



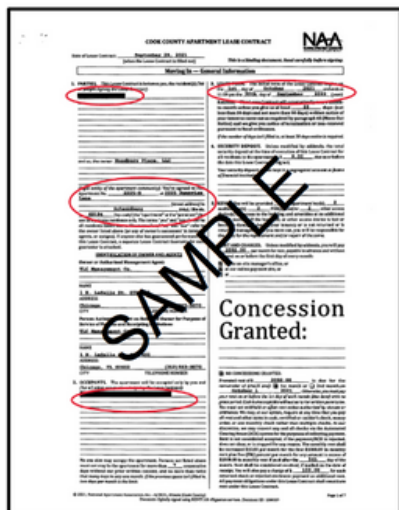
Welcome to School District 54

What documents will you need to register your child for school?

1

Proof of residency**

Provide **one** of the following:



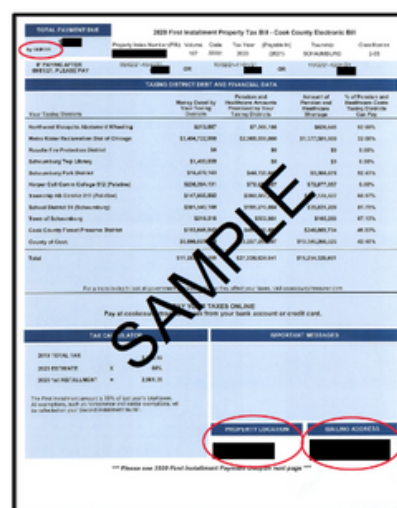
Lease

Includes names of lease holder and tenant, address, start and end dates



Mortgage

Includes name of property owner, address and statement date



Tax Bill

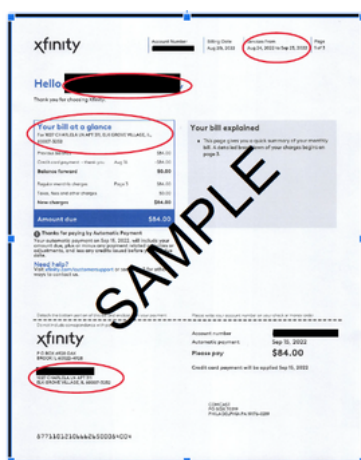
Includes name of property owner, address and date of bill

And two of the following :



Utility Bills

Includes name of resident and current address



Driver's License or State ID

Includes name of resident and current address

Note: **If living with a district resident, a "Letter in Lieu of Lease" needs to be completed. The owner will need to provide the documents listed above to prove residency. The parent/guardian will also have to provide documents to prove they are living at the residence.

Letter in Lieu of Lease

This form is to be completed by the parent/guardian who is providing the letter in lieu of lease. It includes sections for personal information, housing details, and a declaration of residency.

This form is to be completed by the owner of the property. It includes sections for property details, owner information, and a declaration of ownership.

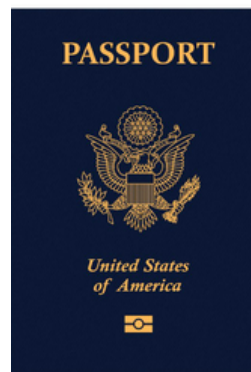
Parent or guardian fills out a page and the owner fills out the other page.

The owner must also provide documents to prove residency.

The parent/guardian must also provide documents to prove they live at the address (*Utility bills and/or driver's license*).

2 Student's Birth Certificate or Passport

This is a sample of a Certificate of Live Birth from Cook County, Illinois. It includes fields for the child's name, date of birth, sex, and parents' information. A large 'SAMPLE' watermark is visible across the center.



3 Completed Registration Packet (Paper or Online)

This is a Student Enrollment Form. It includes sections for student information, parent/guardian information, and a declaration of enrollment. It also includes a section for language options.

This is an online registration packet. It includes a welcome message, a link to the online registration page, and a registration year selection dropdown.

Medical Information

State of Illinois
Certificate of Child Health Examination

Student's Name: _____ Birth Date: _____ Sex: _____ Race/Ethnicity: _____ School Grade/Level: _____

Parent/Guardian: To be completed by health care provider. The health care provider is required to complete this certificate and submit it to the school. The health care provider is required to complete this certificate and submit it to the school. The health care provider is required to complete this certificate and submit it to the school.

Health Care Provider: To be completed by health care provider. The health care provider is required to complete this certificate and submit it to the school. The health care provider is required to complete this certificate and submit it to the school. The health care provider is required to complete this certificate and submit it to the school.

Signature of Health Care Provider: _____
Date: _____

Signature of Parent/Guardian: _____
Date: _____

Signature of School Nurse: _____
Date: _____

Current physical and proof of immunization

State of Illinois
Division of Public Health

PROOF OF SCHOOL DENTAL EXAMINATION FORM

Student's Name: _____ Birth Date: _____ Sex: _____ Race/Ethnicity: _____ School Grade/Level: _____

Parent/Guardian: To be completed by parent or guardian (please print):

Student's Name: _____ Birth Date: _____ Sex: _____ Race/Ethnicity: _____ School Grade/Level: _____

Signature of Parent/Guardian: _____
Date: _____

Signature of School Nurse: _____
Date: _____

Dental Exam

State of Illinois
Division of Public Health

State of Illinois Eye Examination Report

Student's Name: _____ Birth Date: _____ Sex: _____ Race/Ethnicity: _____ School Grade/Level: _____

Parent/Guardian: To be completed by parent or guardian (please print):

Student's Name: _____ Birth Date: _____ Sex: _____ Race/Ethnicity: _____ School Grade/Level: _____

Signature of Parent/Guardian: _____
Date: _____

Signature of School Nurse: _____
Date: _____

Vision Exam

5 Optional: Free and Reduced Lunch Application

- Completed form includes a copy of a pay stub for each person in the residence who is earning a wage

Schaumburg Community Consolidated School District 54
504 East Schaumburg Road, Schaumburg, IL 60194
Application for Illinois Free Lunch Program 2022-2023 School Year

To apply for free lunch, complete this application, sign and return the application to the school. If you need assistance, please call 847-367-5021.

APPLICANT FOR FREE LUNCH: Complete this application for each child who is applying for free lunch.

1. All Household Members (Attach another sheet of paper if necessary)

NAME OF ALL HOUSEHOLD MEMBERS (Last, First, Middle)	Relationship to Applicant	Age	Grade	Is this person applying for free lunch?

2. Household Income (before deductions): You must fill in how much and how often.

3. Total Household Gross Income (before deductions): You must fill in how much and how often.

4. Signature and Social Security Number (Adult must sign):

Signature: _____ Social Security Number: _____

5. Contact Information:

Home Telephone Number: _____ Mobile Telephone Number: _____ Email Address: _____

6. Children's Racial and Ethnic Identities (Optional):

Mark one or more boxes (check all that apply):

☐ Hispanic or Latino ☐ Black or African American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

☐ White ☐ American Indian or Alaska Native ☐ Native Hawaiian or Pacific Islander ☐ Two or More Races