



Grant Community High School District 124
285 East Grand Avenue, Fox Lake, Illinois 60020
P: 847-587-2561 | F: 847-587-2991
www.grantbulldogs.org



Christine A. Sefcik, Ed. D.
Superintendent

Beth A. Reich
Business Manager

Jeremy N. Schmidt
Principal

Katelyn P. Kauth
Registrar

NEW STUDENT ENROLLMENT PACKET

Welcome to Grant Community High School! We understand that moving to a new school is a big change, so we've designed this packet to help guide you through this process as smoothly as possible. Please read directions carefully to ensure that all the required steps are completed. All necessary forms in this packet must be filled out in their entirety, and the proper documentation must be provided in order to complete enrollment. If you have any questions, please contact our Registrar, Katie Kauth, at 847-973-3425 or kkauth1@grantbulldogs.org.

BEFORE YOU BEGIN: Have you withdrawn from your previous school? In order to ensure timely receipt of student records required for transfer, please be sure to notify your student's previous school of your intent to withdraw. Not only do they need to exit your student from their list of active students, but there may be outstanding fees or un-returned materials that need to be taken care of before the school will send records. If possible, see if they will provide you an unofficial transcript and/or current class schedule to bring with you when you turn in your enrollment materials.

STEPS FOR ENROLLMENT: The registration process can be broken down into the following three steps:

1. Withdraw (or confirm intent to withdraw) student from previous school. Collect a copy of your student's transcript and schedule if possible.
2. Complete this packet, and gather **all** required documentation (see checklist on next page). You may turn everything in to our front office in-person or send via email to Katie Kauth at kkauth1@grantbulldogs.org. Our Registrar will review the packet and send for official records from the previous school. You will be contacted via phone or email if more information/documentation is needed.
3. Once **all** required enrollment materials and records have been collected, you will be contacted by our SST Secretary to schedule an appointment time for any necessary placement testing and a meeting with a counselor to build a class schedule, pick up materials, tour the school, answer questions, etc. to complete enrollment.

Thank you in advance for your patience and cooperation. We look forward to welcoming a new Bulldog to campus!

PLEASE USE THE FOLLOWING CHECKLIST TO ENSURE YOU HAVE EVERYTHING YOU NEED TO ENROLL AT GRANT COMMUNITY HIGH SCHOOL:

REQUIRED FOR ALL:

- Student Transfer Form (Form A)**
- Complete the form with prior school information. We will send this to the school to request student records.
- Student/Adult Information Sheet (Form B)**
- Use the student's legal name as it's listed on the birth certificate (preferred names may be included in parentheses), and include Family contact information as you would like it to be displayed in Skyward.
- Parental Affidavit (Form C)**
- Complete the checklist in its entirety and sign the bottom.
- Home Language Survey (Form D)**
- Certified Birth Certificate**
- Physical/Immunization Records**
- If coming from within Illinois: Exam must be within 1 year
- If coming from outside Illinois: Exam must be within 90 days (**Vision screening also required**)
- 3 Documents to Prove Residency**
- See below for a list of acceptable documents. If you are unsure whether a document will be accepted, please contact our Registrar.

<u>Homeowners</u>		<u>Renters</u>
➤ Executed Closing Documents		➤ Signed Landlord Affidavit (Form G)
➤ Mortgage Statement		➤ Copy of Current Lease
➤ Most Recent Property Tax Bill		➤ Proof of Current Lease Payment
➤ Current Utility Bill (natural gas, electric, water, sewer, cable)		➤ Current Utility Bill (natural gas, electric, water, sewer, cable)
➤ Valid Driver's License		➤ Valid Driver's License
➤ Homeowners Insurance Policy		➤ Renters Insurance Policy
➤ Vehicle Insurance Policy		➤ Vehicle Insurance Policy
➤ Bank Statement/Credit Card Bill		➤ Bank Statement/Credit Card Bill
➤ Voter Registration Card		➤ Voter Registration Card
➤ Public Aid Card		➤ Public Aid Card

ADDITIONAL DOCUMENTS MAY BE REQUIRED:

- Single Parent Custody** – Attach documentation of custody, divorce decree, or court order (if applicable).
- Adoption/Change in Custodial Authority/Guardianship** – For guardians who may not be a birth parent to the student, please provide evidence indicating that you have assumed custodial responsibility for the student. You may provide a court order or other custodial paperwork, or use **Forms E (signed by parent(s)) and F (signed by custodial guardian(s))** provided in this packet.
- Special Education Students** – Please bring a copy of your student's current IEP/504 Plan (this can be requested from the previous school if you do not have a copy).
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FORM A: REQUEST FOR STUDENT RECORDS

Previously Attended School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Registrar Email: _____

The following student is enrolling at Grant Community High School:

Student Name: _____ Date of Birth: _____ Grade: _____

Please release the following information (if applicable):

- ISBE Student Transfer Form **OR** statement of good standing from an out-of-state school
- Official Transcript
- Current Schedule/Grades to Date of Withdrawal
- Health/Immunization Records
- Discipline Records
- Attendance Records
- Standardized Test Data
- Cumulative Records
- Any and All Psychological Records
- Any and All Learning Disability Records
- Case Study Evaluation Reports
- IEP/MDS/504 Summary

To be filled out by previous school:

Does this student have any fees or holds on their account that would prevent release of an official transcript? Yes / No

Please send records to:

Grant Community High School
Attn: Katie Kauth, Registrar
285 E. Grand Ave.
Fox Lake, IL 60020

Email: kkauth1@grantbulldogs.org
Phone: 847-973-3425
Fax: 847-587-2991

I authorize release of the above records: _____ Date: _____
(parent, guardian, or student over the age of 18)

Note: Parental permission is no longer required when records are requested by authorized personnel (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Registrar, June 17, 1976, Vol 41, No 118, Page 24673)

FORM B: STUDENT/ADULT INFORMATION SHEET

Please print legibly and check all information for accuracy. Any changes during the school year will require this form to be updated.

STUDENT INFORMATION

Student Full Legal Name: _____ **Date of Birth:** _____

Gender: _____ **Grade:** _____ **Graduation Year:** _____ →

Student Cell Phone: _____

Birth City/State/Country: _____

If not born in the USA,
what month/year did student first enter? _____

Primary Language Spoken at Home: _____

Special Education: Does this student currently have an IEP/504

Plan or receive any special services/accommodations? Yes / No

Sports: Are you interested in participating in sports at GCHS? Yes / No (NOTE: Eligibility will be determined by previous school records)

Ethnicity/Race:

Are you Hispanic/Latino? Yes / No

Please check as many as apply:

___ American Indian/Alaskan Native

___ Asian

___ Black/African American

___ Native Hawaiian/Other Pacific Islander

___ White

ADULT INFORMATION

Legal Custody is Assigned to: (Circle) Both Parents Mother Father Other: _____

Student Lives With: (Circle) Both Parents Mother Father Other: _____

FAMILY #1 (Residential Parent/Guardian Information) *Parent/Guardian 1's phone will be considered the primary contact #*

Address: _____

Parent/Guardian 1: _____ **Phone:** _____ **Home Cell Work**

Relation to Student: _____ **Email:** _____

Parent/Guardian 2: _____ **Phone:** _____ **Home Cell Work**

Relation to Student: _____ **Email:** _____

FAMILY #2 (Non-Residential Parent/Guardian Information to be included in Skyward)

Address: _____

Parent/Guardian 1: _____ **Phone:** _____ **Home Cell Work**

Relation to Student: _____ **Email:** _____

Parent/Guardian 2: _____ **Phone:** _____ **Home Cell Work**

Relation to Student: _____ **Email:** _____

EMERGENCY CONTACTS: (Family Info above is automatically included in Emergency Contacts)

Contact #1 Name: _____ **Relation:** _____ **Phone:** _____

Contact #2 Name: _____ **Relation:** _____ **Phone:** _____

Student's Primary Physician: _____ **Phone:** _____

FORM C: PARENTAL AFFIDAVIT

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Does the student listed reside with you full-time at the address provided? If no, explain: _____

<input type="checkbox"/>	<input type="checkbox"/>
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Do you have all of the required documentation to prove residency attached? If not, when will the information be submitted? _____ (must be prior to student's first day)

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Do you have additional students attending other GCHS feeder schools? If so, list their names/grades here:

Student 1: _____ Year in School: _____
 Student 2: _____ Year in School: _____
 Student 3: _____ Year in School: _____
 Student 4: _____ Year in School: _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

In the event of an emergency, the district will contact a parent at the phone number(s) provided. If a parent cannot be reached, I authorize the school to take necessary emergency action.

<input type="checkbox"/>	<input type="checkbox"/>
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Is any adult prohibited **by court order** from having contact with any student(s) listed above? If yes, **you must attach** a copy of the current court order to this packet.

<input type="checkbox"/>	<input type="checkbox"/>
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There has been a recent transfer of custody and control for the student listed in this packet. Please attach custody paperwork or use Forms E and F in this packet.

I understand that any person who knowingly enrolls or attempts to enroll a non-residential student in the school district on a tuition free basis 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 the school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information on this form shall be referred for criminal prosecution.

I hereby attest that the answers to the provided questions are true and correct and I understand that my student's attendance at Grant Community High School may be terminated if I have knowingly answered any of the questions falsely.

Signature of Parent or Legal Guardian

Date

Printed Name

Street Address

Telephone Number

City, State, ZIP



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FORM D: HOME LANGUAGE SURVEY

The State requires our 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 need for English Language Learning education services. If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Is a language other than English spoken in your home?

Yes _____

No _____

If yes, what language? _____

Does your child speak a language other than English?

Yes _____

No _____

If yes, what language? _____

Student Name (Print): _____ Date of Birth: _____ Grade: _____

Name of Previously Attended School: _____

Parent/Guardian Signature: _____ Date: _____



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FORM E: AFFIDAVIT FOR TRANSFER OF CUSTODY AND CONTROL

I, _____ hereby state:
(Parent or Legal Guardian)

➤ I have transferred custody and control of _____
(Student Name)

born on _____ to _____.
(MM/DD/YY) (Guardian or Custodial Authority)

➤ I have transferred custody and control because _____
_____.

➤ I have selected the above-named Custodial Authority to obtain custody and control of because _____
_____.

I understand that any person who knowingly enrolls or attempts to enroll a non-residential student in the school district on a tuition-free basis 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 the school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information on this form shall be referred for criminal prosecution.

Signature of Parent or Legal Guardian

Date

Printed Name

Street Address

Telephone Number

City, State, ZIP



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FORM F: AFFIDAVIT OF CUSTODIAL AUTHORITY

I, _____ hereby state:

(Custodial Authority)

➤ I have received custody and control of _____
(Student Name)

born on _____.
(MM/DD/YY)

➤ I reside within the boundaries of Grant Community High School District #124.

➤ I have obtained custody and control of the above-named student because _____

I understand that any person who knowingly enrolls or attempts to enroll a non-residential student in the school district on a tuition-free basis 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 the school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information on this form shall be referred for criminal prosecution.

Signature of Custodial Authority

Date

Printed Name

Street Address

Telephone Number

City, State, ZIP



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FORM G: AFFIDAVIT OF LANDLORD/HOMEOWNER- REQUIRED FOR RENTERS

I, _____, swear that
(Landlord or Homeowner Name)

The parent(s) or guardian(s) whose name(s) is(are): _____

and their minor child(ren) whose name(s) is(are): _____

have established permanent residence, via a lease, within the legal boundaries of Grant Community High School District #124 in Lake County, Illinois from

_____ (Date) to _____ (Date).

If at any time the undersigned parent/guardian(s) and their aforesaid minor child(ren) shall cease to permanently reside at the aforesaid address, they will immediately notify the Assistant Principal for Student Operations or other designee at Grant Community High School District #124.

I understand that any person who knowingly enrolls or attempts to enroll a non-residential student in the school district on a tuition free basis 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 the school in that district without the payment of a non-resident tuition charge shall be guilty of a Class C misdemeanor. Anyone who knowingly or willfully provides false information on this form shall be referred for criminal prosecution.

Signature of Landlord/Homeowner

Date

Printed Name

Street Address

Telephone Number

City, State, ZIP



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ILLINOIS SCHOOL HEALTH POLICIES:

ILLINOIS STATE LAW requires incoming freshmen, students transferring from another school or home-schooled students to present a current health physical examination and evidence of up-to-date immunizations.

A COMPLETED CERTIFICATE OF CHILD HEALTH EXAMINATION FORM SIGNED BY A PHYSICIAN AND PARENT MUST BE SUBMITTED PRIOR TO THE FIRST DAY OF SCHOOL.

****SPORTS PHYSICALS ARE NOT ACCEPTED FOR THIS EXAMINATION****

IMMUNIZATIONS: The immunization history must include the dates (MM/DD/YY) that the vaccinations were administered and must be signed and dated by a physician or nurse verifying that they were given. If the immunizations were not given within the state required timeframe (see below), the student is not compliant, and updated doses are required.

IMMUNIZATIONS REQUIRED FOR ALL STUDENTS:

- **Diphtheria-Tetanus-Pertussis (DTP/DTaP/TD/DT):** Must have received FOUR or more doses, with the last dose being a booster on or after the 4th birthday.
- **Tetanus-Diphtheria-Pertussis (TDaP):** For students entering 6th - 12th grade, one dose of TDaP is required.
- **Polio (OPV/IPV):** Must have THREE or more doses, with the last dose qualifying as a booster on or after the 4th birthday.
- **Hepatitis B (Hep B):** Series of THREE injections. 28 days between 1 and 2, two months between doses 2 and 3, and four months between 1 and 3.
- **Measles/Mumps/Rubella (MMR):** Must have TWO doses – the first dose MUST be on or after the 1st birthday and the 2nd dose between ages 4-6.
- **Varicella (VAR/Chicken Pox):** The first dose MUST be on/after the 1st birthday, the 2nd dose no less than one month later. OR proof of the disease signed by a physician or health care provider.
- **Meningococcal Conjugate (MCV/MCV4):** Completion of TWO doses – 1st dose received on/after the eleventh birthday, the 2nd dose received on/after the sixteenth birthday. If the first dose is administered when the child is 16 years of age or older, only ONE dose is required prior to the 12th grade.

****YOUR CHILD WILL BE EXCLUDED FROM SCHOOL WITHOUT PROOF OF PHYSICAL AND/OR IMMUNIZATIONS. SUBMIT RECORDS TO GRANT COMMUNITY HIGH SCHOOL HEALTH OFFICE IMMEDIATELY****

Health Office Email: healthoffice@grantbulldogs.org

Health Office Fax: 847-587-1088