

# Welcome to the 2011-2012 registration process

*Enclosed you will find the registration packet for 2011-2012. There are two locations for registration information: this handout packet and the on-line Information Station.*

*\* forms are informational      ✓ mandatory return*

This handout packet contains forms to be filled-out, signed and returned:

- ✓ Student verification form - update **and return**
  - ✓ State and federal guidelines for:
    - FERPA - Family Educational Rights and Privacy Act \*
    - Pesticide Notification
    - Student Opt-Out
    - Sex Offender Registration
- Please fill in all parts that pertain to you or your student.
- ✓ Student fee information - **return with check or credit card info.**
  - ✓ Health & Medical information
  - ✓ Internet Access forms (Freshmen only) - **signatures required**
  - ✓ Physical & Immunization information (Freshmen only)
- Textbook pickup dates for 2011-2012 and Important Phone Numbers



The following items will be on-line at the Information Station button at [www.sequoits.com](http://www.sequoits.com).

- Yearbook order form
- Finesse order form
- Sequoit Pride membership form – Separate check required – Show your Pride!
- AMPS (Fine Arts parental support)
- Diploma information (Seniors only)
- Quarterly Athletic Newsletters\*
- Tentative Calendar\*
- Summer Reading book and assignment
- Mealtime letter\*
- Student accident insurance forms will be available on-line only.
- Bell Schedule

## *Other information:*

- *On the Important Phone Numbers page you will find all Progress report dates. Progress Reports are handed to students and available on PASS. Semester report cards will be mailed home.*
- *Schedules will be available on Pass no later than August 1<sup>st</sup>.*
- *Bus Transportation information will be available on the website mid-July.*

*Late summer information that will be mailed:*

- \* *Pass Pin information and instructions*
- \* *Locker assignment (Freshmen)*
- \* *Dress code letter - will be available on-line*
  
- \* *Fee waiver application/Free lunch program forms will be available in the main office at the end of July.*

Your email address is VERY important. We will be using email as a primary contact for our notification process. If your email address changes, please contact the school.

### **U.S. Department of Education Race and Ethnicity Data Standards**

The State of Illinois is requiring ALL student ethnic/race information be updated to the new categories. This will require parents to complete the race and ethnicity portion of the student enrollment sheet. Please be sure this information is filled in completely. **You may choose more than one race if applicable.**

✓ *Please return forms by July 15, 2011.*

## **Model Notification of Rights under FERPA for Elementary and Secondary Schools**

The Family Educational Rights and privacy Act (FERPA) affords parents and students over 18 years of age (“eligible students”) certain rights with respect to the student’s education records. These rights are:

(1) The right to inspect and review the student’s education records within 45 days of the day the School receives a request for access.

Parents or eligible students should submit to the School principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student’s education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student’s privacy rights under FERPA.

Parents or eligible students who wish to ask the School to amend a record should write the School principal (or appropriate school official), clearly identify the part of the record they want changed, and specify why it should be changed. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School board; a person or company with whom the School has contracted as its agent to provide a service instead of using its own employees or officials (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the *School District* to comply with the requirements of FERPA. The name and address of the office that administers FERPA are:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 30303-5920

## **Model Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)**

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED) –

1. Political affiliations or beliefs of the student or student’s parent;
2. Mental or psychological problems of the student or student’s family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships
6. Legally recognized privileged relations, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

- *Receive notice and an opportunity to opt a student out of –*

1. Any other protected information survey, regardless of funding;
2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.

- *Inspect*, upon request and before administration or use –
  1. Protected information surveys of students;
  2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
  3. Instructional material used as part of the educational curriculum.

These rights transfer to from the parents to a student who is 18 years old or an emancipated minor under State law.

Community District 117 has developed and adopt[ed] policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. Community District 117 will also directly notify, such as through U.S. Mail or email, parents of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent or opt his or her child out of participation of the specific activity or survey. Community District 117 will make this notification to parents at the beginning of the school year if the District has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys listed below and be provided an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. Following is a list of the specific activities and surveys covered under this requirement:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.
- Administration of any protected information survey not funded in whole or in part by ED.
- Any non-emergency, invasive physical examination or screening as described above.

*Parents who believe their rights have been violated may file a complaint with:*

Family Policy Compliance Office  
 U.S. Department of Education  
 400 Maryland Avenue, SW  
 Washington, D.C. 20202-5920

### **PPRA Model Notice and Consent/Opt-Out for Specific Activities**

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h, requires District 117 to notify you and obtain consent or allow you to opt your child out of participating in certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas (“protected information surveys”):

1. Political affiliations or beliefs of the student or student’s parent;
2. Mental or psychological problems of the student or student’s family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctor, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure or use of student information for marketing purposes (“marketing surveys”), and certain physical exams and screenings.

Following is a schedule of activities requiring parental notice and consent or opt-out for the upcoming school year. This list is not exhaustive and, for surveys and activities scheduled after the school year starts, the School District 117 will provide parents, within a reasonable period of time prior to the administration of the surveys and activities, notification of the surveys and activities and be provided an opportunity to opt their child out, as well as an opportunity to review the surveys. (Please note that this notice and consent/opt-out transfers from parents to any student who is 18 years old or an emancipated minor under State law.)

*Illinois Youth Survey  
 Josephson Institute National Ethics Survey  
 Parent/Student Survey*

Antioch Community High School  
Student Opt-Out & Pesticide Form 2011-2012

Regarding the:  
**Release of Name, Address, and telephone number**

Federal Public Law 107-110, Section 9528 of the ESEA, "No Child Left Behind Act," requires school districts to release student names, addresses and phone numbers to military recruiters upon their request. The law also requires the school district to notify you of your right to opt-out from this by requesting that the District not release your information to military recruiters. The completion and return of this form serves as your request to withhold your private information.

**As a student you have the right to request that your private information is not released to military recruiters and other. Complete this Opt-Out Form and return it to your Principal.**

\_\_\_\_\_ I request that this student's name, address, and telephone number NOT be released to armed forces and military recruiters, or military schools.

\_\_\_\_\_ I request that this student's name, address, and telephone number NOT be released to colleges, universities, or companies seeking employees.

Signature of student: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date received \_\_\_\_\_

*Pesticide Application Notification*

**District 117** practices Integrated Pest Management, a program that combines preventive techniques, non-chemical pest control methods, and the appropriate use of pesticides with a preference for products that are the least harmful to human health and the environment. Applications of pesticides are made only when deemed necessary to control a pest problem and after trying other means to control the problem. The term "pesticide" includes insecticides, herbicides, rodenticides, and fungicides.

We are establishing a registry of people who wish to be notified prior to pesticide applications. To be included in this registry, please complete the form below and return to ACHS.

\_\_\_\_\_ Please include me in the notification registry. I understand that if there is an immediate threat to health or property that requires treatment before notification can be sent out, I will receive notification as soon as possible.

**We will be using e-mail for our notification process. If you do not have an e-mail, please provide an address below that we can send written notification.**

**E-Mail Address:** \_\_\_\_\_

Grade Level \_\_\_\_\_

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

Parent(s)/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

**Letter to Parent Regarding Visits to School by Child Sex Offenders**

\_\_\_\_\_  
Student's Name (*please print*)

\_\_\_\_\_  
School

Dear Parent/Guardians:

The purpose of this letter is to help the school and District comply with the State law placing restrictions of child sex offenders' access to school property (720 ILCS 5/11-9.3). State law prohibits a child sex offender from being present on school property or loitering on a public way within 500 feet of school property when persons under the age of 18 are present, unless the offender: (1) is a parent/guardian of a student present on school property, or (2) has permission to be present from the Superintendent or the School Board. A child sex offender present on school property must remain under the direct supervision of a school official.

The following applies to a **Parent/guardian who is a child sex offender**:

If you are a child sex offender, you need to immediately return this letter with the blanks completed, to the Building Principal's office where your child is enrolled. The District will crosscheck responses with the list received from law enforcement identifying child sex offenders living within this jurisdiction.

When you visit your child at school or a school event that you have not already described on the form below, you must inform the Principal's secretary that you need to make an entry on your record of school visits. This record will be kept on file in the Building Principal's office where your child is enrolled.

The following must be completed by a child sex offender who is a parent or guardian of a student enrolled in the school:

\_\_\_\_\_  
Name of Parent/Guardian (*please print*)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

- You do not need advance permission for you to visit school property.
- You must provide the information requested below for the times you anticipate visiting the school, such as, after school to pick-up your child, during specific sporting events, and during parent-teacher conferences.
- For all other visits, you must go to the Principal's office and provide the information on your record of visits.
- You must remain under the direct supervision of the assigned school official.

**Record of Visits**

Date	Location and Purpose	Supervisor	In	Out

The following applies **if you know someone who is a child sex offender** who would like to visit school property:

If you know a child sex offender who is not a parent/guardian of a student enrolled in the school, but who would like to visit school property, please refer them to the Superintendent's office to request permission. A child sex offender who is not a parent/guardian of a student enrolled in the school must complete a form in order to be granted permission to visit school property. This form must be completed for each visit to school property.

If permission is granted, the Superintendent or designee shall provide the details of the offender's upcoming visit to the Building Principal. The Superintendent, or designee who is a certified employee, will supervise the offender whenever the offender is in a student's vicinity.

**STUDENT FEES**  
**Antioch Community High School**  
**2011-2012 School Year**

Name of Student: \_\_\_\_\_ Student ID# \_\_\_\_\_ Grade Level \_\_\_\_\_  
 (Please Print)

**REQUIRED FEES:**

**Mandatory for all On-site Students:** English Paperback Usage fee \$ **20.00** \_\_\_\_\_

**Registration Fees:** (Includes Offsite Registration)

Freshman or New Student (Includes P.E. uniform, hall lock and P.E. lock) \$ **160.00** \_\_\_\_\_  
 Sophomore **135.00** \_\_\_\_\_  
 Junior **140.00** \_\_\_\_\_  
 Senior (Includes cap & gown rental) **160.00** \_\_\_\_\_  
 (New Senior - add Cap & Gown) **18.00** \_\_\_\_\_

**Fine Arts Activity Fees:**

Madrigal Ensemble \$ **40.00** \_\_\_\_\_  
 Marching Band **40.00** \_\_\_\_\_  
 Color Guard **40.00** \_\_\_\_\_

**Lake County Tech Campus Fee** (for students enrolled in Tech Campus courses) \$ **25.00** \_\_\_\_\_

**OPTIONAL PURCHASES:**

2012 Yearbook (Standard) \$ **55.00** \_\_\_\_\_  
 2012 Yearbook (With Name Embossed on Yearbook Cover) **60.00** \_\_\_\_\_  
 Replacement P.E. shirt **5.00** \_\_\_\_\_  
 Replacement P.E. shorts **6.00** \_\_\_\_\_  
 P.E. Sweatshirt **11.00** \_\_\_\_\_  
 P.E. Sweatpants **11.00** \_\_\_\_\_  
 Replacement lock for P.E. locker **5.00** \_\_\_\_\_  
 Replacement lock for hall locker **5.00** \_\_\_\_\_  
 Finesse (Literary Magazine) **5.00** \_\_\_\_\_

**TOTAL Fees due by August 16, 2011** \$ \_\_\_\_\_  
**OR call to arrange payment plan:** \_\_\_\_\_

**\*\*Sequoit Pride Membership-** Separate check payable to Sequoit Pride **10.00** \_\_\_\_\_

If paying by credit card (**VISA** or **MasterCard**), you may:

- Pay online at [www.sequoits.com](http://www.sequoits.com) (**Online Payments** under **Information Station**)
- Come in to the Main Office or contact Student Fees Clerk (847) 838-7189
- Provide the necessary information below

**If paying by check or money order please make payable to: ACHS.**

-----  
 Cardholder's Name (please print): \_\_\_\_\_

Please charge my:     VISA     MasterCard    Amount: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Exp. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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**FOR OFFICE USE ONLY:**

Cash     Check # \_\_\_\_\_ Date \_\_\_\_\_ Last Name on Check \_\_\_\_\_     M.O.# \_\_\_\_\_ Received By \_\_\_\_\_

## District 117 Policy Regarding Student Fees 2011-2012

In order to participate in the programs listed below, fee payments must be current with no outstanding balance. If you cannot pay the entire balance by the due date, please contact Student Fees Clerk at (847) 838-7189 to arrange a payment plan.

Athletics  
Driver Education - Behind the Wheel  
Parking Permits  
Yearbook Purchase  
Prom  
Graduation Ceremony  
Summer School

*Payments received will be applied to outstanding balances first.*

### Fee Waivers

Fee waiver applications will be mailed near the end of July and also available in the Main Office or online at [www.sequoits.com](http://www.sequoits.com). A new application must be completed each school year, and waivers are not retroactive. The business office will contact each family with acceptance or rejection; be sure to follow up.

## REGULATIONS REGARDING PHYSICALS AND IMMUNIZATIONS

Dear Parents:

The School Code of Illinois states that prior to entrance into ninth grade, all students must be given physical examinations and show evidence of immunity to diphtheria, tetanus, pertussis, poliomyelitis, measles, rubella (German measles), mumps and Hepatitis B. It is recommended that they receive a dental examination. New students (upperclassmen) are also required to provide a copy of their ninth grade or current physical and immunizations. A sports physical may not be submitted in lieu of the State of Illinois Department of Human Services form.

The regulations concerning immunizations are as follows:

- A. All students entering ninth grade must have received three or more doses of either diphtheria-tetanus (TD), with the last dose being a booster. If 10 years have passed since the last booster, an additional booster is required.
- B. All students entering ninth grade must have received at least three doses of oral polio vaccine (at least 8 weeks between doses), with the last dose being a booster and having been received on or after the 4<sup>th</sup> birthday.
- C. All students entering ninth grade must present evidence that they: (1) have received two doses of live measles virus vaccine, the first dose by at least 12 months of age and the second dose no less than one month after the first; or (2) have a doctor's verification that they have had the disease; or (3) have a laboratory test indicating they are immune to measles.
- D. All students entering ninth grade must present evidence they have been immunized against varicella (chicken pox) or have doctor's verification they have had the disease.**
- E. All students entering ninth grade must present evidence that they have been immunized against mumps and rubella (German or 3-day measles) at one year of age or later or have a doctor's verification they have had the disease.
- F. All students entering the ninth grade must have been immunized against Hepatitis B, with the second immunization following 30 days after the first inoculation, and the third immunization following 6 months after the second inoculation.
- G. It is highly recommended, but not mandatory, that all students entering ninth grade have the tuberculin skin test using the intradermal Mantoux method.

Local physicians are aware of these regulations and can bring the immunizations up-to-date at the time of your child's physical examination. The Lake County Health Department provides an immunization clinic at the VFW in Antioch on the third Wednesday of each month from 4 p.m. until 6 p.m. They also have a clinic in Round Lake Beach. Phone the Lake County Health Department at 847-377-8470 or 847-377-8480 for more information. There is a minimal charge for immunizations and physical exams.

### EXCEPTIONS FOR IMMUNIZATIONS AND PHYSICAL:

- A. If your physician feels that the physical condition of the child is such that the administration of one or more of the required immunizing agents would be detrimental to the health of the child, then that agent would not be required. A statement from the physician to this effect is necessary.
- B. If the parent or guardian of a child objects to their immunization or a physical examination due to religious beliefs, they will not be required. In such instances a signed statement of this objection, detailing the grounds for such objections, must be presented.

The physical examination **MUST** be written on the forms provided. These are now the only acceptable forms to be used for school health examinations in the State of Illinois. The immunization dates must be filled in with dates you know are accurate and should include **day, month and year**. This should be done before your child receives his/her examination so your doctor can determine if any additional immunizations are needed. If any are given at that time, they should also be indicated on the form.

**PHYSICAL EXAMINATIONS MAY BE GIVEN WITHIN ONE YEAR PRIOR TO NINTH GRADE ENTRANCE. THE COMPLETED FORM SHOULD BE RETURNED WITH THE STUDENT'S REGISTRATION MATERIALS OR BROUGHT TO THE NURSE AS SOON AS POSSIBLE. STUDENTS WHO DO NOT HAVE A PHYSICAL (NOT A SPORTS PHYSICAL) ON FILE BY THE START OF SCHOOL WILL BE SUBJECT TO EXCLUSION FROM SCHOOL ON OCTOBER 15, 2011 PER STATE CODE.**

Please call your doctor early for an appointment as many cannot assure you of an appointment before school begins if called after August 1<sup>st</sup>.

Please fill out and sign the **HEALTH HISTORY/EMERGENCY INFORMATION** form included in this packet.

Needless to say, your child's health is an important factor and his/her school life can be more meaningful and interesting if he or she attends regularly. Some illnesses and conditions which cause frequent absences from school can be prevented. Any known condition concerning ears, eyes, teeth, tonsils, feet or skin should be taken care of before school commences. Any special problems your child may have, including physical education restrictions and vision or hearing difficulties, should be discussed with the school health aide.

Assistant Principal

*P. Fay*  
Dr. Phyllis Fay

Health Office

*W. Sobczak*  
Wanda Sobczak, R.N.

**MEDICATION ADMINISTRATION/SELF-ADMINISTRATION**  
**CONSENT FORM FOR PRESCRIPTION AND**  
**OVER-THE-COUNTER MEDICATIONS**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

**Part I – Physician’s Statement** *(This statement may be signed by a physician’s assistant or advance practice registered nurse having such authority delegated by a supervising/collaborating physician.)*

***Narcotics may not be taken prior to or during school hours.***

1. Name/type of medication: \_\_\_\_\_
2. Is the prescribed medication for an asthmatic condition? \_\_\_\_\_
3. If the prescribed medication is an epinephrine auto-injector, is the device for immediate self-administration by a person at risk of anaphylaxis? \_\_\_\_\_
4. Dosage/amount to be given: \_\_\_\_\_
5. Route of administration: \_\_\_\_\_
6. Frequency and time of administration, or special circumstances under which the medication or epinephrine auto-injector is to be administered: \_\_\_\_\_
7. Duration (e.g., week, month, indefinite): \_\_\_\_\_
8. Diagnosis, intended effect and anticipated reaction to medication (symptoms, side effects, etc.):  
\_\_\_\_\_
9. Other medication student is receiving: \_\_\_\_\_
10. Other requirements or special circumstances: \_\_\_\_\_
11. Must this medication be administered during the school day in order to allow the student to attend school? \_\_\_\_\_
12. Is supervised student self-administration authorized? \_\_\_\_\_
13. **For asthma medication or epinephrine auto-injector only\*** -- Is unsupervised self-administration authorized? \_\_\_\_\_

*\*Pursuant to Illinois law, upon parental consent, a student who is prescribed asthma medication or an epinephrine auto-injector may possess and use his/her asthma medication or epinephrine auto-injector during school or at school-sponsored activities without the supervision of district personnel.*

\_\_\_\_\_  
(Physician’s Signature)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

**Part II– Liability Notice**

Community High School District 117 and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication or use of an epinephrine auto-injector by the student.

[Please complete form and fax to Nurse at ACHS Health Office: 847-838-3672]

---OVER---

**PARENTAL CONSENT FORM**  
**EMERGENCY TREATMENT**

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, have enrolled my child in and hereby authorize Dr. \_\_\_\_\_, my child's physician, or any physician in his or her group practice, on my behalf to administer emergency medical assistance to my child during school or a school-sponsored activity. In the event my child's physician, or any physician in his or her group practice, is not available, or contact with my child's physician is not practical under the circumstances, I hereby authorize Community High School District 117, its employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized school personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I further waive any claims against Community High School District 117, the members of the Board of Education, its employees and agents arising out of the provision of or arrangement for emergency medical assistance to my child and agree to hold harmless and indemnify Community High School District 117, the members of its Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages or causes of action or injuries, costs and expenses, including attorneys' fees, resulting from or arising out of the provision of or arrangement for emergency medical treatment.

Signed \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

**Part III- Parent's Request/Approval**

I hereby request and grant permission for Community High School District 117 school personnel to [***check one***] \_\_\_\_\_ administer or \_\_\_\_\_ permit the self-administration of medication to/by my daughter/son according to the above instructions. I understand that administration by school personnel may be performed by an individual other than a certificated and registered school nurse, and I specifically consent to this. I acknowledge that Community High School District 117 is to incur no liability, except for willful and wanton conduct, arising from the self-administration of medication or use of an epinephrine auto-injector by my daughter/son. I further waive any claims against the School District, members of the Board of Education, its employees and agents arising out of the administration or self-administration of said medication or use of an epinephrine auto-injector, and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages or causes of action or injuries, costs and expenses, including attorneys' fees, resulting from or arising out of the administration or self-administration of medication or use of such epinephrine auto-injector. With respect to student self-administration of asthma medication or use of an epinephrine auto-injector, this waiver and indemnification are not applicable to willful and wanton acts to the extent required by law.

**For asthma medication or epinephrine auto-injector only** – I consent to my child's possession and unsupervised self-administration of asthma medication: \_\_\_\_\_ yes \_\_\_\_\_ no. I consent to my child's possession and unsupervised use of his/her epinephrine auto-injector: \_\_\_\_\_ yes \_\_\_\_\_ no.

Signed \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

**ANTIOCH COMMUNITY HIGH SCHOOL  
HEALTH HISTORY AND EMERGENCY INFORMATION**

PARENTS: In order to insure emergency care for a child taken ill or injured at school, the following information is essential. Completing this form each year may seem unnecessary to many parents, but addresses, employment, phone numbers, as well as your child's health, may change from year to year. It must be signed by a parent or guardian.

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

**HEALTH HISTORY:**

Asthma? \_\_\_\_\_ Any restrictions? \_\_\_\_\_  
Allergies to food, medicine, insect bites or other? \_\_\_\_\_  
Does your child have a hearing loss? \_\_\_\_\_ Wear a hearing aid? \_\_\_\_\_ Wear glasses/contacts? \_\_\_\_\_  
Does your child take medicine regularly and for what purpose? \_\_\_\_\_  
Does your child have any other significant illness, special problem or disability (include emotional), or use any special equipment such as a brace? Explain: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
List below other responsible persons to be notified if unable to reach parents:  
1. \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
2. \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

In the event of an emergency rising out of serious illness or injury, permission is hereby granted to transport my son/daughter to a medical facility, if necessary, and to provide necessary treatment. I understand that an attempt will be made by the school administration and/or the attending physician to contact me or my spouse in the most expeditious way possible. If said physician is not able to communicate with me or my spouse, permission is hereby granted to the attending physician to proceed with necessary medical or surgical treatment in the best interest of my son/daughter, and if necessary, to admit him/her to a medical facility. Permission is also granted to the athletic trainer, in the absence of a physician, to provide necessary first aid until such time as a physician is present.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
CERTIFICATE OF CHILD HEALTH EXAMINATION**

Please Print

<b>Student's Name</b>			<b>Birth Date</b>			<b>Sex</b>	<b>School</b>			<b>Grade Level /ID#</b>		
Last	First		Middle		Month/Day/ Year							

<b>Address</b>				<b>Parent/ Guardian</b>		<b>Telephone #</b>			<b>Work</b>			
Street	City		ZIP code				Home					

**IMMUNIZATIONS:** To be completed by health care provider. Note the mo/da/yr for *every* dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

VACCINE/DOSE	1			2			3			4			5			6			
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																			
Diphtheria and Tetanus (Pediatric DT or Td)																			
Inactivated Polio (IPV)																			
Oral Polio (OPV)																			
Haemophilus influenzae type b (Hib)																			
Hepatitis B (HB)																			
Varicella (Chickenpox)																			Comments
Combined Measles, Mumps and Rubella (MMR)																			
Measles (Rubeola)																			
Rubella (3-day measles)																			
Mumps																			
Pneumococcal (not required for school entry)	<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			
Check specific type (PCV7, PPV23)																			
Other (Specify hepatitis A, meningococcal, etc.)																			

**Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.**

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b> (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	<b>Title</b>	<b>Date</b>
<b>Signature</b> (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	<b>Title</b>	<b>Date</b>

**ALTERNATIVE PROOF OF IMMUNITY**

1. **Clinical diagnosis is acceptable if verified by physician.** \*(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

\*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. **History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.**  
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
-----------------	-----------	-------	------

3. **Laboratory confirmation (check one)**  Measles  Mumps  Rubella  Hepatitis B  Varicella  
**Lab Results** Date MO DA YR (Attach copy of lab report, if available.)

**VISION AND HEARING SCREENING DATA**

Pre-school – annually beginning at age 3; School age – during school year at required grade levels														
Date														
Age/Grade	R	L	R	L	R	L	R	L	R	L	R	L	R	L
Vision														
Hearing														

Printed by Authority of the State of Illinois  
(Complete Both Sides)

<b>Student's Name</b>	<b>Birth Date</b>	<b>Sex</b>	<b>School</b>	<b>Grade Level/ ID #</b>
Last First Middle	Month/Day/ Year			

**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

<b>ALLERGIES</b> (Food, drug, insect, other)			<b>MEDICATION</b> (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma? Child wakes during the night coughing	Yes Yes	No No	Indicate Severity	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No
Birth defects?	Yes	No		Hospitalizations? When? What for?	Yes No
Developmental delay?	Yes	No		Surgery? (List all.) When? What for?	Yes No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		Serious injury or illness?	Yes No
Diabetes?	Yes	No		TB skin test positive (past/present)?	Yes* No
Head injury/Concussion/Passed out?	Yes	No		TB disease (past or present)?	Yes* No
Seizures? What are they like?	Yes	No		Tobacco use (type, frequency)?	Yes No
Heart problem/Shortness of breath?	Yes	No		Alcohol/Drug use?	Yes No
Heart murmur/High blood pressure?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes No
Dizziness or chest pain with exercise?	Yes	No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other	
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)				Other concerns?	
Ear/Hearing problems?	Yes	No		Information may be shared with appropriate personnel for health and educational purposes.	
Bone/Joint problem/injury/scoliosis?	Yes	No		<b>Parent/Guardian Signature</b>	<b>Date</b>

**Entire section below to be completed by MD/DO/APN/PA (\*INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)**

<b>PHYSICAL EXAMINATION REQUIREMENTS</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>BMI</b>	<b>B/P</b>
<b>DIABETES SCREENING BMI&gt;85% age/sex</b> Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: <b>Family History</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Ethnic Minority</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Signs of Insulin Resistance</b> (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>At Risk</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>LEAD RISK QUESTIONNAIRE*</b> Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. <b>Blood Test Indicated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Blood Test Date</b> <b>Blood Test Result</b> (Blood test required in Chicago and other high risk zip codes.)				
<b>TB SKIN TEST</b> Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. <b>Date Read</b> / / <b>Result</b> mm				
<b>LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES</b>	Date	Results	Date	Results
Hemoglobin * or Hematocrit *				Sickle Cell * (as indicated)
Urinalysis				Other
<b>SYSTEM REVIEW</b>	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>		Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/> Result _____ Referred to Ophthalmologist/Optometrist Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal examination	
Cardiovascular/HTN			Nutritional status	
Respiratory			Mental Health	
<b>NEEDS/MODIFICATIONS</b> required in the school setting			<b>DIETARY</b> Needs/Restrictions	
<b>SPECIAL INSTRUCTIONS/DEVICES</b> e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup				
<b>MENTAL HEALTH/OTHER</b> Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal				
<b>EMERGENCY ACTION</b> needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.				
On the basis of the examination on this day, I approve this child's participation in (If No or Modified, please attach explanation.)				
<b>PHYSICAL EDUCATION</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>		<b>INTERSCHOLASTIC SPORTS</b> (for one year) Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>		
Physician/Advanced Practice Nurse/Physician Assistant performing examination				
<b>Print Name</b>	<b>Signature</b>			<b>Date</b>
<b>Address</b>	<b>Phone</b>			

(Complete both sides)



**Community High School District 117**  
AUTHORIZATION FOR INTERNET ACCESS AND TERMS AND CONDITIONS

Community High School District 117 has the ability to enhance your child's education through the use of the Internet. The Internet offers vast, diverse, and unique resources. The goal of the Board of Education in providing this service is to promote educational excellence by facilitating resource sharing, innovation, and communication. Your authorization is needed before your child may use this resource.

Students and teachers may have access to:

- Limited electronic mail communications with people from all over the world
- Information from government sources, research institutions, and other sources
- Discussion groups
- Many libraries, including the catalog to the Library of Congress and the Educational Resources Information Clearinghouses (ERIC).

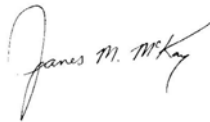
With this educational opportunity also comes responsibility. The use of inappropriate material or language or violation of copyright laws may result in the loss of the privilege to use this resource. You are legally responsible for your child's actions.

The District takes precautions to prevent access to materials that may be defamatory, inaccurate, offensive, or otherwise inappropriate in the school setting; however, it is impossible to control all material. Ultimately, you are responsible for setting and conveying the standards that your child should follow. To that end, District 117 supports and respects each family's right to decide whether or not to authorize Internet access.

Please read and discuss this information with your child. Sign the Authorization form and return with your registration materials.



Mike Nektiz  
Co- Superintendents  
Community High School District 117



Jim McKay

**Community High School District 117**  
**INTERNET ACCESS TERMS AND CONDITIONS**

*Terms and Conditions*

1. **Acceptable Use** - Access to the District's Internet must be for the purpose of education or research and be consistent with the educational objectives of the District.
2. **Privileges** - The use of the District's Internet is a privilege, not a right, and inappropriate use may result in cancellation of those privileges. The Building Administration will make the initial determination regarding whether or not a use has violated this Authorization and will make a recommendation to the Principal and/or Designee whether access is to be denied, revoked, or suspended at anytime: the action of the Principal and/or Designee is final.
3. **Unacceptable Use** - The User is responsible for his/her actions and activities involving the network. Examples of unacceptable uses include, but are not limited to:
  - Using the network for any illegal activity, including violation of copyright or other contracts, or transmission any material in violation of any U.S. or State regulations;
  - Unauthorized downloading of software, regardless of whether it is copyrighted or devirused;

- Game playing of any kind on the computer is prohibited;
  - Downloading copyrighted material for other than personal use;
  - Using the network for private financial or commercial gain;
  - Wastefully using resources, such as file space;
  - Gaining unauthorized access to system files, resources, or entities
  - Invading the privacy of individual;
  - Using another user's account or password;
  - Posting material authored or created by another without his/her consent;
  - Posting anonymous messages;
  - Using the network for commercial or private advertising;
  - Accessing, submitting, posting, publishing, or displaying any defamatory inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material;
  - Using the network while access privileges are suspended or revoked.
4. **Network Etiquette** - The user is expected to abide by generally accepted rules of network etiquette. These include, but are not limited to, the following:
- Be polite. Being abusive in messages sent to others is unacceptable.
  - Use appropriate language. Swearing, using vulgarities or any other inappropriate language is unacceptable.
  - Revealing the personal addresses or telephone numbers of students or colleagues is unacceptable.
  - Electronic mail (E-mail) is not private. Personnel who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
  - The network is to be used in a way so as not to disrupt its use by others
  - All communications and information accessible via the network should be considered to be private property.
5. **No Warranties** — The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages the user suffers. This includes loss of data resulting from delays, non-deliveries, missed-deliveries, or service interruptions caused by its negligence or the user's errors or omissions. Use of any information obtained via the Internet is at your own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.
6. **Indemnification** — The user agrees to indemnify the School District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of any breach of this authorization.
7. **Security** — Network security is a high-priority. If the user identified is security problem on the Internet, it must be reported immediately to the Director of Technology or Building Principal. The problem is not to be demonstrated to other users. Users account and passwords are to be kept confidential. The account of another user may not be used without written permission from that individual and the approval of the Director of Technology. Attempts to log-on to the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk may be denied access to the network.
8. **Vandalism** — Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or any other network. This includes, but is not limited to the uploading or creation of computer viruses.
9. **Telephone Charges** - The district assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment or line costs.

**Community High School District #117**  
Authorization for Internet Access

*Please read carefully all information regarding Internet Access and Terms and Conditions. Complete and return this form. Keep all other information for your records.*

I/We have read the **Authorization for Internet Access**. I/We understand that access is designed for educational purposes and that the District has taken precautions to eliminate controversial material. However, I/We also recognize it is impossible for the District to restrict access to all controversial and inappropriate materials. I/We will hold harmless the District, its employees, agents, or members of the Board of Education for any harm caused by materials or software obtained via the network. I/We accept full responsibility for supervision if and when my child's use is not in a school setting. I/We have discussed the terms of this Authorization with my child. I/We hereby request that my child be allowed access to the District's Internet.

Student Name (Please Print/Type) \_\_\_\_\_

Parent/Guardian Name  
(Please Print/Type) \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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

I do not want my child to have access to the Internet.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

# Yearbooks On Sale Now



## Now's the time the 2012 Antioch Community High School yearbook!

Approximately 90% of students order the book during registration, and ordering now lets you make one payment for your fees and yearbook. No price increase! We've frozen the price at \$55 again this year. This flyer will give you most of the information you need to know, but if not, you can also email us at [mthompson@sequoits.com](mailto:mthompson@sequoits.com).

## What's in the book?

Our 2012 yearbook will contain approximately 160 pages, all in full color, covering events from the first day of school through graduation. Month by month, the staff will document the school year for all activities and academic areas in words and pictures. All students who have a school portrait taken will appear with their classes in the portrait section. Student recognition ads will again be an important part of our yearbook. We expect 2012 to be another award-winning year for our yearbook journalism program. Check us out at [www.sequoits.com/yearbook](http://www.sequoits.com/yearbook).

## Can I get my name embossed on the cover?

To have your name embossed in foil on the cover of your book, order a name-embossed cover for an additional \$5. Name embossing is available only until March 1.

## When will I get my yearbook?

We plan to distribute yearbooks on Tuesday, August 7, 2012. To give you a yearbook in June, we'd have to send the final material to the printer in February. You'd miss almost half of the school year. Instead, we work right up to the last day of school to make your yearbook a complete record of the school year.



## What if I miss the pickup day?

You can still pick it up once school starts. We'll hold your book for you until December 1. But after that all unclaimed books will be sold. Get your book before then because there are no refunds.

## What if I move?

We can ship your book to you. Send \$3 for postage to Yearbook Staff, Antioch Community High School, 1133 Main Street, Antioch, IL 60002. Your book will arrive in early September.

# ACHS Literary Magazine:

## *Finesse*

### PRE-ORDER FORM



*Finesse* is the student produced literary magazine representing ACHS and its students. We accept a wide range of writing and artwork, including, but not limited to: poetry, short stories, excerpts of stories, paintings, digital art, and drawings!

*Finesse* has been chosen by the National Council of Teachers of English as one of the best literary magazines in the state of Illinois.

**YES**

I want to reserve my very own copy of the ACHS literary magazine! I am enclosing a \$5 check, addressed to ACHS.

Student Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

Address \_\_\_\_\_

# 2011 SEQUOIT PRIDE 2012

A Member of the Antioch Sequoits Booster Club, Inc.  
A 501(c)3 organization as defined by the Internal Revenue Service

A tax deductible donation can be made via PayPal or check payable to Sequoit Pride

P.O. Box 4282, Antioch, IL60002

**Dear Parent and/or Guardian:** You are cordially invited to become a member of Sequoit Pride, the parent booster club for ACHS. The booster club works very hard to support all our students. We run the spirit wear shop, support Teacher Appreciation, Senior Picnic, and so much more. We are always happy to have new members join us and help with our activities. The profits from all our sales are used to fund the "extras" at school. You can read the current list of our contributions on our webpage.

**Sequoit Pride's purpose and Mission Statement:** To promote and encourage the academic, artistic, athletic and extra-curricular pursuits of student life at Antioch Community High School; and to enhance school spirit throughout the school and community through the provision of resources and financial assistance to their organized activities.

In an effort to keep you informed about Sequoit Pride, please fill out the information sheet below. You may print and mail to address above or bring to school office.

*Please Print*

Student Name (s) \_\_\_\_\_

Last Name

First Name

Grad Yr

Parent/Guardian Name (s) \_\_\_\_\_

Last Name

First Name

Mailing Address: \_\_\_\_\_

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

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

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

If you would like to help with any Sequoit Pride activities and would like more information, please check the box and a member will contact you.

Volunteer my time  Teacher Appreciation  Senior Picnic  Spirit Shop  Vending Machines  
 As needed  other \_\_\_\_\_

Willing to donate items for the following events

Teacher Appreciation Week  Senior Picnic  As needed

Tax deductible donations can be made via PayPal or checks payable to Sequoit Pride. Please find enclosed my tax deductible donation.

- \$10.00       \$25.00       \$50.00       \$\_\_\_\_\_
- \$150.00 District 117 Family Pass- See information below

### **DISTRICT 117 FAMILY PASS**

- The District 117 Family pass will allow admission of your immediate family members (as defined below) to all District 117 (ACHS and LCHS) home athletic and drama events.
- **Pass excludes ISHA Tournament Events and Special Event Fundraisers**
- Pass is not transferable
- Pass must be shown at each event, if you do not have your pass you will be charged admission
- District 117 Family Activities pass was approved by the school board to include parents/guardians and their children living in one household. Children has been defined as children living at home, students away at college, but still dependent on parent(s) or guardian, adopted children, and children of blended families. Children do not include married children and their spouses. Also other family members, such as aunts, uncles, cousins, nieces, nephews, grandparents or other friends of the family are not to be included on the family pass.

Please print names of immediate family members to be included on your District 117 Family Pass 2011-2012:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

- If lost /stolen, a fee will be necessary to reissue a new pass
- Reimbursement will be issued if found
- Reissued pass must be returned for processing

Please check here if you would like a tax deductible receipt mailed to your home address [ ].



Greetings parents of an ACHS Fine Arts Student:

I would like to welcome you to a new year at Antioch High School and invite you to get involved with the fine arts parent support group AMPS.

Our goal in AMPS is to make your students fine arts experience at Antioch the best one ever and to promote the fine arts within the school and the community. Over the years we've been able to assist with Marching Band, Choir Concerts, Band Concerts, Drama and Musical performances, and art shows by providing food for the Marching band competitions and refreshments at band camp, funds to help lower costs for Band and Choir Camps, help with expenses associated with drama productions, providing refreshments during intermission for performances, and most important by supporting events for the students to show our appreciation, respect, and gratitude for all their hard work.

AMPS has no fee involved in joining our organization so every parent of a fine arts student is automatically a member. What we ask of our members is their support and involvement in fine arts events and fundraisers. At times we need parents to bake for performance intermissions, chaperone for fine arts outings, help with fine arts performances and events, and move and feed the marching band at competitions (mainly by marching band members parents).

What we need from you at this moment is to fill out the AMPS application on the reverse and return it with your registration forms or mail it to the address on the form. Almost all correspondence is done through email, and because of privacy laws, this is the only way we are able to get the information necessary to inform you about upcoming fine arts events, fundraiser announcements, or ask for parent assistance for these events and I promise AMPS will not share or abuse your email address.

We also invite you to attend our AMPS meetings the second Monday of the month beginning at 7:00 pm in the conference room in the main office at the high school. Everyone is welcome and you'll be able to hear from all the fine arts teachers what's happening at ACHS and what AMPS does for the benefit of all fine arts students, like yours.

Dawn Latakas

AMPS President



**AMPS** is a parental support association that facilitates the enrichment of our students lives through their participation in Music, Drama, and Art at Antioch Community High School by...

- Ensuring that the arts are an important part of the curricular program
- Encouraging attendance at our students performances or shows
- Assisting our Fine Arts Educators in managing events
- Sponsoring receptions during events to demonstrate appreciation and gratitude to our students
- Providing financial support for trips, camps and scholarships for students with fiscal needs
- Helping to reduce individual out-of-pocket expenses for trips and camps
- Coordinating fund-raising events

Dear Parent or Guardian,

In an effort to keep you informed about the latest Fine Arts performances and exhibitions occurring at Antioch Community High School by our Fine Arts Department, please fill out the information sheet and return it with your registration forms, or to a Fine Arts Instructor, or mail to AMPS 1133 Main. St. Antioch, IL. 60002. AMPS is a non-for-profit corporation as defined by Internal Revenue Service 501c3 rulings.

Student Name(s) \_\_\_\_\_  
(Last) (First) (Graduating Class Year)

Student's Organization: \_\_\_\_\_ Band \_\_\_\_\_ Choir \_\_\_\_\_ Color Guard \_\_\_\_\_ Art \_\_\_\_\_ Drama

Parent/Guardian Name(s): \_\_\_\_\_  
(Last) (First)

Mailing Address: \_\_\_\_\_  
Street and Apartment #  
 \_\_\_\_\_  
(City, State, Zip Code)

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

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

*Please place a "X" by all that may apply below. You may check multiple entries.*

**Contributions:**

Would you be able to assist with any of the following goods or services?

- \_\_\_\_\_ Baked Goods    \_\_\_\_\_ Chaperone    \_\_\_\_\_ Stage assistance (Performances)    \_\_\_\_\_ Costume alterations  
 \_\_\_\_\_ Marching Band (Props setup, food distribution, Equipment handling)

Other (please specify) \_\_\_\_\_

***Please be informed that AMPS respects your privacy and shares no information outside of the Organization. Information provided will only be used internally for the benefit of AMPS, and the Students' participating in the Fine Arts programs at Antioch Community High School.***

**ANTIOCH COMMUNITY HIGH SCHOOL  
CLASS OF 2012 DIPLOMA INFORMATION**

**Directions:** Please complete each of the items below and return this form with your registration materials. Students must have completed all requirements for graduation as set by Antioch Community High School's Board of Education in order to march in the commencement ceremony.

***All fees and fines must be paid in full prior to graduation.***

**\*PRINT YOUR NAME AS IT SHOULD APPEAR ON YOUR DIPLOMA.**  
Please print clearly. Be sure to use proper upper and lower case, spacing, etc. Your diploma will be ordered as written on this form. Thank you for your cooperation.

\_\_\_\_\_

(First Name)

\_\_\_\_\_

(Middle or Initial)

\_\_\_\_\_

(Last Name)

\*If you meet all graduation requirements, do you plan to march at graduation?

(Circle one) Yes No

**\*Height and weight used to order cap and gown:**

Height \_\_\_\_\_ Weight \_\_\_\_\_

\* Student attends location other than ACHS campus: \_\_\_\_\_

***Parent/Guardian please note:***

***Graduation is a formal ceremony and the culmination of hard work on the part of the teachers and students of Antioch Community High School. Students are reminded to wear attire appropriate for this occasion.***

***Blue jeans, shorts, t-shirts, ripped clothing and gym shoes are not acceptable for this occasion. Any student who is not dressed appropriately for graduation may be removed from the line-up prior to the start of the ceremony.***

Parents/Students please sign that the information is correct and that you have read the parent note regarding the ceremony

\_\_\_\_\_

(Signature of Parent or Guardian)

\_\_\_\_\_

(Signature of Student)