitis B vaccine. 1 dose of Tdap vaccine regardless of the interval since the last DTap. 2 does of varicella (chickenpox) vaccine or proof of disease. Must show proof of receiving one dose of meningococcal conjugate vaccine (MCV4) on or after 10 years of age. Dental Exam within 18 months of the May 15, 2021 deadline.

2020-21 Medical Emergency/Information Form

This form will be taken to all field trips and will be used in case of an emergency.

MEDICAL INFORMATION

Grade Level: _____

Name of Minor: _____ Birthdate: ____/____/____ Relationship to you: _____

Medication Allergies: _____

_____

Specific medical allergies to food and/or insect, chronic illnesses, or other conditions: _____

_____

_____

_____

_____

Does your child wear glasses/contacts? Yes_____ No_____

How often? ____ constant ____ just for reading ____ to see board

Does your child have an Epi-Pen? Yes_____ No_____

Does your child have Asthma? Yes_____ No_____

Does your child have Diabetes? Yes_____ No_____

Does your child have a Seizure Disorder? Yes_____ No_____

Does your child have ADD/ADHD? Yes_____ No_____

Please list any medications (prescription or non-prescription) that your child takes regularly: *(Please include inhalers/nebulizers)*

_____

Please list any other health conditions that you feel could impact your child while at school:

_____

Family Physician _____ Phone: _____

Hospital Preference _____

CONTACT IN CASE OF AN EMERGENCY

Name _____ Phone: _____

Address _____

If you wish to be notified of the schedule for pesticide/insecticide registry spraying, please check here: _____

Medical Insurance Company _____

Group or Policy Number _____

Your school district is a "Health Care Service Provider" with the Illinois Department of Public Aid/Medicaid. Per this providership the school district will receive federal funds for health care services provided to a student with a Medicaid health care coverage. If your child has "Medicaid coverage" please complete the following:

Name as listed on your "Medi-Plan Card" _____

Nine digit "Recipient Number" ___ ___ ___ ___ ___ ___ ___ ___ ___

As a parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above named minor in the event of a medical emergency, which, in the opinion of the attending physician, may endanger his life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

_____ _____

Parent/Legal Guardian Signature **Date**

2020-21 School Medication Authorization Form

THIS FORM ONLY NEEDS TO BE FILLED OUT IF YOUR CHILD WILL BE TAKING MEDICATIONS OR USING INHALERS DURING THE SCHOOL DAY. THIS INCLUDES ANY/ALL OVER THE COUNTER MEDICATIONS.

In order to be compliant with the Illinois State Board of Education guidelines, a doctor's order must be obtained for a prescription and/or over the counter medication to be given in school. This is done by having the "School Medication Authorization Form" completed and signed by your child's doctor. Please refer to the Student Handbook for further information. Thank you for your cooperation.

TO BE COMPLETED BY THE CHILD'S PARENT(S)/GUARDIAN(S). A NEW FORM MUST BE COMPLETED EVERY SCHOOL YEAR. KEEP IN THE SCHOOL ADMINISTRATION OFFICE.

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

School Name: _____ Grade: _____ Teacher: _____

TO BE COMPLETED BY STUDENT'S PHYSICAN ASSISTANT, OR ADVANCED PRACTICE RN:

Physician's Printed Name: _____

Office Name: _____ Emergency Phone: _____

Medication Name: _____

Diagnosis required medication: _____

Purpose: _____

Is it necessary for this medication to be administered during the school day? *(Please Circle)* Yes or No

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances:

_____

Prescription Date: _____ Order Date: _____ Discontinuation Date: _____

Expected side effects, if any: _____

Other medications student is receiving: _____

_____ _____

Physicians Signature **Date**

For Only Parents/Guardians of Students who need to carry asthma medication or an EpiPen®

I authorize the School District and its employees and agents, to allow my child or ward to possess and use asthma medication and/or epinephrine auto-injector: (1) while in school, (2) at a school-sponsored activity, (3) under the supervision of school personnel, or (4) before or after normal school activities. Illinois law requires the School District to inform Parent(s)/Guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30) **If you agree please initial:** _____

For All Parents/Guardians

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self administration of medication.

_____ _____

Parent/Legal Guardian Signature **Date**

Concussion Information Sheet 2020-21

Dimmick Grade School Sports

A concussion is a brain injury and all brain injuries are serious. They caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If you child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

SYMPTOMS MAY INCLUDE ONE OR MORE OF THE FOLLOWING:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck Pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/ comments

SIGNS OBSERVED BY TEAMMATES, PARENTS AND COACHES INCLUDE:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets Plays
- Is unsure of game, score or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred Speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses Consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to sever brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athletes safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returned to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all schools are required to follow this policy. You should also inform your child's coach if you think that your child may have a concussion. Remember its better to miss one game than miss the whole season. And when in doubt, the athlete sits out. For current and up-to-date information on concussions you can go to: http://www.cdc.gov/ConcussionInYouthSports/

2020-21 AGREEMENT TO PARTICIPATE IN INTERSCHOLASTIC SPORTS

Dimmick Grade School Sports

Each student and his or her parent/guardian must read and sign this Agreement to Participate each year before they may participate in interscholastic sport(s) The completed Agreement must be returned to the school.

STUDENT NAME *(Printed):* _____ ***GRADE:*** _____

1. I wish to participate in the interscholastic sport(s) that are circled:

   basketball cheerleading track volleyball other:_____

2. Before I will be allowed to participate, I must provide the School District with a certificate of physical fitness (if participating in interscholastic sport(s), the Pre-Participation Physical Examination Form serves this purpose), show proof of accident insurance coverage, and complete any forms required.
3. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
4. I understood that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to patriciate medicine in all its branches or a certified athletic trainer.
5. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold the District, its employees, agents, coaches, School Board Members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school sponsored interscholastic sport(s) or intermural athletics. The terms hereof shall serve as a release and assumption of risk for my heirs estate, executor, administrator, assignees, and for all members of my family.

To be read and signed by the parent/guardian of the student:

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in the interscholastic sport(s) or intramural athletics indicated. I have read the above *Agreement to Participate* and understand its terms.
2. I acknowledge having received the attached *Concussion Information Sheet.*
3. I understand that all sports can involve many **risks of injury**, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical healthier and is capable of participation in the above indicated sport or athletics.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information:

Name: _____ *Relationship:* _____
Day Phone: _____ *Evening Phone:* _____ *Cell Phone:* _____ *Other:* _____

Name: _____ *Relationship:* _____
Day Phone: _____ *Evening Phone:* _____ *Cell Phone:* _____ *Other:* _____

2020-21 Room Parent Sign Up & Requirements

It's that time of year again! The PTO is going to be selecting Room Parents for the 2018-19 school year. If you would like to be a room parent please make sure to fill this form out along with the Volunteer Consent Form on the back and return it to the school office by **Wednesday, July 31st**. There will be 2 room parents selected for each grade level this year. All remaining parents will be put on an alternate list in order they are selected. All names will be entered into the drawing and selected randomly. Names will be selected prior to the first day of school. Once names have been selected the PTO will contact you.

This year we want to stress the importance of the responsibilities of being a room parent. If you are selected to be a room parent you will be responsible for all the duties listed below. If for some reason you will be unavailable to perform any duties it will be YOUR responsibility to find a replacement using the alternate list provided to you.

Duties included with being a room parent:

- **Being able to communicate with your homeroom teacher and PTO officers.**
- **Assisting with classroom parties.** Classroom parties are intended for the students only! We please ask that you do not bring younger siblings. *Parties including Halloween, Christmas, Valentines Day, Etc. (K-4)*
- **Providing treats for classroom parties.** *Including Halloween, Christmas, Valentines Day, Etc. (5-8)*
- **Assisting at ALL PTO Sponsored Events.** *Including Chicken Dinner, PTO Tasting Event and Spaghetti Dinner*
- **Organizing a class raffle basket for PTO Tasting Event.**
- **Attending Field trips with the class.** *Including riding the bus to and from the event/destination.*
- **Assisting at PTO Field Day**
- **Assisting with refreshments and snacks for 8th grade graduation** *(7th grade only)*
- **Assisting with decorating for 8th grade graduation** *(8th grade only)*

Please check one of the following:

☐ I have reviewed the duties above. I am interesting in the role of Room Parent for my child's class. **If I am unable to perform any of my duties, I understand I am responsible for finding my replacement using the alternate list provided to me.**

☐ I am unable to take on the role of Room Parent, but I am interested in being an alternate if needed for the activities above.

Parent Name: _____

Best way to contact me: ☐ Phone: _____ ☐ E-Mail: _____

(If you have more than one child and have a preference for the class you would like to volunteer for, please list them in the order.)

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

More >

2020-21 Dimmick School Volunteer Consent Form

To ensure the safety of our students, volunteers working with students enter Dimmick School throughout the school year must have filled out the following information. This includes any type of volunteering, (book fair help, classroom help, room-parents help, field trip chaperone, etc..)

EACH Adult Volunteer must fill out a separate form!

Conviction Information:

Are you a registered sex-offender: ☐ Yes ☐ No

If requested, are you willing to consent to a criminal background investigation? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No
Offense: _____ Date: _____ Place: _____

Waiver of Liability:

The School District does not provide liability insurance coverage to non-district personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgement that they are providing volunteer service at their own risk.

By your signature below, you acknowledge that the School District does not provide insurance coverage for the volunteer for any loss injuries, illness, or death resulting from the volunteer's unpaid service to the School District.

You agree to waive any and all claims against the School District, or its Officers, Board Members, employees, agents, or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.

Reason for Volunteering:
Please write below your reason for Volunteering:

_____	_____	_____
Date	**Printed Name of Volunteer**	**Signature of Volunteer**