

Hawthorn School District 73
841 West End Court, Vernon Hills, Illinois 60061
Phone (847) 990-4200 / Fax (847) 367-3290
www.hawthorn73.org

Registration at Hawthorn District 73 requires both an in-person and online process.

1. A parent or guardian must visit the District Office in person to begin the registration process by providing the following:

- Original Certified Birth Certificate (hospital or baptismal certificates cannot be accepted)
- Residency Verification documents (form included which outlines documentation requirements including photo identification and two proofs of occupancy for an in-district residence).
- Completed Student Information Forms (Included)
- Also, at this time you are welcome to turn in any medical/dental/vision exam forms, legal documentation regarding child custody, orders of protection or other court directed matters; etc.

2. Go Online:

Complete the online portion of registration via the Power School Parent Portal. Computers and assistance are available at the District Office.

The online process requires you to provide 2 emergency contacts as well as doctor information.

Online registration must be completed to assign your student to a classroom.

3. Pay Fees

Fees are due at the time of registration.

The District Office accepts credit/debit cards, cash or checks made out to Hawthorn District 73.

4. Visit your healthcare providers for your students required physical, dental and vision exam:

Completed forms should be turned in to your School Nurses Offices or the District Office before school starts. Please check the guidelines included in this packet to confirm which applies to your child's grade level. If forms are not complete by October 15, the state requires that students be excluded from school.

Thank you for your support as we complete the enrollment process.

Please note that until the online portion is completed, we cannot place your student in a classroom. We look forward to working with you and your child.

Welcome to Hawthorn District 73!

Hawthorn School District 73

841 West End Court, Vernon Hills, Illinois 60061

Phone (847) 990-4200 / Fax (847) 367-3290

www.hawthorn73.org

The State of Illinois requires that schools have the following health documents on file for your child. These documents require the signature of a doctor and parent. **Please be advised that students who have not provided the required health forms prior to October 15th will be excluded from school in accordance with Illinois law. If enrolling after October 15th, compliance is required within 30 calendar days.** Forms may be downloaded on the district website, [www. http://hawthorn73.org/health](http://www.hawthorn73.org/health). Please keep copies for your files.

Students Enrolling in an Illinois School for the First Time:

- Illinois Certificate of Child Health Exam/Immunization Record (dated within one year or less)
- Illinois Eye Exam Report
- Illinois Proof of Dental Examination

* For participation in extracurricular athletics provided through the Middle Schools:

- IHSA/IESA Pre-Participation Examination (Note: The sports physical is due prior to the try-out date.)

Students Transferring from Another Illinois Public School or Returning to Illinois:

- IL Certificate of Child Health Exam/Immunization Record (dated within one year or less)

If entering Kindergarten:

- IL Eye Exam Report

If entering Kindergarten, Grade 2 or Grade 6:

- IL Proof of Dental Examination

* For participation in extracurricular athletics provided through the Middle Schools:

- IHSA/IESA Pre-Participation Examination (Note: The sports physical is due prior to the try-out date.)

Students Entering Kindergarten:

- IL Certificate of Child Health Exam/Immunization Record (dated within one year or less)
- Childhood Lead Risk Assessment Questionnaire
- IL Eye Exam Report
- IL Proof of Dental Exam

Continuing Hawthorn Students Must Provide:

If entering Grade 2 or 6:

- IL Proof of Dental Examination

If entering Grade 6:

- IL Certificate of Child Health Exam/Immunization Form
- Proof of Tdap vaccination
- Proof of one meningococcal conjugate vaccine (MCV4) given on or after their 11th birthday.

* For participation in extracurricular athletics provided through the Middle Schools:

- IHSA/IESA Pre-Participation Examination or IL Certificate of Child Health (Note: The sports physical is due prior to the try-out date.)

Students with specific health concerns should alert their school nurse and complete the appropriate health management forms, which are available at www.hawthorn73.org/health or from your school nurse.

Hawthorn Registered Nurses:

Elementary North: Lisa Frazier-Sweeney, 847-990-4514

Townline Elementary: Dena Mahrenholz 847-990-4915

Elementary South: Francie Mundrane, 847-990-4815

School of Dual Language: Megan Copeland, 847-990-4914

Aspen Elementary: Caitlin Natsch, 847-990-4314

Hawthorn Middle School South: Lora Jacobs, 847-990-4118

Lincoln School: Deb Geib, 847-949-2720

Hawthorn Middle School North: Janet Howard, 847-990-4415

Hawthorn School District 73
841 West End Court • Vernon Hills, Illinois 60061
Phone (847) 990-4200 • Fax (847) 367-3290
www.hawthorn73.org

<u>FOR OFFICE USE ONLY</u>	
Residency Complete: YES NO	
Approved: _____	Date: _____
Family: _____	YAO: _____ Bldg: _____
Last Name: _____	
Entered in PS <input type="checkbox"/>	

Residency Verification Form

Student Name: _____ School: _____ Grade: _____

An adult parent/guardian registering a child in District 73 is requested to provide **one piece of documentation related to each of the three major areas outlined below:**

- 1. Photo Identification
- 2. Proof of Residence in District 73
 - Homeowners:** Provide current monthly mortgage statement (or recent closing papers) with parent/legal guardian's name and address, most recent property tax bill, or copy of deed.
 - Renters:** Provide properly executed lease agreement with parent/guardian's name and address listed as renter, and signature page including name, address and telephone number of landlord for verification purposes. Lease expires: _____
 - Others:** When a parent/guardian is not the owner or leaseholder of the property in which the student resides, provide a notarized *Residency Attestation Form* completed by the owner or leaseholder of the property.
- 3. One Additional Document Showing Name and Address
 - Current utility bill (within the last billing cycle, typically 60 days) - water, electric, gas, telephone, TV/cable
 - Current homeowner or renter insurance policy statement
 - Vehicle registration
 - Voter Registration Card

State Law (105 ILCS 5/10-20.12b, 105 ILCS 5/14-1.11a) requires that students attending District 73 be bona fide residents of the District. Generally, to be a bona fide resident, a student must live with a parent or guardian who resides within the District. **Any person who knowingly enrolls or attempts to enroll in the schools of a school district on a tuition free basis a pupil known by that person to be a nonresident of the District or any person who knowingly or willfully presents to any school district any false information regarding the residency of a pupil for the purpose of enabling that pupil to attend any school in that district without the payment of a nonresident tuition charge shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information shall be referred for criminal prosecution.**

IMPORTANT: District 73 may require any student to prove residency at any time.

Signature: _____ Date: _____
Parent/Legal Guardian/Legal Custodian

Address: _____

Home/Cell Phone(s): _____ Work Phone(s): _____

Hawthorn School District 73

841 West End Court • Vernon Hills, Illinois 60061-1376

Phone (847) 990-4200 • Fax (847) 367-3290

www.hawthorn73.org

RELEASE OF RECORDS

This form will be submitted to the school where records/confidential information are presently on file. To assist in the prompt and efficient transfer of your child's educational records, please provide all of the information requested below.

Name of Previous School: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Fax Number: _____

In accordance with the Family Education Rights and Privacy Act of 1974, I hereby authorize the release of all educational records including but not limited to IEP, 504, and Health regarding the following student(s). **Parental permission is no longer required when records are requested by school personnel.**

Student Name

Date of Birth

Grade

Student Name	Date of Birth	Grade

Parent/Guardian Signature: _____ **Date:** _____

Please send records to:

Hawthorn District Office

841 West End Ct., Vernon Hills, IL 60061 • 847-990-4200

Hawthorn Aspen Elementary (K-5)

500 N. Aspen Dr., Vernon Hills IL 60061 • 847-990-4300

Hawthorn Elementary South (K-5)

430 N. Aspen Drive, Vernon Hills, IL 60061 • 847-990-4800

Hawthorn Townline Elementary (K-5)

810 Aspen Dr., Vernon Hills IL 60061 • 847-990-4900

Hawthorn Elementary North (K-5)

301 Hawthorn Parkway, Vernon Hills, IL 60061 • 847-990-4500

Hawthorn Middle North (6-8)

201 Hawthorn Pkwy, Vernon Hills IL 60061 • 847-990-4400

Hawthorn School of Dual Language (K-5)

810 Aspen Dr., Vernon Hills IL 60061 • 847-990-4900

Hawthorn Middle South (6-8)

600 N. Aspen Dr., Vernon Hills IL 60061 • 847-990-4100

Hawthorn Special Services/Special Education

841 West End Ct., Vernon Hills, IL 60061 • 847-990-4200

Hawthorn Early Learning Center (PreK)

200 W Maple Ave., Mundelein IL 60060 • 847-990-1670

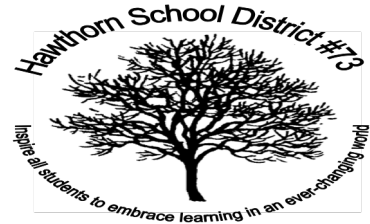
For Office use only:

Date of Request: _____

Sent by: _____ US mail Fax

Date of Records Received: _____

Hawthorn School District 73
841 West End Court, Vernon Hills, Illinois 60061
Phone (847) 990-4200 Fax (847) 367-3290
www.hawthorn73.org



Home Language Survey

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

Please answer the questions below.

Student's Name: _____

1. Is a language other than English spoken in your home?

Yes _____ No _____

What language? _____

2. Does your child speak a language other than English?

Yes _____ No _____

What language? _____

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent/Legal Guardian Signature

Date

2018 -2019 Student information for Transportation 2018 -2019

If this form is blank, your child will be transported using the information provided to us on the online portion of registration.

Changes NOT ACCEPTED BETWEEN August 13 and August 31, 2018

Thank you for letting us know your child's transportation needs. Please allow a minimum of four working days
IF this information **changes** YOU **MUST** fill out another form and return it to the **DISTRICT OFFICE**.

Student's Name: _____ Student's ID Number _____ Grade _____

Student's Home Address: _____ City _____

School _____ Today's date _____

Parent/Guardian Name(s): _____

Home /Cell Phone: _____ Work Phone: _____

E-mail address _____

NO transportation needed ~ My child will be driven (or will walk) to/from school on the following days:

Before School: M T W R F

After School: M T W R F

Please circle days of the week that apply



Please make sure you have confirmation if using the Vernon Hills Park District After School HAP Program or either KinderCare before filling in the information below.

BUS transportation IS needed

My child will take the school bus to/from home on the following days:

Before School: M T W R F After School: M T W R F

My child will use a babysitter/daycare provider or afterschool program on the following days:

Before School: M T W R F After School: M T W R F

Name of babysitter /daycare provider: _____

Address: _____

Contact Name: _____

Phone: _____

Is your babysitter / daycare provider providing transportation to or from school?

Comments/Additional Information: _____

Parent signature: _____

Parents - do not write below this line!

AM Route # _____

Bus Stop _____

Effective Date

PM Route # _____

Bus Stop _____

Hawthorn School District #73 Fee Payment Form 2018-19

REGISTRATION FEES	BAND • ORCHESTRA • CHORUS
Band (4-8 gr)..... \$150	Band or Orchestra Fee (gr. 5-8 & 4).....\$150** Chorus Fee (gr 6-8)...\$50***
Chorus (6-8 gr).....\$50	**Students in grades 5 through 8 who are already enrolled in band or orchestra are asked to pay the fee prior to the start of the school year. Students entering grade 4 may wait until the fall band/orchestra information meeting to submit \$150.
Early Childhood \$75	***For middle school students (grades 6-8) enrolled in chorus as a class.
Grades K-5..... \$135	PAYMENT POLICIES <ul style="list-style-type: none"> Fees are due by the first day of school. A payment plan must be in place if fees are not paid by the start of school. Questions about payment plans should be directed to District Office, 847-990-4200. A fee of \$25 will be charged for any returned checks. Outstanding fee balances are eventually sent to the collections agency, which assesses an additional 50 percent fee on top of the balance owed. Food service may be purchased through www.k12paymentcenter.com or your school.
Grades 6-8..... \$150	
Itinerant Services..... \$75	
Orchestra (4-8 gr)..... \$150	
Technology Fee (K-5)..... \$35	
Technology Fee (6-8 gr)..... \$75	

Last Name: _____ Phone: _____

STUDENT NAME(S)	Grade	School ****	Registration Fee	Tech Fee	Band Fee**	Orchestra Fee**	Chorus Fee***
1.							
2.							
3.							
4.							
****BLDG CODES: EN=Elem North, ES=Elem South, AE=Aspen, TL=Townline, DL=Dual Language, MN=Middle North, MS=Middle South, EC=Early Childhood	TOTAL						

PLEASE MAKE CHECK PAYABLE TO HAWTHORN SCHOOL DISTRICT 73 **GRAND TOTAL:** _____

Received by _____ Date Received _____ Cash or Check Number _____ Rev 1/17

Escuela Hawthorn Distrito #73 Pago de Cuotas 2018-19

CUOTAS DE MATRICULA	BANDA • ORQUESTA • CORO
Banda (4-8 grado) \$150	Cuota de Banda u Orquesta....\$150* Cuota de Coro.....\$50**
Coro (6-8 grado) \$50	*Para estudiantes de 5° a 8° grado que ya están en banda u orquesta. Estudiantes de 4° grado pueden pagar en la noche de información en el otoño.
Edad Temprana \$75	**Para estudiantes de las escuelas Middle (6°-8° grado) que participan en clase de coro.
K-5 Grado \$135	SERVICIO DE ALIMENTO <ul style="list-style-type: none"> La cuota se debe pagar antes del primer día de clases. Un plan de pago debe estar en archivo si no paga la cuota para el primer día de clases. Dirija las preguntas sobre los planes de pago a la Oficina del Distrito al 847-990-4200. Un cargo de \$25 se cobrara por cheques sin fondos devueltos. Saldos pendientes de pago se enviaran a la agencia de cobro, la cual evalúa una tasa adicional de 50 por ciento sobre el saldo adeudado. Puede pagar por los alimentos en su escuela o por línea a través de www.k12paymentcenter.com
6-8 Grado \$150	
Servicios de Itinerante..... \$75	
Orquesta (4-8 grado) \$150	
Tecnología (K-5) \$35	
Tecnología (6-8 grado) \$75	

Apellido: _____ Número de Teléfono _____

NOMBRE DEL ESTUDIANTE(S)	Grado	Escuela***	Inscripción	Tecnología	Banda*	Orquesta*	Coro**
1.							
2.							
3.							
4.							
***CODIGOS DE LAS ESCUELAS: EN=Elem. Norte, ES=Elem. Sur, AE=Aspen, TL=Townline, DL=Leng. Dual, MN=Middle Norte, MS=Middle Sur, EC=Edad Temprana	TOTAL						

Favor de hacer el cheque a nombre de: HAWTHORN SCHOOL DISTRICT #73 **TOTAL:** _____

Recibido por _____ Fecha _____ Número del cheque _____ Pago en efectivo _____ Rev 1/17



Hawthorn District 73

PRE-REGISTRATION Student Information Sheet

(Hoja de Información para Pre-Inscribir Estudiante)

Grade _____

Bldg _____

PLEASE PRINT

Date (Fecha): _____

**Please provide your child's full name as it appears on the birth certificate.
Indique el nombre de su hijo/a tal como aparece en la acta de nacimiento.**

Student's Legal First Name (Primer Nombre): _____

Student's Legal Middle Name (Segundo Nombre): _____

Student's Legal Last Name (Apellido): _____

Gender (Sexo): Male (Masculino) Female (Femenino)

Date of Birth (Fecha de Nacimiento): _____

Place of Birth (Lugar y País de Nacimiento): _____

Parent/Guardian/Mother Name
(Nombre completo de la Madre/Tutor Legal): _____

Parent/Guardian/Father Name
(Nombre completo del Padre/Tutor Legal): _____

Telephone (Numero de Teléfono): _____ Cell? (¿Celular?)

Home Address (Dirección de Casa): _____

City/Zip (Ciudad/Zona): _____

Email Address (Correo electrónico): _____

What language do you speak at home? (¿Qué idioma habla en casa?)
English (Inglés) Other (Otro) _____

Has your student previously attended school in the United States? Yes No
(Ha asistido el estudiante previamente a una escuela en los Estados Unidos?) Si No

For new Kindergarten students only (Solo para estudiantes de Kindergarten):

Does student attend Hawthorn PreK/Early Childhood
or receive Speech/OT services through Hawthorn? No Yes

¿Asistió este estudiante al Programa de PreKinder/Edad Temprana
o recibió servicios terapéuticos en Hawthorn? No Si

Registration requires both an in-person and online process. (La inscripción requiere tanto de un proceso en persona como en línea.)

FOR HAWTHORN OFFICE USE ONLY

PowerSchool Student ID Number (8 digit #): _____

Access ID: _____ Access Password: _____

Start Date: _____