

Herscher Community Unit School District #2

Herscher High School
501 N Main St
Herscher IL 60941
Phone: (815) 426-2103
Fax: (815) 426-2957

Herscher Intermediate School
391 N Main
Herscher IL 60941
Phone: (815) 426-2242
Fax: (815) 426-6862

Limestone Middle School
963 N 5000 W Rd
Kankakee IL 60901
Phone: (815) 933-2243
Fax: (815) 936-4123

Bonfield Grade School
522 E Smith St
Bonfield IL 60913
Phone: (815) 933-6995
Fax: (815) 933-4125

PROOF OF RESIDENCY AND CUSTODY

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email Address: _____

Entering Grade: _____ Building: _____

Evidence presented:

Category I (All documents required)

- Student's Birth Certificate
- Driver's License of Parent/Guardian Registering/Enrolling Student
- Court-ordered Transfer of Custody or Guardianship
(If student does not live with both birth/adoptive parents)

Category II (One document required – must show in-district address)

- Mortgage Papers
- Closing Documents
- Signed Lease
- Real Estate Tax Bill

Category III (Two documents required – must show in-district address)

- Voter Registration
- Credit Cards / Bills
- Public Aid Card
- Gas/Electric Bill (No Phone Bill)
- Checking Acct or Bank Statement
- Home/Apartment Insurance Papers

This form is to attest that the above child is not enrolling in the District solely for the purpose of attending school and is living on a permanent basis with the person having complete custody and control. Registration of a student who is not a legal resident is a fraudulent act. Any student found to have been fraudulently registered will be dropped from the attendance rolls immediately.

Parent or guardians making a fraudulent registration may be subject to the payment of retroactive tuition charged for non-resident students, not to exceed 110% of the per capita cost. Additionally, we will pursue fraudulent representation of address to the fullest extent of the law.

Date

Parent/Guardian Signature

OFFICE USE ONLY:

Documentation Rec'd by: _____ Date: _____

Forwarded to Building:
Registration Code Issued:

Consent for Release/Exchange of Student Records and Information

Student's Name: _____

Date of Birth: ____/____/____

I hereby give permission to release/exchange copies of and/or share information contained within the Student's school student records listed below:

_____ **All School Student Records**, including but not limited to:

Cumulative-permanent record, special education records, grade reports, discipline records, health records, attendance records, test scores, copy of birth certificate, copy of physical for athletics and ISBE Form 33-78.

_____ **All Special Education Records**

_____ **Specific School Student Records** (checked below):

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Social Histories | <input type="checkbox"/> Psychological Evaluations |
| <input type="checkbox"/> Psychiatric Evaluations | <input type="checkbox"/> IEP | <input type="checkbox"/> Speech/Language Evaluations |
| <input type="checkbox"/> Health/Attendance records | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Physical Therapy Evaluations |
| <input type="checkbox"/> ISBE Form 33-78 | <input type="checkbox"/> Test Scores | <input type="checkbox"/> Occupational Therapy Evaluations |
| <input type="checkbox"/> Cumulative-Permanent Record | | <input type="checkbox"/> Copy of Physical for Athletics |
| <input type="checkbox"/> Other: _____ | | |

_____ **Other** (Specify): _____

This information is to be released/exchanged between:

School/Agency: _____

AND
Herscher Community Unit School Dist. No. 2
501 N. Main St
PO Box 504
Herscher, IL 60941

Address: _____

Attn: _____

Attn: _____

These disclosures are authorized pursuant to 20 U.S.C. Section 1232g, 105 ILCS 10/1 et seq., and 740 ILCS 110/1 et seq., and are to be made for the purpose of educational planning for _____ (student name).

I understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I also understand that my refusal to consent to the exchange of records and communications could result in incomplete and/or inappropriate educational planning for _____ (student name).

I understand that this release/exchange of information is in effect through ____/____/____ (not to exceed one year), and that I may revoke consent for this release/exchange in writing at any time.

Parent/Guardian

____/____/____
Date

Witness Signature
(for mental health/developmental disability records)

Student

____/____/____
Date

(for mental health/developmental disability records, if student is age 12 or older)