



**Hillsboro Community
Unit School District #3**

**1311 Vandalia Road
Hillsboro, IL 62049**

**Phone: (217) 532-2942
Fax: (217) 532-3137**

Homeschooling Verification Procedures for Extra-Curricular Participation

Parents of homeschooled students wanting to participate in extra-curricular activities in the Hillsboro Community Unit School District must meet the following guidelines:

1. Student must enroll at HJHS or HHS before participation begins.
2. Applicant must submit the Homeschool Student Extra-Curricular Participation Application which is available at the district office and on our website.
3. The application must be submitted to the school district 60 days prior to the start of the extra-curricular activity in which the student(s) wish to participate.
4. Application must provide verification and documentation that all required subjects are to be taught:
 - a. Illinois requires an "adequate course of instruction" for every child covering the following branches of education:
 - Language arts
 - Math
 - Biological and physical sciences
 - Social sciences
 - Fine arts
 - Physical development and health

The State Board of Education treats biological and physical science as one combined branch of instruction, and physical development and health as another combined branch.

5. Instruction must be in English.
6. Application should explain how letter grades will be established to meet the minimum requirements set forth by IHSA and/or IESA.
7. Applicants agree to submit current letter grades in each course to the building principal weekly using a district approved format and timeline.
8. The applicant agrees to comply with school district requests for documentation of completed course work.
9. The applicant agrees to comply with school district requests to directly conduct student interviews and/or assessments to verify that academic progress is consistent with grade reporting.
10. The application must be approved and all fees paid before student will be able to participate in the extra-curricular activity.

Revised 9/20/2022

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

Hillsboro CUSD 3

Homeschool Student Extra-Curricular Participation Application

Student's Name

Date

Application Procedures

- ☐ Student Enrollment Form Completed
- ☐ Homeschool Student Extra-Curricular Participation Application Completed
 - ☐ Application is received 60 days prior to the start of the extra-curricular activity in which the student wishes to participate (waived for the winter 2022-2023 season)
- ☐ Fees Paid

Student receives instruction in the following branches of education:

Attach documentation that all required subjects are taught.

- | | |
|---|--|
| <input type="checkbox"/> Language arts | <input type="checkbox"/> Social sciences |
| <input type="checkbox"/> Math | <input type="checkbox"/> Fine arts |
| <input type="checkbox"/> Biological and physical sciences | <input type="checkbox"/> Physical development and health |

Instruction
is in English

- ☐ YES
☐ NO

Applicant agrees to comply with school district requests for
documentation of completed coursework.

- ☐ YES
☐ NO

How are letter grades established to meet the minimum requirements set forth by IHSA and/or ISBE?

The applicant has communicated with the principal regarding the weekly submission format and timeline for letter grades.

- ☐ YES
☐ NO

The applicant agrees to comply with school district requests to directly conduct student interviews and/or assessments to verify that academic progress is consistent with grade reporting.

- ☐ YES
☐ NO

I am responsible for reading and understanding the current school handbook. I know that I am responsible for following the school rules and procedures outlined in the handbook.

- ☐ YES
☐ NO

Student Signature

Parent Signature

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

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.

Ethnic Code: (Check one)

Asian ____ Hispanic ____

Black ____ White ____

American Indian ____ Multi-Racial ____

Other: _____

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: _____ X

Date: _____ X