



Gardner-South Wilmington Township High School District 73 Registration Form

815-237-2176

Fax: 815-237-2842

STUDENT INFORMATION

Student Name: _____ Grade Level: _____
(Last) (First) (MI)

Address: _____ City: _____ Zip: _____
(Street – w/P.O. Box or Apartment Number)

Primary Phone: _____ Date of Birth: _____ Gender: Male Female

Place of Birth: _____
(City) (State) (Country)

Do you currently have a sibling enrolled at GSW, if yes, sibling name: _____

Do you intend to ride the bus this year: YES NO **If Yes, please fill out enclosed bus form**

RACE AND ETHNICITY

These questions are required by the United States Department of Education (72 Fed. Reg. 59267). The first question asks about the student's ethnicity, and the second question asks about the student's race. If a parent/guardian or student age 18 or older declines to respond to either question, the school district is required to provide the missing information by observer identification.

Is the student Hispanic or Latino? (please circle) YES NO

What is the student's race? (please circle ALL that apply)

American Indian/Native Alaskan Asian Black/African-American Native Hawaiian/Pacific Islander White

LANGUAGE SURVEY

Illinois Administrative Code (23 Ill. Admin. Code 228.15) requires that each school district administer a Home Language Survey to each student entering the district for the first time. The information is used to identify the need for English language support services.

Does this student PRIMARILY speak a language OTHER THAN ENGLISH? (please circle) YES NO

If YES, Please specify the language: _____

Is a language OTHER than English PRIMARILY spoken in your home? (please circle) YES NO

If YES, Please specify the language: _____

Please note: If the answer to either question is YES, the school will assess your student's English language proficiency. As required by Illinois State law, the school will use the WIDA Model or W-APT test to measure the student's listening, speaking, reading and writing skills to determine if he/she needs additional language supports.

PRIMARY FAMILY INFORMATION

Parent/Guardian: _____ Relationship to student: _____

Mailing Address: _____
(Street – w/ PO Box or Apartment Number) (City) (Zip)

Primary Phone: _____ Cell: _____ Work: _____

E-Mail Address: _____

Spouse/Partner: _____ Relationship to student: _____

Primary Phone: _____ Cell: _____ Work: _____

Email: _____

Spouse/Partner: (circle ALL that apply) Web/Records Access Receives Mail Receives Email Can/Pickup
Lives With Disciplinary Contact Primary Care Provider

SECONDARY FAMILY INFORMATION

Parent/Guardian: _____ Relationship to student: _____

Mailing Address: _____
(Street – w/ PO Box or Apartment Number) (City) (Zip)

Primary Phone: _____ Cell: _____ Work: _____

Email: _____

Secondary Family: (circle ALL that apply) Web/Records Access Receives Mail Receives Email Can/Pickup
Lives With Disciplinary Contact Primary Care Provider

EMERGENCY CONTACTS

Emergency Contact Name: _____ Relationship to Student: _____

Primary Phone: _____ Cell: _____ Work: _____

Emergency Contact: (circle ALL that apply) Web/Records Access Receives Mail Receives Email Can/Pickup
Lives With Disciplinary Contact Primary Care Provider

Emergency Contact Name: _____ Relationship to Student: _____

Primary Phone: _____ Cell: _____ Work: _____

Emergency Contact: (circle ALL that apply) Web/Records Access Receives Mail Receives Email Can/Pickup
Lives With Disciplinary Contact Primary Care Provider

Your signature below allows GSW to mail correspondence to your appointed contacts. It will also allow GSW to use emergency contacts in your absence.

Name: _____

Date: _____

Gardner-South Wilmington Township High School District 73

500 E. Main St. • Gardner, Illinois 60424 • Phone: 815.237.2176 • Fax: 815.237.2842

PROOF OF RESIDENCY FOR ENROLLMENT AND REGISTRATION

Name of Student: _____ Date of Birth: _____

Must provide a copy of 3 documents listed below (1 document from category I and 2 documents from category 2)

Evidence of proof of residency presented:

Category I - must provide a copy of ONE document from category I

- | | |
|--|---|
| <input type="checkbox"/> Real Estate Tax Bill | <input type="checkbox"/> Auto Registration |
| <input type="checkbox"/> Signed Lease | <input type="checkbox"/> An agreement of sale |
| <input type="checkbox"/> Affidavit from local resident attesting registrant is living with the owner at no cost (GSW has form) | |

AND

Category II – must provide a copy of TWO documents showing proper address from category II

- | | |
|---|---|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Credit Card bill |
| <input type="checkbox"/> Voter registration | <input type="checkbox"/> Public Aid card |
| <input type="checkbox"/> Library Card | <input type="checkbox"/> Other |
| <input type="checkbox"/> Home/apartment insurance papers | |
| <input type="checkbox"/> Gas or electric bill (telephone bill not acceptable) | |

I cannot provide the required evidence for the following reason(s): _____

By _____ I will provide the following evidence of my residency.

.....

WARNING: If a student is determined to be a non-resident of the District for whom tuition must be charged, the persons enrolling the student are liable for non-resident tuition from the date the student began attending a District school as a non-resident. Parents or guardians making a fraudulent registration will be subject to the payment of retroactive tuition charges for non-resident students, not to exceed 110% of the per capita cost.

A person who knowingly enrolls or attempts to enroll in this School District on a tuition-free basis a student known by that person to be a non-resident of the district is guilty of a Class C misdemeanor, except in very limited situations as defined in State Law (105 ILCS 5/10-20.b(e)).

A person who knowingly or willfully presents to the School District any false information regarding the residency of a student for the purpose of enabling that student to attend any school in that district without the payment of a non-resident tuition charge is guilty of a Class C misdemeanor (105 ILCS 5/10-20.12b(f)).

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

Parent/Guardian Signature: _____ Date: _____

Relationship: _____

Address of Parent/Guardian: _____

Telephone of Parent/Guardian: _____



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Susan Avery
Superintendent

Brian Davis
Principal

Dear Parents,

Keeping you informed is a top priority at Gardner-South Wilmington High School. That's why we have adopted the TeacherEase Communication Service which will allow us to send a telephone or text message to you providing important information about school events or emergencies. We use TeacherEase Communication to notify you of school delays or cancellations due to inclement weather, as well as to remind you about various events, including report card distribution, open house, field trips, and more. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately by phone.

What you need to know about receiving calls sent through TeacherEase

- Caller ID will display the school's main number when a general announcement is delivered.
- TeacherEase Communication will leave a message on any answering machine or voicemail.
- If the TeacherEase message stops playing, press any key 1-9 and the message will replay from the beginning.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If this information changes during the year, please let us know immediately. If you have any questions, don't hesitate to call.

Name of Student _____ Grade _____

PHONE NUMBERS FOR VOICE-ONLY CALLS

| | |
|--|--|
| PRIMARY PHONE NUMBER (Do not leave blank -- can be cell #) | |
| ALTERNATE PHONE NUMBER | |

CELL PHONE NUMBERS FOR TEXT MESSAGES

| | |
|--|--|
| PRIMARY CELL NUMBER (Can be same # as primary voice # above) | |
| ALTERNATE CELL NUMBER | |
| ALTERNATE CELL NUMBER | |

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Physician Request for Self-Administration of Medication

**If a student is taking a prescription or non-prescription drug during a school day a
Physician needs to fill this form out!**

Name of Student _____ Date of Birth _____

Address _____ City _____ Zip _____ Phone # _____

The above named student has _____
(Name of Disease or Syndrome)

I am requesting that the above named student take the following medication during school hours.

Name of Medication _____

Type of Medication _____
(Tablet, Liquid, Capsule, Inhaler)

Dosage _____ Time(s) to be given _____

Possible Side Affects _____

I certify that _____ has been instructed in the use and self-
administration of _____
(Name of Medication)

He/She understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/She is capable of using this medication independently.

I may be reached at the following phone # in the event of a reaction to the medication or emergency:

Name of Physician _____ Phone # _____
(Print)

Physician _____ Date _____
(Sign)

Address of Physician _____ City _____ St. _____ Zip _____

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Request for Self-Administration of Medication

(NON-Prescription Meds)

Name of Student _____ Date of Birth _____

Address _____ City _____ Zip _____ Phone # _____

I am requesting that the above named student take the following medication during school hours, as needed.

Name of Medication _____

Type of Medication _____
(Tablet, Liquid, Capsule, Inhaler)

Dosage _____ Time(s) to be given _____

I certify that _____ has been instructed in the use and self-

administration of _____
(Name of Medication)

(Parent) _____

He/She understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/She is capable of using this medication independently.

Medication will be kept in the MAIN OFFICE vault inside a medicine cabinet. When needed, the student will come to the main office and take their medication – administered by GSW staff.

English
[Language]

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 that need to be assessed for English language proficiency. Please answer the questions below and return this survey to your child's school.

Student's Name: _____

1. Does anyone in your home speak a language other than English?

Yes _____ What language? _____

No _____

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

Yes _____ What language? _____

No _____

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

(Parent or Guardian Signature)

(Date)

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Publicity Release Form

Your student's image may be photographed, videotaped or otherwise recorded for our schools media usage. These materials include, but are not limited to, photographs of sanctioned activities, souvenir program books, newsletters, newspapers, web pages, yearbook, and invitational, super sectional, and state contest videotapes.

If you have any questions call the School office

_____ DO NOT use my student's image as stated above

_____ Yes, GSW can use my student's image as stated above

Student Name _____

Parent Name _____

Parent Signature _____ Date _____

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Armed Forces or Full-time National Guard Survey

A student whose Legal guardian is a member of the Armed Forces or Full-time National Guard on active duty. The terms "Armed Forces," "Active Duty," and "Full-time National Guard duty" have the same meaning as defined in 10 U.S.C. 101(a)(4), 101(d)(1), and 101(d)(5).

- Armed Forces means the Army, Navy, Air Force, Marine Corps, and Coast Guard.
- Active Duty means full-time duty in the active military service of the United States, including full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. Such term does not include full-time National Guard duty.
- Full-time National Guard duty means training or other duty, other than inactive duty, performed by a member of the Army National Guard of the United States or the Air National Guard of the United States in the member's status as a member of the National Guard of a State or territory, the Commonwealth of Puerto Rico, or the District of Columbia under section 316, 502, 504, or 505 of title 32 for which the member is entitled to pay from the United States or for which the member has waived pay from the United States.

Is a parent or legal guardian a member of the Armed Forces or Full-time National Guard on active duty. YES or NO

Student Name: _____ **Grade:** _____

Parent/Guardian Name in Military: _____

GUIDELINES FOR ACCEPTABLE USE OF DISTRICT TECHNOLOGY SYSTEM BY STUDENTS

A. Acceptable Use.

All Users of the District Technology system ("System") must comply with the District Acceptable Use Guidelines, as amended from time to time.

The "System shall include all computer hardware and software owned or operated by the District, The District electronic mail, the District web site, and the District on-line services and bulletin board system. "Use" of the system shall include use of or obtaining access to the System from any computer terminal whether owned or operated by the District.

Students have no exception of privacy in their use of the System. The District has the right to access, review, copy, delete, or disclose, as allowed by law, any message sent, received, or stored on the District's electronic mail system. The District has the right to and does monitor the use of the system maintenance and to determine whether the use is consistent with federal and state laws and district policies and guidelines.

B. Privileges.

Access to the System is provided as a privilege by the District and may be revoked at any time. Inappropriate use may result in discipline, including loss of System use privileges.

The System, including all information and documentation contained therein is the property of the District except as otherwise provided by law.

C. Prohibited Use.

The use of the System listed below are prohibited and may result in discipline or other consequences as provided in section I. of these Guidelines and the District's Student Discipline Code and rules. The System shall not be used to:

1. Engage in activities which are not related to District educational purposes or which are contrary to the instructions from supervising District employees as to the System's use.
2. Access, retrieve, or view obscene, profane, or indecent materials. ["Indecent materials" are those materials which, in context, depict or describe sexual activities or organs in terms patently offensive, as measured by contemporary standards. "obscene materials" are those materials which, taken as a whole, appeal to the prurient interest in sex, which portray sexual conduct in a patently offensive way in which taken as a whole, do not have any serious literary, artistic, political or scientific value.]
3. Access, retrieve, or disseminate any material in violation of any federal or state laws or regulation or district policy or rules. This includes, but is not limited to, improper use of copyrighted material; improper use of the system to commit fraud improper use of passwords or access codes; or disclosing the full name, home, address, or phone number of any student, District employee, or System user.

4. Transfer any software to or from the system without authorization from System Administrator.
5. Engage in for-profit or non school sponsored commercial activities, including advertizing or sales.
6. Harass, threaten, intimidate, or demean an individual or group of individuals because of sex, color, race, religion, disability, national origin or sexual orientation.
7. Disrupt the educational process, including use that is reasonably foreseeable to result in disruption, or interfere with the rights of others at any time, either during school days or after school hours.
8. Disrupt or interfere with the System.
9. Gain unauthorized access to or vandalize the data or files of another user.
10. Gain unauthorized access to or vandalize the System or the technology system of any other individual or organization.
11. Forge or improperly alter electronic mail messages, use an account owned by another user, or disclose the user's individual password or that of another user.
12. Invade the privacy of any individual, including violating federal or state laws regarding limitations on the disclosure of student records.
13. Download, copy, print or otherwise store or possess any data which violates federal or state copyright laws or these Guidelines.
14. Send nuisance electronic mail or other online messages such as chain letters pyramid schemes, or obscene, harassing or other unwelcome messages.
15. Send nuisance electronic mail to multiple users without prior authorization by the appropriate District Administrator.
16. Conceal or misrepresent the user's identity while using the System.
17. Post material on the District's web site without the authorization of the appropriate District administrator.

D. Discipline for off-site use of electronic technology which disrupts or can reasonably be expected to disrupt the school administrator.

The District may discipline a student whose personal web site or other off-site activity involving electronic technology causes, or can reasonably be expected to cause, a substantial disruption involved use of the District Technology System.

E. Web Sites.

Unless otherwise allowed by law, District web sites shall not display information about photographs or works of students with written parental permission.

Any website created by a student using the System must be part of a District-sponsored activity, or otherwise be authorized by the appropriate District administrator. All content, including links, of any website created by a student using the System must receive prior approval by the classroom teacher or an appropriate District administrator. All contents of a website created by a student using the System must conform to these Acceptable Use Guidelines.

F. Disclaimer.

The District makes no warranties of any kind whether express or implied for the System. The District is not responsible for any damages incurred, including the loss of data resulting in delays, non-deliveries, misdeliveries, or service interruptions. Use of any information obtained via the System is at the user's own risk. The district is not responsible for the accuracy or quality of information obtained through the System. The District is not responsible for any user's intentional or unintentional access of material on the Internet which may be obscene, indecent or of inappropriate nature.

G. Security and User Reporting Duties.

Security in the System is high priority and must be a priority for all users. Students are prohibited from sharing their log-ins IDs or passwords with any other individual. Any attempt to log in as another user will result in discipline.

A user who becomes aware of any security risk or misuse of the System must immediately notify a teacher, administrator, or other staff member.

H. Vandalism

Vandalism or attempted vandalism to the System is prohibited and will result in discipline as set forth in section I. of these Guidelines, and in potential legal action. Vandalism includes, but is not limited to, downloading, uploading, or creating computer viruses.

I. Consequences for Violations.

A student who engages in any of the prohibited acts listed above shall include: (1) suspension or revocation of System privileges, (2) Other discipline including suspension or expulsion from the school, and (3) referral to the law enforcement authorities or other action in appropriate cases.

Misuse of the System by a student may be considered gross misconduct as that term is defined by the District Student Discipline Policy and rules, and a student may be subject to discipline pursuant to the Student Discipline Policy and rules. A student who believes that his/her system privileges have been wrongfully limited may request a meeting with the building principal to review the limitation. The decision of the building principal shall be final.

**AUTHORIZATION FOR ACCESS TO
DISTRICT TECHNOLOGY SYSTEM BY STUDENTS**

This form must be read and signed by each student (and if the under age 18 by his/her parent/guardian) as a condition of using Gardner South-Wilmington Schools' "District Technology System".

By signing this Authorization, I acknowledge that I have received a copy of the "Guidelines for Acceptable Use of District Technology system by Students" and that I have read and understand, and agree to the following Guidelines.

I acknowledge that access to the District technology System is provided as a privilege by the District and that inappropriate use may result in discipline, as may off-site use of electronic technology which disputes or can reasonably be expected to disrupt the school environment.

**I ACKNOWLEDGE THAT I HAVE NO EXPECTATION OF PRIVACY IN MY
USE OF DISTRICT TECHNOLOGY SYSTEM, AND THAT THE DISTRICT
HAS THE RIGHT TO AND DOES MONITOR USE OF THE SYSTEM.**

Student Name: _____ Grade: _____

Student Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Gardner-South Wilmington Township High School District 73

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Parent/Guardian E-Mail Notification Form

Gardner South Wilmington High School has implemented the use of technology to enhance our communication through E-mail services with parents or guardians. These methods of communication should only improve the partnership between school and home and have a positive impact on student achievement at GSWHS. As GSWHS uses multiple methods to communicate through E-mail, it is important for you to fill out this form as completely as possible. If you have internet access and an E-mail address please fill it in below. Internet access does not have to be limited to your home. If you are allowed personal e-mail at work, please use it for this purpose. Either way let us know if we can communicate with you via e-mail. Any GSW staff member can be contacted by using their first initial and last name plus the school e-mail address, for example, jdoe@gswhs73.org All Faculty and Staff's e-mail address' are also listed on the GSW website www.gswhs73.org.

_____ I do have access to e-mail and would like to receive direct communication through e-mail.

_____ I do not have access to e-mail at this time.

Student Name: _____

Primary E-Mail:

Name _____

E-mail Address _____

Relationship to Student _____

Alternative E-Mail 1:

Name _____

E-mail Address: _____

Relationship to Student _____

Alternative E-Mail 2:

Name _____

E-mail Address: _____

Relationship to Student _____

Gardner-South Wilmington Township

High School District 73

500 E. Main St. • Gardner, Illinois 60424 • Phone: 815.237.2176 • Fax: 815.237.2842

Instructions for School Bus Riders

1. Be on time at your designated school bus stop - - help keep the bus on schedule.
2. Stay off the road at all times while waiting for the bus.
3. Be careful in approaching the place where the bus stops. Do not move toward the bus until the bus has been brought to a complete stop.
4. Do not leave your seat while the bus is in motion.
5. Be alert for a danger signal from your bus driver.
6. Remain in the bus in the event of a road emergency until the driver gives instructions.
7. Keep hands and head inside the bus at all times, after entering and until leaving the bus. Do not throw anything out of the bus windows.
8. Remember that loud talking and laughter or unnecessary confusion diverts the driver's attention and could result in a serious accident.
9. Be absolutely quiet when approaching a railroad-crossing.
10. Treat bus equipment as you would valuable furniture in your own home. Never tamper with the bus or any of its equipment.
11. Assist in keeping the bus safe and sanitary at all times. No eating is allowed on the bus.
12. Carry no animals or weapons on the bus.
13. Keep books, packages, coats, and all objects out of the aisles.
14. Leave no books, packages, coats, or other articles on the bus.
15. Be courteous to fellow pupils and bus drivers.
16. Help look after the safety and comfort of smaller children.
17. Do not ask the driver to stop at places other than the regular bus stop; he is not permitted to do this except by proper authorization from a school official.
18. Observe safety precautions at discharge point. Where it is necessary to cross the highway, proceed to a point at least 10 feet in front of the bus on the right shoulder and off the highway where traffic may be observed in both directions. Then wait for a signal from the bus driver permitting you to cross.
19. Observe the same rules and regulations on other trips under school sponsorship as you observe between home and school. Respect the wishes of the chaperone appointed by the school.
20. Board policy No. 8142 allows the Superintendent/Principal to suspend students guilty of committing acts of gross disobedience or misconduct from riding the school bus. Students are requested to follow the instructions outlined within items 1-19 so that daily bus transportation is safely completed.

Bus Registration Form - GSW

Illinois Central School Bus

Transportation Start Date: _____

Grade: _____

Student Information

| | |
|-------------------|--------------------|
| Student Last Name | Student First Name |
| Street Address | City/State/Zip |

Parent Information

| | | |
|------------------------------------|------------------------|-------------------|
| Custodial Parent #1 | Home/Cell Phone Number | Work Phone Number |
| Custodial Parent #2 | Home/Cell Phone Number | Work Phone Number |
| Step Parent (if living with child) | Home/Cell Phone Number | Work Phone Number |

Emergency Information

| | | |
|------|------------------------|-------------------|
| Name | Home/Cell Phone Number | Work Phone Number |
| Name | Home/Cell Phone Number | Work Phone Number |

Please provide any medical/social information that may be helpful to your child (i.e. bee sting allergies, seizures, motion sickness, afraid of animals, etc.)

Parent/Guardian Signature

Date

Alternate Transportation Request

Students are expected to ride to and from their home unless other arrangements have been authorized through the school. To request an alternate pick-up/drop-off, please complete the bottom portion of this form.

Only TWO bus stop locations per family will be provided.

| | |
|---------------------|---------------------|
| Location #1 Name | Location #2 Name |
| Address | Address |
| Telephone | Telephone |



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Susan Avery
Superintendent

Brian Davis
Principal

Student Handbook and Bus Rules Signature

Student Name: _____

- I acknowledge receipt of learning the GSW HS Student handbook and that I am responsible for complying with its contents/rules. I understand that my obligation is to abide by these rules. It is my obligation to seek clarity/guidance from the counselor or principal when necessary.
- I also know that I can ask Mr. Engelman for a copy of the handbook and that it also posted online at gswhs73.org under the parents & community tab. The handbook is updated June 30 of every year.
- I acknowledge and consent to ISBE, SAT, PSAT10, and PSAT 8/9 terms.
- I will complete the extracurricular code of conduct from prior to participating in any extracurricular activity.
- I also have been made aware of the GSW HS perfect attendance policy of being at school every minute of every day.
- I acknowledge receipt of learning the GSW bus rules and that I am responsible for complying with its contents/rules. I understand that my obligation is to abide by these rules. It is my obligation to seek clarity/guidance from the counselor or principal when necessary.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Year in school: Freshman Sophomore Junior Senior

NOTICE FOR DIRECTORY INFORMATION UNDER THE FAMILY EDUCATION RIGHTS & PRIVACY ACT (FERPA)

The *Family Educational Rights and Privacy Act (FERPA)*, A federal law, requires that Gardner-South Wilmington Township High School District #73, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Gardner –South Wilmington Township High School District #73 may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Gardner-South Wilmington Township High School District #73 to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, Companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local education agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Acts of 1965 (ESEA)* to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings –unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.¹

If you do not want Gardner-South Wilmington Township High School District #73 to disclose directory information from your child's education records without prior written consent, you must notify the District in writing. Send the necessary correspondence to ***Superintendent***; GSW High School, 500 E. Main Street; Gardner IL 60424. Gardner-South Wilmington Township High School District #73 has designated the following information as directory information:

| | |
|---------------------------|--|
| ◆ Student's Name | ◆ Dates of attendance |
| ◆ Address | ◆ Grade level |
| ◆ Telephone Listings | ◆ Degrees, honors, and awards received |
| ◆ Electronic mail address | ◆ Weight and height of members of athletic teams |
| ◆ Photograph | ◆ Participation in officially recognized activities and sports |
| ◆ Date & place of birth | ◆ The Most recent educational agency or institution attended |
| ◆ Major Field of student | |

¹ These laws are: Section 9528 of the ESEA(20 U.S.C. 7908), as amended by the *No Child Left Behind Act of 2001* (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the *National Defense Authorization Act for Fiscal Year 2002* (P.L. 207-107), the legislation that provides funding for the nation's armed forces.



PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten, second, sixth, and ninth grades of any public, private, or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign, and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that require attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy, and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

To be completed by the parent or guardian (please print)

| | | | |
|--|------------|--------------|------------------------------|
| Student's Name: Last | First | Middle | Birth Date: (Month/Day/Year) |
| Address: Street | City | ZIP Code | |
| Name of School: | ZIP Code | Grade Level: | |
| Parent or Guardian: Last Name | First Name | | |
| Select from the below general racial category which most clearly reflects the student's recognition of his or her community or with which the student most identifies. | | | |
| <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian | | | |
| <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Two or More Races | | | |

To be completed by dentist

Date of Most Recent Examination: _____ (Check all services provided at this examination date)
☐ Dental Cleaning ☐ Sealant ☐ Fluoride treatment ☐ Restoration of teeth due to caries

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present on Permanent Molars**

☐ Yes ☐ No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

☐ Yes ☐ No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

☐ Yes ☐ No **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.

Treatment Needs (check all that apply). Please list appointment date or date of most recent treatment completion date.

☐ **Restorative Care** — amalgams, composites, crowns, etc.

Appointment Date: _____

☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis

Appointment Date: _____

☐ **Pediatric Dentist Referral Recommended**

Treatment Completion Date: _____

Dental Office Address: _____ Office phone number: _____

Signature of Dentist _____ Date _____





State of Illinois
Certificate of Child Health Examination

| | | | | | | | | | | | | |
|--|---|-------|---|-----------------|---|-----------------------|---|------|---|----|---|----|
| Student's Name | | | | Birth Date | Sex | Race/Ethnicity | School /Grade Level/ID# | | | | | |
| Last | | First | | Middle | | Month/Day/Year | | | | | | |
| Address | | | | Parent/Guardian | | | | | | | | |
| Street | | City | | Zip Code | | Telephone # Home Work | | | | | | |
| IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for <u>every</u> dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication. | | | | | | | | | | | | |
| REQUIRED Vaccine / Dose | DOSE 1 | | DOSE 2 | | DOSE 3 | | DOSE 4 | | DOSE 5 | | DOSE 6 | |
| | MO | DA | YR | MO | DA | YR | MO | DA | YR | MO | DA | YR |
| DTP or DTaP | | | | | | | | | | | | |
| Tdap: Td or Pediatric DT (Check specific type) | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | | <input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT | |
| Polio (Check specific type) | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | | <input type="checkbox"/> IPV <input type="checkbox"/> OPV | |
| Hib Haemophilus influenza type b | | | | | | | | | | | | |
| Pneumococcal Conjugate | | | | | | | | | | | | |
| Hepatitis B | | | | | | | | | | | | |
| MMR Measles Mumps. Rubella | | | | | | | Comments: * indicates invalid dose | | | | | |
| Varicella (Chickenpox) | | | | | | | | | | | | |
| Meningococcal conjugate (MCV4) | | | | | | | | | | | | |
| RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose | | | | | | | | | | | | |
| Hepatitis A | | | | | | | | | | | | |
| HPV | | | | | | | | | | | | |
| Influenza | | | | | | | | | | | | |
| Other: Specify Immunization Administered/Dates | | | | | | | | | | | | |
| Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here. | | | | | | | | | | | | |
| Signature | | | | Title | | | | Date | | | | |
| Signature | | | | Title | | | | Date | | | | |
| ALTERNATIVE PROOF OF IMMUNITY | | | | | | | | | | | | |
| 1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result. *MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR | | | | | | | | | | | | |
| 2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies 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 | | | | | | | | | | | | |
| 3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/> Measles* <input type="checkbox"/> Mumps** <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella Attach copy of lab result. | | | | | | | | | | | | |
| *All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence. **All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence. | | | | | | | | | | | | |
| Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____ Physician Statements of Immunity MUST be submitted to IDPH for review. | | | | | | | | | | | | |

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--------|--|--|-------|---|--------------------|--|------------------------------|--------|---------|--------------------------|-------|--------|---------|--|-----------------|--|--|
| Last | | | First | | | Middle | | | Birth Date | | | Sex | | School | | | Grade Level/ ID | | |
| | | | | | | | | | Month/Day/ Year | | | | | | | | | | |
| HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER | | | | | | | | | | | | | | | | | | | |
| ALLERGIES (Food, drug, insect, other) | | | Yes No | | List: | | | MEDICATION (Prescribed or taken on a regular basis.) | | | Yes No | | List: | | | | | | |
| Diagnosis of asthma? | | | Yes No | | | | | Loss of function of one of paired organs? (eye/ear/kidney/testicle) | | | Yes No | | | | | | | | |
| Child wakes during night coughing? | | | Yes No | | | | | Hospitalizations? When? What for? | | | Yes No | | | | | | | | |
| Birth defects? | | | Yes No | | | | | Surgery? (List all.) When? What for? | | | Yes No | | | | | | | | |
| Developmental delay? | | | Yes No | | | | | Serious injury or illness? | | | Yes No | | | | | | | | |
| Blood disorders? Hemophilia, Sickle Cell, Other? Explain. | | | Yes No | | | | | TB skin test positive (past/present)? | | | Yes* No | | | | | *If yes, refer to local health department. | | | |
| Diabetes? | | | Yes No | | | | | TB disease (past or present)? | | | Yes* No | | | | | | | | |
| Head injury/Concussion/Passed out? | | | Yes No | | | | | Tobacco use (type, frequency)? | | | Yes No | | | | | | | | |
| Seizures? What are they like? | | | Yes No | | | | | Alcohol/Drug use? | | | Yes No | | | | | | | | |
| Heart problem/Shortness of breath? | | | Yes No | | | | | Family history of sudden death before age 50? (Cause?) | | | Yes No | | | | | | | | |
| Heart murmur/High blood pressure? | | | Yes No | | | | | Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other | | | | | | | | | | | |
| Dizziness or chest pain with exercise? | | | Yes No | | | | | Information may be shared with appropriate personnel for health and educational purposes. | | | | | | | | | | | |
| Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ | | | Yes No | | | | | Parent/Guardian Signature | | | | | | Date | | | | | |
| Other concerns? (crossed eye, drooping lids, squinting, difficulty reading) | | | Yes No | | | | | | | | | | | | | | | | |
| Ear/Hearing problems? | | | Yes No | | | | | | | | | | | | | | | | |
| Bone/Joint problem/injury/scoliosis? | | | Yes No | | | | | | | | | | | | | | | | |
| PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA | | | | | | | | | | | | | | | | | | | |
| HEAD CIRCUMFERENCE if < 2-3 years old | | | HEIGHT | | | WEIGHT | | | BMI | | | BMI PERCENTILE | | | B/P | | | | |
| DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.) | | | | | | | | | | | | | | | | | | | |
| Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | Blood Test Date | | | Result | | | | | | | | | | |
| TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.html . | | | | | | | | | | | | | | | | | | | |
| No test needed <input type="checkbox"/> Test performed <input type="checkbox"/> | | | Skin Test: Date Read | | | Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> | | | mm _____ | | | | | | | | | | |
| | | | Blood Test: Date Reported | | | Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> | | | Value | | | | | | | | | | |
| LAB TESTS (Recommended) | | | Date | | | Results | | | | | | Date | | | Results | | | | |
| Hemoglobin or Hematocrit | | | | | | | | | Sickle Cell (when indicated) | | | | | | | | | | |
| Urinalysis | | | | | | | | | Developmental Screening Tool | | | | | | | | | | |
| SYSTEM REVIEW | | Normal | | Comments/Follow-up/Needs | | | | | | Normal | | Comments/Follow-up/Needs | | | | | | | |
| Skin | | | | | | | Endocrine | | | | | | | | | | | | |
| Ears | | | | Screening Result: | | | Gastrointestinal | | | | | | | | | | | | |
| Eyes | | | | Screening Result: | | | Genito-Urinary | | | | | LMP | | | | | | | |
| Nose | | | | | | | Neurological | | | | | | | | | | | | |
| Throat | | | | | | | Musculoskeletal | | | | | | | | | | | | |
| Mouth/Dental | | | | | | | Spinal Exam | | | | | | | | | | | | |
| Cardiovascular/HTN | | | | | | | Nutritional status | | | | | | | | | | | | |
| Respiratory | | | | <input type="checkbox"/> Diagnosis of Asthma | | | Mental Health | | | | | | | | | | | | |
| Currently Prescribed Asthma Medication: | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) | | | | | | | | | | | | Other | | | | | | | |
| <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid) | | | | | | | | | | | | | | | | | | | |
| NEEDS/MODIFICATIONS required in the school setting | | | | | | | | | DIETARY Needs/Restrictions | | | | | | | | | | |
| SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup | | | | | | | | | | | | | | | | | | | |
| MENTAL HEALTH/OTHER 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 | | | | | | | | | | | | | | | | | | | |
| EMERGENCY ACTION 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.) | | | | | | | | | | | | | | | | | | | |
| PHYSICAL EDUCATION Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> INTERSCHOLASTIC SPORTS Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
| Print Name | | | | | | (MD,DO, APN, PA) Signature | | | | | | Date | | | | | | | |
| Address | | | | | | | | | | | | Phone | | | | | | | |

GARDNER - SOUTH WILMINGTON HIGH SCHOOL

EXTRA CURRICULAR ACTIVITIES

SUPERINTENDENT
MRS. SUSAN AVERY

GUIDANCE COUNSELOR
MS. JENNIFER KILMER



PRINCIPAL
MR. BRIAN DAVIS

ATHLETIC DIRECTOR
MRS. AMBER EISHA

ATHLETICS

FALL

CROSS COUNTRY
GOLF
VOLLEYBALL
BOYS SOCCER
PANTHERETTE SPIRITLINE
COLOR GUARD
FOOTBALL

WINTER

BOYS BASKETBALL
GIRLS BASKETBALL
WRESTLING
PANTHERETTE SPIRITLINE
COLOR GUARD
TRAP SHOOTING

SPRING

BASEBALL
SOFTBALL
TRACK
GIRLS SOCCER
FISHING TEAM

CLUBS/ORGANIZATIONS

ART CLUB
BAND
BOOK CLUB
NATIONAL HONOR SOCIETY
DRAMA CLUB (PLAY)
MATH TEAM
YOUTH PHILANTHROPY

ORANGE CRUSH (PEP CLUB)
PROM COMMITTEE (JUNIORS)
SADD
SCHOLASTIC BOWL
STUDENT AMBASSADORS
STUDENT COUNCIL



Gardner-South Wilmington Township High School District 73

500 E. Main St. ● Gardner, Illinois 60424 ● Phone: 815.237.2176 ● Fax: 815.237.2842

To: District #73 Parents/Guardians
From: Mrs. Susan Avery, Superintendent
Re: Targeted School Violence Prevention Program

District #73 has a standard procedure for responding to student threats of violence. Below is a brief synopsis of situations where school officials want individuals to bring forth information identifying a threat or situation of concern to the Building Principal. Once identified, the Building Principal will determine whether a threat exists and whether to engage in further investigation.

Any situation or student of concern should be brought forward. Threat assessment is a valuable component of a comprehensive approach to preventing targeted school violence. The identification of threats is everyone's responsibility: our students, parents, staff, and community members.

What is a Threat?

A threat is an expression of intent to harm someone that may be spoken, written, or expressed in some other way, such as through gestures. Threats may be direct (*I'm going to beat you up* or *I'm going to blow this place up!*) or indirect (*Come and watch what I am going to do to him/her.*). A threat can be vague (*I'm going to hurt him.*) or implied (*You better watch out*). Any possession of a weapon or mention of one is a possible threat.

Sometimes students make threats that are in fun or may be "just kidding" but sometimes a threat is very serious and/or criminal. When you are in doubt as to whether the statement is kidding or serious, the responsible thing to do is to report it.

What Can Staff and Parents Do?

Educate students about what a threat is, encourage students not to make threats in the first place, and reiterate that seeking help to prevent someone from getting hurt or hurting another is appropriate.

Gardner-South Wilmington Township High School District 73

500 E. Main St. • Gardner, Illinois 60424 • Phone: 815.237.2176 • Fax: 815.237.2842

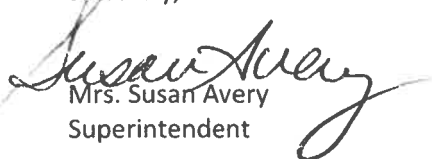
Re: Military Recruiters and Postsecondary Institutions Receiving Student Directory Information

Dear Parents/Guardians:

From time-to-time, military recruiters and postsecondary educational institutions request the names, telephone numbers, and addresses of our secondary students. GSWHS must provide this information unless the parent(s)/guardians(s) request that it not be disclosed without their prior written consent.

IMPORTANT: If you do not want military recruiters or institutions of higher learning to be given your secondary school student's name, address, and telephone number, please complete the form below and return it to the GSW Guidance office. **If this form is not returned, we are required to release the student's information.**

Sincerely,



Mrs. Susan Avery
Superintendent

To be submitted to Guidance Secretary

Please do not release my child's name, telephone numbers, and/or address to:

_____ Do NOT release to Military Recruiters

_____ Do NOT release to Institutions of higher education – Colleges

(Please check mark the boxes if you DO NOT want your student's information released to the Military and Colleges)

Student Name (please print)

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Gardner-South Wilmington Township High School District 73

500 E. Main St. • Gardner, Illinois 60424 • Phone: 815.237.2176 • Fax: 815.237.2842

Re: Student Safety

Dear Parents/Guardians:

Student safety is our District's top priority. In addition to physical safety, the District is concerned with students' emotional well-being and will help students cope with an emergency or disaster and its aftermath. The following outlines our emergency and disaster response plans.

Safety Plans

The District has plans for all the four phases of emergency and disaster management:

1. Preparedness – planning for an emergency or disaster event;
2. Response – planned response to an emergency or disaster event;
3. Recovery – the process of returning to normal operations; and
4. Mitigation – steps taken to minimize the effects of an emergency or disaster.

These phases are covered in GSWHS' safety plan. In addition, the District has a Safety Program Coordinator and GSWHS has a Crisis Management Team.

Communications

The District will disseminate emergency information via its website, through the media, by telephone contact (Alert Now emergency notification system).

Emergency Responses

Emergency responses will depend on the circumstances and may include lockdown or evacuation. During a lockdown, no one may enter or leave the building until it is safe to do so. For evacuation purposes, GSWHS has at least one off-campus site where students and staff assemble to be accounted for and temporarily housed.

In the unlikely event an emergency response is needed at your child's school, staff members will be totally engaged in supervising students. We will attempt to provide information through the District's Alert Now system, and/or our website; www.gswhs73.org. If students are evacuated, students at Gardner – South Wilmington High School will go to the Gardner American Legion or depending on the emergency, may go to another local school. You may pick up your child at the designated location after notifying the school official in charge. Additional instructions will be given in the event of an evacuation, including alternative methods to return your child home.

Cooperation and Assistance Request

During any emergency or potential disaster and for the safety of all students and staff, please follow the instructions of the Building Principal. These instructions will be widely disseminated.

Defamatory or disruptive behavior will only lessen our response effectiveness.

If you have any questions, please feel free to contact the High School office. In the meantime, thank you for your cooperation and support.

Sincerely,



Mrs. Susan Avery
Superintendent

Gardner-South Wilmington Township High School District 73

500 E. Main St. • Gardner, Illinois 60424 • Phone: 815.237.2176 • Fax: 815.237.2842

GSW School Fees

General Fees = \$125.00 (due at Registration)
(Waived if students are on the FREE Meal Program)

Athletic Fees
(Not Waived – Need to be PAID)

Course Fee *Waived if students are on the FREE Meal Program

| | |
|--------------------|-------------------------|
| *Art | \$12.50 per class |
| *Drivers Education | \$100.00 |
| GAVC | \$200.00 (Must Be PAID) |

| | |
|------------------------|---------|
| Volleyball | \$25.00 |
| Cross Country | \$25.00 |
| Golf | \$25.00 |
| Girls' Basketball | \$25.00 |
| Boys' Basketball | \$25.00 |
| Pantherette Spiritline | \$25.00 |
| Color Guard | \$25.00 |
| Baseball | \$25.00 |
| Softball | \$25.00 |
| Track | \$25.00 |
| Boys' Soccer | \$25.00 |
| Girls' Soccer | \$25.00 |
| Football | \$25.00 |

Other Fees

| | |
|-----------|--------|
| Breakfast | \$1.90 |
| Lunch | \$3.25 |
| Salad | \$3.50 |