River Forest
Public Schools

Administrative Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

RIVER FOREST PUBLIC SCHOOL DISTRICT 90

NEW STUDENT REGISTRATION

District 90 is now processing all New Student Registration electronically. Families registering students in District 90 for the first time must call 708-771-8282 to speak with the district registrar to begin the registration process.

The registrar will explain the online process. Please review the New Student Registration checklist for details of the documents required to prove your residency. All uploaded residency documents must have the parents' current River Forest address.

Parents will be required to upload the required Proof of Residency documents and complete all of the online forms before the student registration will be considered complete.

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

NEW STUDENT REGISTRATION CHECKLIST

The following documents are required when registering a new student for school in District 90.

Category 1: One (1) Original Document required:

- ☐ Most recent property tax bill and proof of payment
- ☐ Mortgage papers (homeowner's closing documents, such as settlement statement or loan agreement).
- ☐ Signed and dated lease and proof of last two months' payments (cancelled checks or receipts)
- ☐ Housing letter (military personnel)
- ☐ An agreement of sale for a residential property located within the District's geographic boundaries, signed by the seller and parent/custodian as buyer, which has a closing date within 90 calendar days (Conditional Enrollment Affidavit and financial deposit are required based on Board of Education policy 7:60)
- ☐ Notarized Affidavit from Third Party Confirming Occupancy

Under unusual circumstances, the District may elect to accept substitute documents.

AND

Category II: Three (3) original documents required:

- ☐ Driver's License or Illinois State I.D. Card
- ☐ Vehicle Registration
- ☐ Voter Registration
- ☐ Current public aid card
- ☐ Letter from Illinois Department of Public Health with a case number
- ☐ Current homeowner's or renter's insurance policy declaration page and premium payment receipt
- ☐ Current auto insurance policy declaration page and premium payment receipt
- ☐ Most recent gas, electric or water bill within the past 3 months

Student Information

- ☐ Proof of residency and birth date form, or proof of residency for families of currently enrolled students
- ☐ Student's original birth certificate
- ☐ Student Pre-Registration form
- ☐ Illinois State Student Transfer Form (only required of students transferring from an Illinois public school, grades one through eight)
- ☐ Custody documents (if applicable); court order, agreement, judgment or decree

Health Information and Forms

- ☐ Physical Examination (Illinois Certificate of Child Health Examination Form) dated within one year of the first day of school.
- ☐ Dental Examination (The exam must have taken place after December 15th of the prior school year).
- ☐ Eye Examination (The exam must be completed within one year prior to the first day of school).
- ☐ School Medication Authorization Form (if applicable)

Under unusual circumstances, the District may elect to accept substitute documents.

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

PROOF OF RESIDENCY
(Continuing Student)

Parents and/or guardians are required to submit proof of residency upon enrollment of their children and attest that they are residing within the boundaries of River Forest School District 90 at the time of initial enrollment. It is expected that you have maintained that residency in the District when your children are registered for classes in subsequent years. Each year, thereafter, you will be required to submit a tax bill if you are a homeowner, or a current lease if you rent.

The District reserves the right, on a case-by-case basis, to require parents and/or guardians of District 90 students to reaffirm their actual residency in light of information brought to the attention of the District that may call that residency into question, such as expired leases or sale of property. Renewed leases should be provided to the District Office.

PROOF OF RESIDENCY AND BIRTHDATE

River Forest School District 90

Date _____

Name of Student _____ **School** _____

Name of Student _____ **School** _____

Name of Student _____ **School** _____

Checklist to be completed and initialed by District 90 personnel:

____Birth Certificate
____Student Pre-Registration Form and New US Dept. of Education Race and Ethnicity Data Standards

The following evidence of proof of residency must be presented with a current River Forest address:

Category 1: One (1) Original Document required:

- ☐ Most recent property tax bill and proof of payment
- ☐ Mortgage papers (homeowner's closing documents, such as settlement statement or loan agreement).
- ☐ Signed and dated lease and proof of last two months' payments (cancelled checks or receipts)
- ☐ Housing letter (military personnel)
- ☐ An agreement of sale for a residential property located within the District's geographic boundaries, signed by the seller and parent/custodian as buyer, which has a closing date within 90 calendar days (Conditional Enrollment Affidavit and financial deposit are required based on Board of Education policy 7:60)
- ☐ Notarized Affidavit from Third Party Confirming Occupancy

Under unusual circumstances, the District may elect to accept substitute documents.

AND

Category II: Three (3) original documents required:

- ☐ Driver's License or Illinois State I.D. Card
- ☐ Vehicle Registration
- ☐ Voter Registration
- ☐ Current public aid card
- ☐ Letter from Illinois Department of Public Health with a case number
- ☐ Current homeowner's or renter's insurance policy declaration page and premium payment receipt
- ☐ Current auto insurance policy declaration page and premium payment receipt
- ☐ Most recent gas, electric or water bill within the past 3 months

Under unusual circumstances, the District may elect to accept substitute documents.

The District reserves the right to evaluate the evidence presented. Merely presenting the items does not guarantee admission.

This proof of Residency form is to attest that the above child is not enrolling in District 90 solely for school purposes and is living on a permanent basis with the person having complete custody and control. Registration of a student who is not a resident is a fraudulent act. Any student found to have been fraudulently registered will be dropped from the attendance rolls immediately. Parents or guardians making a fraudulent registration will be subject to the payment of retroactive tuition charged for non-resident students, not to exceed 110% of the per capita cost. Providing false information to enable a child to attend a District 90 school tuition free is a Class C Misdemeanor punishable by time in jail and/or a fine.

I certify that I understand the residency requirements and that I know the penalty for fraudulent registration.

Signature of Parent/Guardian _____ Date _____

Printed Name _____ Relationship _____

Address of Parent/Guardian _____

Phones: Home _____ Work _____ Cell _____

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

Proof of Residency for Families with Students Currently Enrolled and Birth Certificate Verification

River Forest School District 90

Date_____

Name of New Student_____**School**_____

Name of New Student_____**School**_____

Name of New Student_____**School**_____

_____**Birth Certificate for Child**

_____**Driver's License for Parent/Guardian**

_____**Student Pre-Registration Form and New US Dept of Education Race and Ethnicity Data Standards**

Students currently enrolled in District 90 Schools:

Name of Student_____**School**_____**Grade**____

Name of Student_____**School**_____**Grade**____

Name of Student_____**School**_____**Grade**____

****

Signature of Parent/Guardian_____Date_____

Printed Name_____Relationship_____

Address of Parent/Guardian_____

Phones: Home _____Work_____Cell_____

Excellence in Education: A Continuing Tradition

Revised 1/2022

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

STUDENT PRE-REGISTRATION
(Please print legibly throughout this document)

Date_____

Student Legal Name: _____, _____ _____
Last First Middle

Address:_____

Date of Birth: _____ Sex: _____ To enter Grade: _____
at School: (circle one) Lincoln / Willard / Roosevelt OR _____To be evaluated for Special Education Services

Kindergarten? (circle one): AM / PM / Either
(Note: Kindergarten Session Preference: Your preference will be considered, but class size and balancing factors will take precedence.)

PARENT/GUARDIAN(S)

Name (last, first) _____ Relationship_____

Student lives with: ____Y ____N Divorced ___ Separated ___ (Please provide custody documents, if applicable)

Phone/Mobile: _____ Email: _____

Name (last, first) _____ Relationship_____

Student lives with: ____Y ____N Divorced ___ Separated ____ (Please provide custody documents, if applicable)

Phone/Mobile: _____ Email: _____
(The above email address(es) will be utilized for all District communication and for the online registration process)

Please circle one: Own Home / Lease - lease expiration date _____ /Other

Previous School Attended	City, State	Grade	Year(s)

Did your child have an IEP (Special Education Services), ISP, or a 504 at their previous school? _____ Y _____ N

If yes, please circle which plan the student had:
IEP (Special Education Service)/ ISP(Individual Service Plan) /504
(If your child had an IEP, ISP, or 504, complete the Authorization for the Exchange of Confidential Information Form)

Did your child receive any special support services? (please circle all that apply)
Reading Math ELL Gifted

Home Language Survey:
The following information is required by the State of Illinois. It is used to count the students whose families speak a language other than English at home and to identify the students to be assessed for English language proficiency.

Is a language other than English spoken in your home? ___ No____ Yes-what language?_____
Does your child speak a language other than English ? ___No____ Yes-what language?_____
-if either of the above questions is answered yes, state law requires the district to assess your child's English language proficiency-

*If born outside USA – Date student entered USA (month/year) _____
Date first enrolled in a USA school (month/year _____

New U.S. Department of Education Race and Ethnicity Data Standards

In fall 2007, the U.S. Department of Education issued new guidance on the collection and reporting of race and ethnicity data for public school students and staff. The guidance implements new federal race and ethnicity categories that were developed to obtain a more accurate picture of the nation's diversity. The new data collection process requires parents or guardians to answer a two-part question, indicating ethnicity first and then one or more of five races. If a student's parents or guardians decline to indicate race and/or ethnicity, observer identification by school district staff is required.

The new race and ethnicity data will be used in the same manner as previously collected data, e.g., in reporting and analyzing test results by race and ethnicity. The information will not be used to check immigration status, and the confidentiality of individual student information will be protected.

Thank you for your cooperation in providing the needed data on the form below.

DATA COLLECTION FORM **Student Name:** _____

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American , or other Spanish culture or origin, regardless of race.) **Choose only one**.

- ☐ No, not Hispanic/Latino
- ☐ Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part 8. What is the student's race? Choose one or more.

- ☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)
- ☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)
- ☐ **Black or African American** (A person having origins in any of the black racial groups of Africa)
- ☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- ☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

VERIFICATION OF INFORMATION:

I verify that the information on this Pre-Registration Form is correct.

_____ Date _____

Signature of Parent or Legal Guardian

Illinois State Board of Education

Revised 1/2022

River Forest
Public Schools

Administration Building
7776 Lake Street
River Forest, IL 60305
Phone: 708-771-8282
Fax: 708-771-8291

RELEASE OF RECORDS REQUEST

Parents/guardians: Please complete and submit to the former school.

Student Name_____ School_____

Information to be released: _____Academic Records
_____Medical Records
_____Dental Records
_____Other

I give my consent to

School/District_____

Address_____

City/State/Zip_____

to release student information to
River Forest School District 90, 7776 Lake Street, River Forest, IL 60305

My child will be attending: _____Lincoln _____Roosevelt _____Willard

I give my consent **to River Forest School District 90** to release student information to

School/District_____

Address_____

City/State/Zip_____

Parent/Guardian Signature_____

(Please print name)_____

Address_____

Phone_____ Date_____

ILLINOIS STATE BOARD OF EDUCATION
Public School and Recognition Division
100 West Randolph Street, Suite 14-300
Chicago, Illinois 60601

STUDENT IDENTIFICATION NUMBER (9-digits)								

STUDENT TRANSFER FORM

In accordance with Section 2-3.13a of the School Code, all public school districts are to provide this form to any student who is moving out of the school district to verify whether or not the student is "in good standing" and, whether or not their medical records are up-to-date and complete as defined in Section 2-3.13a. "In good standing" means that the student is not being disciplined by an out-of-school suspension or expulsion, and is entitled to attend classes, as of the date of this form. No public school district is required to admit a new student unless they can produce this form from the student's previous Illinois public school district. **This form is not to be returned to the Illinois State Board of Education. It is to be sent directly to the student's new school they will be attending.**

NAME OF STUDENT (Last, First, Middle)	BIRTHDATE (Month, Day, Year)	GENDER ☐ Male ☐ Female	GRADE LEVEL

ADDRESS OF STUDENT (Street, City, State, Zip Code)

NAME OF PARENT OR GUARDIAN	PARENT/GUARDIAN TELEPHONE (Include Area Code) Home Work

ADDRESS OF PARENT OR GUARDIAN (Street, City, State, Zip Code)

DISTRICT NAME AND NUMBER TRANSFERRING TO	NEW DISTRICT ADDRESS (Street, City, State, Zip Code)
NAME OF SCHOOL STUDENT WILL BE TRANSFERRING TO	NAME OF PRINCIPAL AT NEW SCHOOL

Please check (✓) the appropriate box.

☐ I hereby attest that the above student is "in good standing" and that all medical records for the above student are up-to-date and complete as of the date of this form.

☐ The above student's medical records are **not** up-to-date and complete as documented in the student's permanent records.

☐ I hereby attest that the above student is **not** "in good standing" due to a current suspension and/or expulsion from _____ until _____; but is entitled to transfer in accordance with Section 2-3.13a (105 ILCS 5/2-3.13a), unless the receiving district has, pursuant to Section 2-3.13a, adopted a policy providing that if a student is suspended or expelled for any reason from any public or private school in this or any other state, the student must complete the entire term of the suspension or expulsion before being admitted into the school district. This policy may allow placement of the student in an alternative school program established under Article 13A of this Code, if available, for the remainder of the suspension or expulsion.

☐ I hereby attest that the above student is **not** "in good standing" due to a current suspension and/or expulsion from _____ until _____ and is **not** eligible for transfer for knowingly possessing in a school building or on school grounds a weapon as defined in the Gun Free Schools Act (20 U.S.C. 8921 et seq.); for knowingly possessing, selling, or delivering in a school building or on school grounds a controlled substance or cannabis; or for battering a staff member of the school.

NAME OF PRINCIPAL	SCHOOL PHONE (Include Area Code)	COUNTY

DISTRICT NAME AND NUMBER	DISTRICT ADDRESS (Street, City, State, Zip Code)

_____ Date

_____ Signature of Principal