

CAMBRIDGE

CHARTER SCHOOL
AT PINGREE GROVE

NEW STUDENT REGISTRATION

Including new families and current families with a Kindergarten Student

Registration Checklist 2015-2016

Complete the Registration Packet (one per family) by filling it out on your computer. Print it. Sign where indicated. Bring the documents listed below to **Registration Night on Wednesday, February 11, 2015**, or return the complete packet for your family to the Business Office prior to **Friday, February 27th by noon**. A complete registration packet includes:

- Registration Application (4 Pages)
- Registration Fees
- Parent/Guardian Consent to Release Student Records
- Home Language Survey
- Emergency Health Information
- Computer System & Services (2 pages)
- Bus Behavioral Expectations
- Release for Neighborhood Activities
- Volunteer Service for Students & Families
- Teaching and Learning Compact
- Copy of Birth Certificate
- 50% Deposit of Registration Fees
- \$95.00 Kindergarten Readiness Camp Registration Fee* (**Kindergarten Students Only**)
- Affidavit of Residency within CUSD 300.

***Each kindergarten student must attend Kindergarten Readiness Camp.** The Registration Fee for this camp is **non-refundable**. The Kindergarten Readiness Camp meets **July 6 – July 17, 2015**, from 8:00 a.m. – 3:30 p.m., and **all admitted Kindergarten students are required to attend**.

Additional required forms required by the School Code. Students in the following grades are required to have the listed medical forms completed and returned to the School nurse by Friday, August 14, 2015**:

Kindergarten	2 nd Grade	6 th Grade	New to Illinois Schools
<ul style="list-style-type: none"><input type="checkbox"/> Completed Dental Form<input type="checkbox"/> Dental Waiver (if needed)<input type="checkbox"/> Completed Eye Exam Form<input type="checkbox"/> Eye Exam Waiver (if needed)<input type="checkbox"/> Completed Physical	<ul style="list-style-type: none"><input type="checkbox"/> Completed Dental Form<input type="checkbox"/> Dental Waiver (if needed)	<ul style="list-style-type: none"><input type="checkbox"/> Completed Dental Form<input type="checkbox"/> Dental Waiver (if needed)<input type="checkbox"/> Completed Physical	<ul style="list-style-type: none"><input type="checkbox"/> Completed Dental Form<input type="checkbox"/> Dental Waiver (if needed)<input type="checkbox"/> Completed Eye Exam Form<input type="checkbox"/> Eye Exam Waiver (if needed)<input type="checkbox"/> Completed Physical

Cambridge Lakes Charter School provides a safe and healthy environment for all students and strictly adheres to the requirements of the School Code of Illinois, 105ILCS 5/27-8.1. Illinois School Law states that a child will be excluded from school and receive an unexcused absence, until the required forms are marked, signed and delivered. **Please contact your medical providers now and schedule the required appointments prior to August 14, 2015.

Printed Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Registration 2015-2016

To secure a seat for your student ... deliver a 50% deposit for each student with the registration packet.

This Deposit will be **NON-REFUNDABLE**

Primary Parent / Guardian	Secondary Parent / Guardian
First _____ Last _____	First _____ Last _____
Mother <input type="radio"/> Father <input type="radio"/> Step-Mother <input type="radio"/> Step-Father <input type="radio"/> Other <input type="radio"/>	Mother <input type="radio"/> Father <input type="radio"/> Step-Mother <input type="radio"/> Step-Father <input type="radio"/> Other <input type="radio"/>
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
County _____	County _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____
Work Phone _____ Ext. _____	Work Phone _____ Ext. _____
Email _____	Email _____
<i>Email will be used for communications.</i>	<i>Email will be used for communications.</i>

We do not have internet access and understand that we must arrange computer access in the Business Office Computer Lab before Labor Day 2015. If we need assistance in learning how to use the equipment, instruction will be provided by the staff.

Student's Legal Name	2015-2016 Grade	Date of Birth	Gender
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

New & Kindergarten students MUST attach a copy of a birth certificate for each student and proof of residency.

Additional Household Members	Relationship to Student(s)
_____	_____
_____	_____
_____	_____

Parent / Guardian Name _____ Home Phone _____

Legal Custody Issues - A copy of the custodial documents is required.

If divorced, please list custodial parent _____

If the custodial parent cannot be reached, may the school contact the non-custodial parent?

Yes

No

Non-Custodial Parent Name _____

Contact Number _____

Address _____ City _____ State _____ Zip _____

Pictures of Students

Students may occasionally appear in photographs and videotapes taken by school personnel or volunteers. I grant consent to Northern Kane Educational Corp. to publish my student's picture whether identified or unidentified picture in approved school media such as: newsletters (K-8 or classroom), videos, webpage, smug mug, sports photos, et al. Names will be used judiciously.

Student Names

I grant consent to Northern Kane Educational Corp. to publish my student's name whether identified or unidentified picture in approved school media such as, but not limited to, newsletters (K-8 or classroom), et al. Names will be used judiciously.

Pictures of Students Taken by Non-School Agencies or Name Usage

While the school limits access to school buildings by outside photographers, it has no control over news media or other entities that may publish a picture of a named or unnamed student, or use a student name in an article.

Printed Parent / Guardian Name _____

Signed Parent / Guardian Name _____

Date _____

Has Your Child Received Special Accommodations?

Special class or program that this child has participated in:

Special Education, Bilingual, Dual Language . . .

Has this child or any other child in the family attended a District 300 school before?

This child? Yes No

Other child(ren)? Yes No

Race and Ethnicity Identification Form

To Parents/Guardians:

Print and complete a form for each student. Please complete Parts 1 and 2 by completely darkening the circle beside your answers.

Student:

Last Name	First Name	Grade
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Part 1: Ethnicity Designation

Directions: Read the definition below and completely darken the circle that indicates this student's heritage.

Is this student Hispanic or Latino? (Select one answer.) Yes No

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, are classified as **Hispanic or Latino**.

Part 2: Race Designation

Directions: Read the definition below and completely darken the circle or circles that indicate this student's race. You must select at least one race, regardless of ethnicity designation. More than one response can be selected.

Indicate the student's race. (Select all that apply.)

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Part 3: I verify the information on this form is accurate. I will not identify race and ethnicity of this student.

Signature, Parent/Guardian

Date

Signature, Parent/Guardian

Date

FOR SCHOOL USE ONLY

Completed by observer, after parent's refusal.

Signature of Observer

Date

Registration Fees 2015-2016

*To secure a seat for your student ... deliver a 50% deposit for each student with the registration packet.
The second 50% Registration Fee Balance must be paid before **July 31, 2015.***

Parent / Guardian Responsible for Fees:

First _____ Last _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Ext. _____
 Cell Phone _____ Email _____

Student's Legal Name

2015-2016 Grade

Grade Deposit	Registration Fee	# of Students	Total Amount Due	50% Non-Refundable Due at Time of Registration
Kindergarten – Full Day	\$224	_____ =	\$ _____	\$ _____
Kindergarten Readiness Camp	95	_____ =	\$ _____	(Full Payment Required)
1 st – 4 th	\$221	_____ =	\$ _____	\$ _____
5 th – 8 th	\$236	_____ =	\$ _____	\$ _____
Total Fees:			\$ _____	
\$ _____				

Registration includes school supplies, classroom materials, books and technology fees.

Payment of the **NON-REFUNDABLE** Registration Fee(s) Received By:

Cash

Check # _____

Credit Card # _____

Expiration Date (MM/YY) _____ CVV _____

I understand the Registration Fee Deposit is a NON-REFUNDABLE Fee to secure my student(s) seat(s) for the 2015-2016 school year. I agree to pay the balance due by July 31, 2015.

Printed Parent / Guardian Name _____

Signed Parent / Guardian Name _____

Date _____

Parent / Guardian Consent to Release Student Records

Requesting Records From

School Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Student's Legal Name _____

Date of Birth _____

Please release to Cambridge Lakes Charter School the records and information **INITIALED** below for the above named student.

_____ Identifying information, academic transcripts, attendance records, records of release of permanent record information, accident/health records, honors/awards received, participation in school-sponsored activities, standardized test scores.

_____ Family background information.

_____ Disciplinary information.

_____ Teacher anecdotal information.

_____ Verified reports from non-school persons/agencies.

_____ Special Learning Services file including all Case Study Components, IEP's, Speech Therapy Reports and MDC Reports.

_____ Psychological Evaluations.

_____ Social Work Reports.

_____ Verified reports from other school districts that are a part of the student's Special Learning Services file, including Psychological Evaluations, Social Work Reports and Medical Information.

_____ Verified reports from non-school persons/agencies that were a part of Special Learning Services decisions.

_____ Other – Specify _____

Send Records To: **Cambridge Lakes Charter School / NKEC**
900 Wester Boulevard
Pingree Grove, IL 60140

Printed Parent / Guardian Name _____

Signed Parent / Guardian Name _____

Date _____

Home Language Survey

To Parents/Guardians:

Print and complete this form for each student you are registering.

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 bilingual and English as a Second language education services in the school.

Please answer the questions below:

If a family answers "yes" to either questions 1 or 2, the student will be screened to determine if he/she qualifies for entry into one of the programs offered in District 300 for English Language Learners (ELL's).

Student's Name: _____ ID Number: _____ Grade: _____

Student's native language: _____

- 1) Is a language other than English spoken in your home? Yes No
If yes, what language: _____ by whom? Parent/Guardian Other
- 2) Does your son/daughter speak a language other than English? Yes No
If yes, what language: _____
- 3) If born outside the United States what was the first date of entry to this country? _____
How many years has the student lived in the United States? _____
- 4) Has your child ever received instruction in a bilingual or ESL program in any other school district?
 Yes No
- 5) Does the Parent/Guardian understand English? Yes No
If no, what language does the Parent/Guardian understand? _____

Signed: _____ Date: _____
(Parent/Guardian)

**Emergency / Health Information 2015-2016
Alternative Responsible Adult(s)**

In case of emergency only ...

Please list responsible adult(s) who will assume responsibility for your student(s) ***if you, the parent(s)/guardian(s), cannot be reached***. We approve the release of our student(s) to these listed persons in case of emergency.

Name	Relationship to Student(s)	Male/Female	Home Phone	Cell Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health Summary

Listed opposite a student's name can be found a complete statement of health conditions about each listed student. School personnel may rely upon this disclosure as full and complete. Please include all information such as, but not limited to, specific allergies, daily medication, possible seizures, hearing or vision limitations, et.al. ***Please list each student's name, and if there are no known health conditions, state that there are none.***

Student's Legal Name and Grade

Medical Information

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Physician Name _____

Phone _____

This information is complete and accurately presented by:

Printed Parent / Guardian Name _____

Phone _____

Parent / Guardian Signature _____

Date _____

Computer System and Services Agreement

The computer equipment, software, network, intranet and Internet and Web-based services at Cambridge Lakes Learning Center integrate into every aspect of the Teaching & Learning process. Therefore, their use requires thoughtful, careful use by parent/guardian and student(s) alike. Campus protocol rests in the expectation that each user will use computer equipment, software, network, intranet and Internet and Web-based services respectfully and appropriately. No attempt will be made to state all required or prescribed use or behavior of users; the informed judgment of administrative personnel will be the ultimate guide.

Please read each section carefully, discuss each one before agreeing to be bound by this Agreement.

Northern Kane Educational Corp. here by agrees to provide certain computer equipment, software, network, intranet and Internet access and Web-based services and we the undersigned understand and agree that:

1. **Acceptable Use** – The use of computer equipment, software, network, intranet and Internet and Web-based services are a privilege supporting and enabling teaching, learning and research purposes. We will use them in a manner appropriately within their highest and best use – as intended and for the stated educational purposes.
2. **Privileges** – Our privileges may be suspended for inappropriate or unacceptable use. Certain misuse may result in legal action. Northern Kane's management, administrators, staff or agents may deny, revoke, or suspend access at any time for inappropriate use; management's decision will be final.
3. **Unacceptable Use** – We must avoid unacceptable use, such as but not limited to:
 - a) Damaging equipment through misuse;
 - b) Using the network for any illegal activity;
 - c) Unauthorized downloading of software or copyrighted materials;
 - d) Invading the privacy of individuals or attempting to intimidate;
 - e) Using another user's password or account;
 - f) Posting inappropriate, abusive, damaging or inaccurate statements on public sites; or
 - g) Using the network while privileges have been suspended or revoked.
4. **Intranet & Internet Etiquette** – Generally accepted intranet & Internet etiquette includes, but are not limited to:
 - a) Being polite;
 - b) Using appropriate language and acceptable English at that grade;
 - c) Guarding personal information and that of other students & staff;
 - d) E-mail is not private but subject to Freedom of Information and corporate review;
 - e) Use and share computer resources courteously and efficiently.
5. **Security** – Network security tops everyone's priority list. If we identify a security problem, we shall notify Northern Kane's management at the Business Office. Any user deemed to be a security risk may be denied access immediately.
6. **Misuse** – Northern Kane has provided the Learning Center with commercial-grade computer equipment, software, network, intranet and Internet and Web-based services. Misuse can damage or destroy any of these! We accept our responsibility to repair or replace equipment, software or databases damaged through misuse.

We understand that misuse can also include any malicious attempt to harm or destroy data, hacking and the uploading of malware, spyware or viruses.

7. **Best Efforts** – Northern Kane, its board, management, staff and agents, use their best efforts to provide the best resources possible, within its means, for the educational use of its computer equipment, network, intranet, Internet and Web-based services. Neither Northern Kane nor its board management, staff or agents make any warranties of any kind, whether expressed or implied, for the service(s) provided; nor, will Northern Kane assume responsibility for any damages suffered through data loss, delays, missed deliveries, or service interruptions. We understand that we use the system and services at our own risk.
8. **Release and Indemnification** – We the undersigned hereby release and agree to indemnify Northern Kane and any department, subsidiary, agent or manager against any claims, losses, costs, damages, including reasonable attorney fees, or liability of any kind incurred or arising out of our use of the system and services provided.
9. **Unauthorized Charges** – We are responsible for any unauthorized charges or fees, including but not limited to telephone charges, long-distance charges, per-minute surcharges, equipment loss, equipment repair or line costs.

We, the undersigned student(s) and parents/guardians have read and understand this document and agree to be bound by its content. As parents/guardians, we have reviewed and discussed this Agreement and its content with each of our students before they affix their signature below.

Student Signature _____

Student Signature _____

Student Signature _____

Student Signature _____

Parents'/Guardians' Responsibility:

I hereby request that my child be allowed access to the computer equipment, software, network, intranet and Internet, and Web-based services provided at or through the Cambridge Lakes Learning Center. Concurrently, I/we will be responsible for and enforce our student(s)' use.

Printed Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Bus-Behavior Guide

These bus-behavior guidance points frame our expectations of bus riders at all times. Please read these guidance points carefully and then review them with each student in your home. Meeting them insures their safety and the safety of all students while riding any bus owned or chartered by Cambridge Lakes Charter School or Northern Kane Educational Corp. Inappropriate behavior will result in a behavioral intervention and ***may result in the loss of bus riding privileges.***

1. Avoid throwing objects within or at the bus.
2. Avoid pushing or shoving anyone.
3. Avoid sticking head, arms or hands out the window.
4. Refrain from taking food or drink onto the bus.
5. Accept the seat assigned by the driver and promptly fill it.
6. Avoid fighting, striking or intimidating others.
7. Avoid littering on the bus and remove any litter you find on the bus.
8. Ride facing the front and remain in your seat until told to exit.
9. Avoid profanity and foul language.
10. Be respectful, polite, and well-mannered always.
11. Leave iPods, cell phones, and other electronic devices off the bus.
12. Leave sports equipment, toys, or animals off the bus (unless instructed otherwise by a coach).

These guidance points apply to any bus owned or chartered by Cambridge Lakes Charter School, Northern Kane, School's Out or any other Cambridge Lakes Learning Center program.

We have read and discussed the bus guidance points above with our student(s). My student(s) may be transported from the school to the Community Center for class purposes. I understand that my student(s) must meet these expectations on all local commuting and field trips.

Printed Parent / Guardian Name

Date

Parent / Guardian Signature

Student Signature

Student Signature

Student Signature

Student Signature

Student Signature

Neighborhood Activities Release

We understand that Cambridge Lakes Charter School uses adjacent sports fields, playgrounds and the abundant outdoor areas, (for instance, but not limited to, ponds, fields, and wetlands) for curricular and co-curricular activities.

We also understand that in each instance when students leave the school grounds they do so under the supervision of a school staff member or prescreened volunteers.

We would like for the students listed below to participate fully in neighborhood activities. As parent or legal guardian, we understand that we remain fully responsible legally for the acts and action of our student(s).

Please allow the listed student(s) to participate in all neighborhood activities.

Student's Legal Name

2015-2016 Grade

On behalf of the listed students and my family I hereby consent for my student(s) to participate in neighborhood activities and hereby release Cambridge Lakes Charter School and Northern Kane Educational Corp. from additional liability.

Printed Parent / Guardian Name

Date

Parent / Guardian Signature

Student Signature

Student Signature

Student Signature

Student Signature

Student Signature

AFFIDAVIT DOCUMENTING STUDENT RESIDENCY

Students residing legally within the boundaries of Community Unit School District 300 receive a tuition-free education, as provided by the Illinois School Code. Due to an increased misuse of this right, the District and Cambridge Lakes Charter School must validate the residence of every student; assuring compliance with the requirements of the Illinois School Code. An investigation of the validity of this Affidavit and documentation may be undertaken at any time. The following conditions must be met:

- Submit this Affidavit documenting student residence must be completed, submitted and reviewed.
- Submit proof of legal custody of the student(s) being registered, if you are not the natural or adoptive parent(s).
- Submit proof of residency for the parent/guardian.
- Submit proof that the residency submitted is current and ongoing.

Custody:

Name of the person enrolling student(s):

Relationship to students:

Primary phone number:

- I am the student's natural or adoptive parent.
- I have a court order giving me custody or guardianship. *(Documentation submitted with this Affidavit.)*
- The student is under 18 years of age but has been emancipated by court order or marriage. *(Documentation submitted with this Affidavit.)*
- I have been appointed as a short-term guardian of the student. *(Documentation submitted with this Affidavit.)*
- I am a foster parent of the student who was placed with me by DCFS *(Documentation submitted with this Affidavit.)*
- I provide the student with a regular place to sleep. ("Regular" means almost full-time, including most weekends, holidays, and school break/ vacation periods.)
- The student is a special education student.
- The student is a foreign exchange student and has been approved by the school or District Administration.
- I am a caretaker relative of the student receiving aid for the student from the Illinois Department of Public Aid. *(Documentation submitted with this Affidavit.)*
- I am a representative of the childcare facility with which the student has been placed by DCFS. *(Documentation submitted with this Affidavit.)*
- I am not a parent or legal guardian, but the student lives with me on a full-time basis because:
(Clearly and briefly state the reason for the residence with you)

Students: (address where the student sleeps and spends weekends, vacations & breaks)

Name: Age: Grade: Name: Age: Grade

Street: City: Street: City:

State: Zip: State: Zip:

Name of parent/guardian: Name of parent/guardian:

Name: Age: Grade: Name: Age: Grade

Street: City: Street: City:

State: Zip: State: Zip:

Name of parent/guardian: Name of parent/guardian:

Basic Proof of Residency: (Check one below and submit documentation with this Affidavit.)

- Most recent real estate tax bill for your D300 residence
- Signed lease for your D300 residence
- Closing statement showing acquisition of your D300 residence
- HUD settlement statement showing your D300 residence address
- Notarized letter from the owner of your D300 residence showing your residency
- Other documentation approved by school official:

Exceptions: (Check one, if it applies and submit documentation with this Affidavit.)

- The student may enrollment under the McKinney-Vento Homeless Assistance Act
- DCFS has directed enrollment
- Our residency will be established within 30 calendar days (**Enrollment will be temporary.**)

Demonstration of Current & Continuing Residency: (Submit two showing residency address in D300, dated within past two months when possible.)

- Driver's license or Illinois Photo ID showing your D300 address
- Utility bill for your D300 residence (gas, electric, water)
- Public Aid card showing your D300 address
- Home or apartment insurance certificate for your D300 address
- Illinois automobile registration showing your D300 address
- Receipt for city vehicle sticker with your D300 address
- Cable TV, satellite TV, telephone, security system, the Internet bill for your D300 residence
- Bank statement with your D300 address
- Medical bills showing your D300 address
- Other documentation approved by school official.

Please read and take note: Willfully and knowingly providing false or misleading statements and documentation by which to establish student residency for a tuition-free education is a crime under Illinois Law, punishable by imprisonment and fine. The School District will seek prosecution to the full extent of the law of any person whom the School District believes has committed any residency-related crime. Prosecution may include a civil lawsuit initiated by the School District.

My Affirmation: I affirm that I am a resident of Community Unit School District 300 and have submitted true and current documentation as proof of residency. I understand that I may be subject to criminal prosecution for perjury if I have knowingly answered falsely. Further, I understand that my Affidavit and documentation may be investigated and validated at any time

Name of person enrolling student:

Signature: _____

Date:

FOR REGISTRAR'S USE ONLY

Additional Information & Notes:

Name school official reviewing Affidavit and documentation:

Signature of school official: _____ Date:

It is the school official's responsibility to contact all other D300 schools adversely affected by this Affidavit & documents.



900 Wester Boulevard
Pingree Grove, IL 60140
847.464.5300 * fax.464.5353

TEACHING & LEARNING COMPACT 2016

This Agreement, to establish a collaborative learning community on the Cambridge Lakes Learning Center campus within schools owned or managed by Northern Kane or through online learning, builds upon the principles that:

- (1) Parents, teachers, students, and administration working together can establish a high-achievement learning environment,
- (2) Perfection of a concept takes time, commitment, and hard work invested by all participants as they display patience during the process of maturation,
- (3) Problem solving and creative thinking, employed constructively, can resolve all issues and problems, and
- (4) Unresolved issues, gossip, factual inaccuracy, personal assaults and failure to address unsettled issues directly with the appropriate person(s) (the one who can resolve an identified issue) detract from the central purpose of effective teaching and learning and must be replaced by responsible, constructive, pro-active action;

THEREFORE: Northern Kane Educational Corp. (herein "**Northern Kane**") and the parents or guardians (both herein identified as "**Parents**") whose names appear opposite the signatures below agree as follows:

1. We hereby apply for enrollment of:

_____ grade ____.

_____ grade ____.

_____ grade ____.

_____ grade ____.

Continue on next page . . .

To be accepted as students concurrent with:

- (a) Delivery of this Teaching & Learning Compact signed by both parents/guardians.
- (b) The Volunteer Service Form completed and signed by both parents/guardians.
- (c) The fully completed registration packet locating residency within CUSD 300 (in the event that your personal residence is not within the boundaries of CUSD 300, the annual tuition rate will be charged, billed and shall be paid by the applicant family, each quarter, in advance),
- (d) Acceptance by Northern Kane according to the rules applied to the school(s) and more fully described in the *Coyote Code*, and
- (e) The limits of funding and available classroom space for each grade.

2. We, the Parents, understand that there will be **no transportation** furnished except in the most demanding and dire circumstances and the transporting of students for physical education or other school sponsored activities and events.

We want to do not want to (check one) participate in a transportation pool from our town or neighborhood. Please contact us at (telephone number) _____
to help create a transportation pool from _____ (town/neighborhood name).

Northern Kane will assist parents wanting to organize a transportation pool or to secure private transportation services for their children. However, such assistance does not include funding (in most cases) and is dependent upon the willing participation of other families and a release of liability granted to Northern Kane Educational Corp.

3. (check one) We, the Parents, do, do not live within Cambridge Lakes. If you live in Cambridge Lakes . . .

_____ (Initial to approve) As Cambridge Lakes residents we will encourage and assist our children in walking or biking to school and understand that Northern Kane, in collaboration with the Village of Pingree Grove and the Cambridge Lakes Homeowners Association, will work to assure student safety and to secure gifts and grants to make walking and biking fun.

4. We will assist our student(s) teachers and grade team(s) in the preparation of a Personalized Learning Plan (PLP) for each of our enrolled students. The PLP establishes a teaching/learning partnership between student, parents, teachers, grade team and administration. We, the Parents, understand the importance of the Personal Learning Plans and agree to invest **not less than 20 minutes each day** assisting **each of our student(s) as they strive to master learning** assignments. We understand that suggestions will be provided by teachers to make this time most valuable and productive. In return, we will share our insight into our student(s) learning patterns, style and needs. **We also understand that we, the parents, impact student achievement more than any other member of the students' teaching and learning team and agree to fulfill our role consistently.**

Northern Kane provides online access to grade-level lesson plans through Rubicon Atlas and will facilitate online communication between student(s), parent(s) and teacher(s) to convey progress, achievement and to address continuing student learning needs. An online library – My Web Library—has been made available to facilitate homework and learning fun. Rosetta Stone facilitates language learning and other online resources support global or online learning. In some cases, a student may be enrolled in an online course supported by a teacher/mentor on campus.

1. **We understand** that student records, for our new student(s), will be needed promptly by the school administrators and the teaching\learning team. We will assist in procuring them as requested. *(Complete the form provided for all new students, only.)*

2. **We understand and agreed to fully support** Northern Kane's assigned priority to the safety and security of students at a level equal to their learning. We know that parent leaders have brought order and safety to Campus Drive. They rely on the cooperation, patience and respectful attitudes of us and all other parents. A student safety patrol assists students and parents according to the Parent's Transportation & Safety Plan. Continuing improvement benefits everyone.

To support and facilitate the continuing safety of our student(s) we, the Parents, understand that:

(a) The staff, safety patrol, and volunteers at Cambridge Lakes Learning Center will do everything possible to assist students as they arrive and depart from the Campus.

(b) **Cell phones cannot be used**, as stipulated by state law, on Wester Boulevard, Cambridge Lakes Drive or Campus Drive. Violators will be ticketed by Pingree Grove Police.

(c) Drivers and students should, at all times, work cheerfully, patiently and cooperatively with those managing the drop-off/pick-up zones and activities. Abusive behaviors, including but not limited to speech, unsafe driving and speeding can result in terminated acceptance at the Cambridge Lakes schools.

(d) **No vehicles shall enter** Campus Drive during drop-off/pick-up periods **earlier than ten (10) minutes before the opening or closing of the school day. Parking on the drive for more than two (2) minutes will result in an immediate, uncontestable contribution to the School Improvement Fund in the amount of \$50.**

Thereafter, (j) below shall be applied beginning at (j.2).

(e) Each drop-off lane accommodates a limited number of vehicles. When the marked lane is full all other vehicles must re-circulate (loop) according to the Parent's Transportation & Safety Plan – **no exceptions**.

(f) The Visitor parking slots on Campus Drive may not be used by parents during the opening or closing periods of school days. The Campus Drive parking slots, except the Visitor parking, have been assigned and may be used only during evening and weekend events by anyone other than the assigned person.

(g) Campus Drive, except for marked parking areas, **may not be used for parking, for extended stops or for standing at any time – including during special events and School's Out® pickup.** Campus Drive must be clear at all time to provide full and free access for emergency vehicles. *Failure to observe this rule could result in the Fire Department or the Regional Office of Education closing the school until compliance has been established.*

(h) We understand that we may park our vehicle for special events across Wester Boulevard at the sports fields and that *shuttle bus service from there may be provided during inclement weather.*

(i) We know that children, under the closest supervision, dart from place to place unexpectedly. Be alert to darting children on Campus Drive. The care and safety of children rests upon driver watchfulness, observed speed limits, carefully moving into the circulation lane and avoiding distractions.

(j) *We understand that since the safety of students and the effective operation of The Campus require diligent enforcement of traffic and safety rules, we accept and will be bound by these rules for enforcement.* Enforcement follows this course of action:

(j.1) the first violation will result in a written warning or the contribution specified above,

(j.2) the second will result in assessing a \$75 uncontestable contribution to the School Improvement Fund to be paid within 48 hours of the violation, and

(j.3) upon citation for a third violation or failure to pay the assessed contribution for a second violation at the business office within the time limit, the privilege of attending a Campus school will be terminated for your child(ren) following a brief administrative hearing.

(k) Students walking on Campus Drive during the delivery and pick-up periods will be fined a (1) campus-service hour (defined and assigned by school administrators) to remind them to stay out of harm's way and to follow the paths set out in the Parent's Transportation & Safety Plan. Walk-to-school routes have been posted for safety.

8. ***We understand*** that the schools operate with limited funding and invest most of it directly into the teaching and learning process to benefit our children/students. **Consequently, Parent volunteers must help meet each school's need for human resources to support growing learning and sports programs and co-curricular activities.**

9. ***We will help and agree to volunteer.*** Our commitment to serve as a volunteer in our area of interest(s) which matches our skills has been attached to this Compact. We will contact the volunteer coordinator at volunteers@NorthernKaneEducationalCorp.com on or before **August 15th** of this year to make arrangements for an assignment that matches our interests, abilities and schedule. ***Both of us have completed the Volunteer Services Form and submitted it with this application.***

10. ***We understand*** that enrollment in any school owned or managed by Northern Kane occurs as a privilege and not a right and that **our student(s)' invitation may be withdrawn for cause at any time.** We also understand that, unless terminated by mutual agreement, our student's enrollment in a Northern Kane charter school will continue through the highest grade offered.

We the undersigned, on behalf of our family, agree to the terms and conditions of this Teaching & Learning Compact. By signing it we commit to observe the rules and regulations established by Northern Kane, the school(s) in which our student(s) enroll, or during participation in any other programs delivered on the Cambridge Lakes Learning Center campus or through Northern Kane Educational Corp. We will provide any additional documentation required for enrollment or business purposes, make prompt payment of fees billed, confine criticism and issues to private meetings and generally participate in the creation of the highest quality learning center and school culture possible.

(Initial)

_____ We acknowledge that we have reviewed all of the registration documents, state-required forms, school policies and will comply with them.

_____ We understand that this 1. **Teaching & Learning Compact**, 2. Our **Volunteer Services** agreements, 3. Permission for **Neighborhood Activities**, 4. The **Computer System & Service Agreement**, and the 5. **Bus Behavior** shall remain in full force and effect during the enrollment of students from our family or until that form has been replaced by an up-dated agreement, which will be submitted for our approval.

_____ We will fully comply, as we agreed, when the listed documents were delivered.

_____ We have read, understand and agree to meet the expectations set forth in the **Coyote Code**. Before the school year begins in September, we will review the **Coyote Code** to refresh our understanding and will read or review the **Coyote Code** with each of our students so that they understand campus expectations and their responsibilities.

We hereby request enrollment of the student(s) named above.

Respectfully Submitted:

Parent/Guardian:

Parent/Guardian:

Printed Name:

Printed Name:

Signature

Signature

Date: _____

Date: _____

Northern Kane's Acceptance

Northern Kane accepts this Teaching & Learning Compact and the affirmation contained herein, and, based on these commitments from the applicant, admits the student(s) listed above. Concurrently, Northern Kane will continue in good faith to create high-achievement learning opportunities on and through the Cambridge Lakes Learning Center campus for every family making one of the campus schools their family's school of choice.

Compact & enrollment accepted:

Sylvia J. Polletta, Senior Vice President
Northern Kane Educational Corp.

Date: _____

Volunteer Service for Students & Families

Completed by: (one per person per page) Mother/Guardian Father/Guardian Grandparent

I understand that Northern Kane needs my volunteer assistance in order to provide High Achievement Learning for all enrolled students supported by co-curricular and family activities. I understand, too, that Northern Kane's investors measure the support for Northern Kane and its schools by the number of volunteers and the extent to which their service expands and enhances student and family opportunities. ***You can count on my assistance.***

First and Last Name _____

Date _____

Address _____

Preferred Phone Number _____

Email _____

Student's Name _____

Grade _____

Student's Name _____

Grade _____

Student's Name _____

Grade _____

Student's Name _____

Grade _____

Assist NKEC:

Global Learning
Promotion – print or Web

Language Learning
Fund Raising

Charter School Activities:

Traffic
Athletics

Lunch
Other _____

Library

Tutoring

Campus Council Activities:

Fun Fair
Clip-to-Earn

Market Day
Other _____

Book Fair

Dine & Share

School's Out® Activities:

Music
Community Development
Other _____

Sports

Health Fair
Summer Camps

Tutoring

My education prepares me for: _____

My experience prepares me for: _____

I understand that a Volunteer Coordinator will contact me to discuss my availability and match me with Northern Kane's most pressing volunteer service needs. Please count on me to help.

Printed Name _____

Signature _____

Date _____

Volunteer Service for Students & Families

Completed by: (one per person per page) Mother/Guardian Father/Guardian Grandparent

I understand that Northern Kane needs my volunteer assistance in order to provide High Achievement Learning for all enrolled students supported by co-curricular and family activities. I understand, too, that Northern Kane's investors measure the support for Northern Kane and its schools by the number of volunteers and the extent to which their service expands and enhances student and family opportunities. ***You can count on my assistance.***

First and Last Name _____

Date _____

Address _____

Preferred Phone Number _____

Email _____

Student's Name _____

Grade _____

Student's Name _____

Grade _____

Student's Name _____

Grade _____

Student's Name _____

Grade _____

Assist NKEC:

Global Learning
 Promotion – print or Web

Language Learning
 Fund Raising

Charter School Activities:

Traffic
 Athletics

Lunch
 Other _____

Library

Tutoring

Campus Council Activities:

Fun Fair
 Clip-to-Earn

Market Day
 Other _____

Book Fair

Dine & Share

School's Out® Activities:

Music
 Community Development
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 Summer Camps

Tutoring

My education prepares me for: _____

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I understand that a Volunteer Coordinator will contact me to discuss my availability and match me with Northern Kane's most pressing volunteer service needs. Please count on me to help.

Printed Name _____

Signature _____

Date _____

Children of U.S. Military Personnel

Why must I take this survey?

Illinois State Board of Education
Children of U.S. Military Personnel System

School District 300, and its schools, are required by the Illinois State Board of Education to provide an opportunity for parents/guardians to respond to data collection about Children of U.S. Military Personnel.

“At the time of annual enrollment or at any time during the school year, a school district or a recognized non-public school, except for sectarian non-public schools, serving any of grades kindergarten through 12 shall provide, either on its standard enrollment form or on a separate form, the opportunity for the individual enrolling the student to voluntarily state whether the student has a parent or guardian who is a member of a branch of the armed forces of the United States and who is either deployed to active duty or expects to be deployed to active duty during the school year. Each school district and recognized non-public school shall report this enrollment information as aggregate data to the State Board of Education.

Please submit information for each student who may be impacted.

- 1. Parent/Guardian is a member of a branch of the United States armed forces: Yes No
- 2. If yes, are you currently deployed to active duty or expect to be deployed to active duty during the 2015-2016 school year: Yes No

_____	_____	_____	_____
Student's Legal Name	Grade	Student's Legal Name	Grade
_____	_____	_____	_____
Student's Legal Name	Grade	Student's Legal Name	Grade

Thank you for taking this survey.

We appreciate the time you spent taking this survey.