

Today's Date: ____/____/____

HCUSD #3 STUDENT ENROLLMENT FORM

Student's: Last Name _____ First Name _____ Middle Name _____ Preferred or Nick Name _____

Sex: _____ Birthdate: _____ Birth Certificate: _____ (County/State) _____

Has this child attended a Hillsboro School before?

YES _____ NO _____

Grade _____
Teacher _____
School Bus # _____

Please indicate who the student is living with:
1-father & mother
2-father
3-mother
4-guardian
5-other _____

Parent/Guardian Information:

Name _____
Street: _____ P.O. Box _____
City & Zip _____, IL _____
Home Phone: _____
Cell Phone: _____
Email address: _____

Does this student have an Individualized Education Plan?

YES _____ NO _____
ACTIVE DUTY MILITARY (REQUIRED)

YES _____ NO _____

Mother's Name _____

Mother's Occupation & Place of Employment _____

Mother's Work Phone Number _____

Father's Name _____

Father's Occupation & Place of Employment _____

Father's Work Phone Number _____

*Please check the box next to any above phone number you **DO NOT** wish to have called as part of the Instant Messaging phone system.*
Emergency Information: In order to safeguard your child in case of early dismissal, illness, or accident: If you do not have a phone or cannot be reached, whom shall we contact and where shall we send your child?

Relative/Friend #1 :

Name: _____ Relationship: _____ Phone: _____

Relative/Friend #2 :

Name: _____ Relationship: _____ Phone: _____

Doctor's Info :

Doctor: _____ Doctor's Phone: _____

Hospital's Info:

Hospital's Name: _____ Hospital's Phone: _____

Child covered by: (Mark one) _____ Insurance _____ Medical Card _____ All Kids _____ Not covered

Ethnic Code: (Check one)

Asian _____ Hispanic _____
Black _____ White _____
American Indian _____ Multi-Racial _____
Other: _____

Health History	Yes	No
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Glasses	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid	<input type="checkbox"/>	<input type="checkbox"/>

Allergies (food or medicine): _____

Please state all medications being taken:

1. _____
2. _____
3. _____

Is a language other than English spoken in the student's home? Yes _____ No _____
If yes, which language? _____
Does the student speak a language other than English? Yes _____ No _____
If yes, which language? _____

ADDITIONAL COMMENTS:

Consent of Parent/Guardian: I agree to the release of health information on my child to appropriate school or health authorities and to Medicaid as needed for reimbursement.

Signature: _____
Beckemeyer Elementary

Coffeen Elementary
534-2314

X
Hillsboro Junior High
532-3742

Date: _____

X
Hillsboro High School
532-2841



Beckemeyer Elementary School

1035 Seymour Avenue, Hillsboro, Illinois 62049

Mr. Zach Frailey, Principal Mrs. Michelle Reeves, Assistant Principal

217-532-6994, Fax-217-532-5153

www.hillsboroschools.net

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL RECORDS

Please release all records pertaining to student named below

Name of School

Address

School Records

Any & All

Medical Records

I.E.P.

Social/Family
History

Psychological
Reports

Other

Student Name

Birth Date

Address

Signature of Parent or Guardian

Date

Send Records To:

Beckemeyer Elementary School

1035 Seymour Ave.

Hillsboro, IL 62049

Phone: 217-532-6994

Fax: 217-532-5153

HILLSBORO COMMUNITY UNIT SCHOOL DISTRICT #3

McKinney-Vento Act

Student/Family Questionnaire

Your child may be eligible for additional services through the McKinney-Vento Assistance Act. Eligibility can be determined by completing this questionnaire.

1. Presently, are you and/or your family in any of the following situations? **CIRCLE YES OR NO**

YES / NO Living with relatives or others due to lack of housing (doubled-up)

YES / NO Staying in a shelter

YES / NO Temporarily living in a Motel/hotel due to loss of housing, economic hardship or similar reason

YES / NO Living in a car, park, campground, abandoned building or similar substandard housing

YES / NO Unknown nightly residence (non-permanent)



IF YOU ANSWERED NO TO ALL OF THE ABOVE, DO NOT COMPLETE THE REMAINDER OF THIS FORM

Fill in the names of the students that the above information pertains to:

Student First Name	Student Last Name	D.O.B.	Grade	School Name

I certify that according to information provided above, the student(s) listed meet the definition of "Homeless" as stated in the McKinney-Vento Homeless Assistance Act.

Print Parent/Guardian Name

Signature

Date

Transportation Information

Student _____

Teacher _____

_____ Will be picked up or walk (Circle Days) M T W Th F

_____ Will go to A.S.K. (Circle Days) M T W Th F

_____ Will Ride Bus (Circle Days) M T W Th F

Primary Drop Off Address: _____

Secondary Drop Off Address: _____

Special Instruction:

Parents of students who normally ride the bus must designate one primary and one secondary drop off location. Students who do not normally ride a bus may designate one drop off location to be used as needed along an established route as long as there is room on the bus. **This form must be completed and on file in the school office before students can utilize their alternate bus stop.** When utilizing the alternate P.M. bus stop please notify the school office one hour prior dismissal.

Fee Waiver Request

Student Name

Families that receive SNAP and/or TANF benefits automatically qualify to have most school fees waived. If your family does not receive these benefits but has low/moderate income, you may still qualify for a fee waiver. For example, a family of 4 with a household income of less than \$40,190 per year qualifies for a fee waiver. If you think you may qualify, please review the chart and complete the form at the links below.

Automatic School Wavier

SNAP

TANF

Income Eligible Medicaid

Foster Child

Homeless

____ Yes, my child qualifies under at least one of the scenarios listed above.

Family Financial Chart

Household Size	Annual Income	Monthly Income	Twice Per Month Income	Every Two Weeks Income	Weekly Income
1	\$28,650	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,453	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
For each add family member add	\$10,175	\$848	\$424	\$392	\$196

____ My child does not qualify under the automatic waiver but may qualify under the family financial chart listed above. I will click [here](#) to fill out the district's Household and Income form and return it to the school office for consideration of a fee waiver.

____ No, my child does not qualify for a school fee waiver under these circumstances.

Parent Signature

Date



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STUDENT AGENDA AND HANDBOOKS

Agenda books are provided for each student at an initial fee of \$7 per student. This fee is included in the school fees that are collected during registration. **If an agenda book is lost, it must be replaced within three (3) days with a replacement fee of \$7.**

I acknowledge being offered a hard copy and provided electronic access to the Student/Parent Handbook and School Board policy on student behavior.

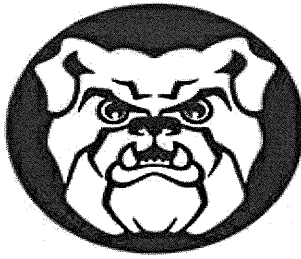
I understand that the Student/Parent Handbook and School District policies may be amended during the year and that such changes are available on the School District website or in the school office.

I understand that my failure to return this acknowledgment will not relieve me or my child from being responsible for knowing or complying with School and School District rules, policies, and procedures.

Parent/Guardian Signature

Date

The Hillsboro Community School District fosters a student-centered culture with high expectations for each student to reach his or her full potential.



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Student's Name: _____

Biometric Collection

The school district collects biometric information from its students only for identification and/or fraud prevention purposes. The district will collect a fingerprint from your child that will be linked to his or her food service account. This information will not be shared with any company or agency outside of the school district. If you wish to read the entire policy it can be found on the district's website.

Parent/Guardian Signature

Internet Use Agreement

All use of electronic networks shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. **The failure of any user to follow district-approved procedures will result in the loss of privileges, disciplinary action, and/or legal action.** If you wish to read the entire Acceptable Use Policy it can be found on the district's website.

Parent/Guardian Signature

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Field Trip Permission

I give permission for my child to participate in all local field trips taken by Beckemeyer School during the 2025-2026 school year. Prior notification of events will be given to parents and guardians by the classroom teacher.

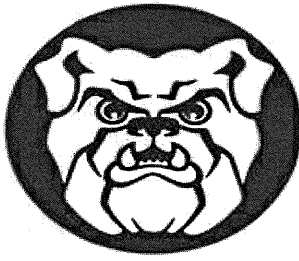
Parent/Guardian Signature

Using a Photograph or Videotape of a Student

Students may occasionally appear in photographs and video recordings taken by school staff members, other students, or other individuals authorized by the building principal. Sometimes the school may want to identify a student in a school picture by name. While the school limits access to school buildings by outside photographers, it has no control over local media or other entities that publish a picture of a named or unnamed student. To see the full photograph and videotape policy please read the student handbook.

Parent/Guardian Signature

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Your child's regular attendance is extremely important for academic success. Most of what elementary students learn is from what they see and hear in class, interaction with peers in group settings, hands-on materials, and technology in the classroom. Students who have poor attendance are at a serious academic disadvantage. Consistent absences and tardiness set life-long habits of poor work ethic later in life!

Hillsboro District #3 Elementary Schools will be strictly enforcing the attendance policy outlined in your elementary student handbook. The following procedures will be followed for fairness and consistency in enforcing that policy.

1. Parents/guardians are responsible for making a phone call to the school each day their child is absent. If a child is absent and the school has not been contacted, the school will call the provided contact number. We must be able to verify the reason for absence or it will be considered *unexcused*. The procedure also ensures that you are made aware that your child is not at school, if you thought otherwise.
2. After the 5th cumulative absence, excused or unexcused, a letter will be sent home to review our attendance policy.
3. After the 10th cumulative absence, excused or unexcused, a referral will be made to the Regional Office of Education's Truancy Officer. The officer will discuss with you your child's attendance pattern and the consequences of continued absences. Illinois School Code requires that adults who have custody of children between the ages of 7 and 17 years of age have a responsibility to ensure that the child attends school regularly.

Students who have been referred to the Regional Office of Education for the Regular Attendance Program (RAP) or truancy services will not be allowed the 10 parent verifiable absences. These students will be required to have a doctor's statement to validate the absence for the remainder of the school year or until the student is off the truancy/RAP list.

Our tardiness policy is also outlined in your student handbook. Students who are consistently late for school are at a significant disadvantage. After the 5th tardy, you will receive a letter from your child's school reviewing the policy. After the 7th tardy, a referral will be made to the Regional Office of Education Attendance Specialist. After the 10th tardy, a referral will be made to ROE Truancy Officer.

Parent Signature

Date

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