

Legacy Academy of Excellence Charter School
An International Baccalaureate MYP World School



4029 Prairie Road, Rockford, IL 61102 | Phone: 815 961-1100 | Fax: 815 968-4597
"Working Hard at Work Worth Doing" in Pursuit of Excellence
(Dr. J. Forte)



Barbara Forte, Ph.D. – Executive Director

2020/2021 School Year
Returning Student Registration Packet

Dear Legacy Academy Parents/Guardians,

Welcome back!!! We are very excited about the upcoming school year and we are delighted that you have made the decision to, once again join us as we continue on with our "Pursuit of Excellence". The 2020/2021 school year promises to be our best year ever and there are many new and exciting additions that we can't wait to implement. We sincerely thank you for again trusting us with your most precious possessions; your children.

Attached to this letter is a 2020/2021 Parent/Guardian Document Checklist. Please keep this form for your records to check off when you send documents to the school for your child(ren's) file. Please be aware that all children entering K, 2nd and 6th grades are required to have a current dental exam (Kindergarten must also have an eye exam and lead screening). All students must have immunization and physical documents on file before school starts. Students entering K, 6th and 9th grades must have a physical before returning to school. If you are unsure of the documents that you must have completed, please feel free to call the Health Office or Mrs. Lynn Victorov.

Also attached, is the 2020/2021 Returning Student Registration Packet that needs to be filled out completely and returned to the Front Office as soon as possible. Please make sure that all residency requirement paperwork is on file and all school fees are paid. All parents/guardians are required to make sure that they have all documents on file for the current school year before school starts. **Students with missing, incomplete paperwork, or unpaid fees (payment plans may be requested) will not be assigned to a classroom.**

****Special Note - Please read the entire content of the registration packet. Please sign in the space provided below to indicate that you have read the entire content of the registration packet.**

Parent/Guardian Signature: _____

Date: _____

Thank you,
Legacy Academy of Excellence Charter School

As a Legacy Academy Parent/Guardian I understand that I am responsible for reading and completing this entire packet.

Parent/Guardian Signature

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2020/2021 Returning Student Registration

For Office Use Only

Bus _____
ROI _____

Grade (Circle grade for the 2020/2021 school year):

K – 1st – 2nd – 3rd – 4th – 5th – 6th – 7th – 8th – 9th – 10th – 11th – 12th

Entry Date: ____/____/____

Student Information

Child's Legal Name:

Date of Birth

_____/_____/_____
Last First Middle Month/Day/Year

Home Address: _____ Apt. # _____

City: _____ State _____ Zip code: _____

Phone Number(s): Home _____ Cell _____

Gender: Female Male

Are you enrolling a **new** sibling that has not attended Legacy Academy? No Yes

(If Yes, Please list names below and complete a new student enrollment application form)

Gender

Names:

- | | | | | | |
|----|-------|-----------------------|---------------------|--------------------------|--------------------------|
| 1. | _____ | Grade Entering: _____ | Date of Birth _____ | M | F |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | _____ | Grade Entering: _____ | Date of Birth _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | _____ | Grade Entering: _____ | Date of Birth _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | _____ | Grade Entering: _____ | Date of Birth _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Last Name _____

First Name _____

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2020/2021 Household Parent/ Guardian Information

Primary Household

Parent/Guardian Name: _____
Title First Middle Last
Relationship: _____ E-mail 1: _____ E-mail 2: _____
Home Address: _____ Apt/Unit: _____ City, State, Zip: _____
Cell Phone: (____) ____-____ Home Telephone: (____) ____-____
Work Phone: (____) ____-____ EXT: _____ Name of Employer: _____
Do you wish to receive school mailings at this address?: Y N
Circle one
Please indicate the number that you would like the school messenger to call: _____

If there are two primary households:

Parent/Guardian Name: _____
Title First Middle Last
Relationship: _____ E-mail 1: _____ E-mail 2: _____
Home Address: _____ Apt/Unit: _____ City, State, Zip: _____
Cell Phone: (____) ____-____ Home Telephone: (____) ____-____
Work Phone: (____) ____-____ EXT: _____ Name of Employer: _____
Do you wish to receive school mailings at this address?: Y N
Circle one

Child Care/Day Care

Provider Name: _____ Telephone: (____) ____-____ Alternate: (____) ____-____
Address: _____ Apt: _____ City, State, Zip: _____
Circle Days Attending: M T W TH F

Last Name _____
First Name _____
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2020/2021 Emergency Medical/Contact Information

(Please read and complete this form carefully)

Student Name: _____ **Student ID#** _____

Date of Birth (month/day/year) _____ **Parent/Legal Guardian** _____

Address _____ **City/State/Zip** _____

Phone _____ **Cell** _____ **Email** _____

Allergy/Allergies: _____

Medical/Health Conditions: _____

Health Insurance Information:
Provider: _____ **Medical Card#:** _____

Medical Doctor's Name: _____ **Doctor's Number:** _____

Permission to call Doctor: Y N **Hospital Preference:** _____
(circle one)

Special Accommodations: Y N **Please specify:** _____
(circle one)

*In the event of a medical emergency beyond the scope of our facility,
Legacy Academy of Excellence Charter School reserves the right to call 911.*

Parent/Legal Guardian Signature: _____ **Date:** _____

**Please list at least 4 (four) contacts in the immediate area to call if you are unavailable.*

1st Emergency Contact Name: _____ **Telephone:** (____) ____ - ____ **Alternate:** (____) ____ - ____
(Other parent/guardian if not listed already)

Relationship: _____ **Address:** _____ **Suite/Apt:** _____

City/State/Zip: _____

2nd Emergency Contact Name: _____ **Telephone:** (____) ____ - ____ **Alternate:** (____) ____ - ____

Relationship: _____ **Address:** _____ **Suite/Apt:** _____

City/State/Zip: _____

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2020/2021 Emergency Medical/Contact Information (continued)

(Please read and complete this form carefully)

3rd Emergency Contact Name: _____ Telephone: (____) _____ - _____ Alternate: (____) _____ - _____

Relationship: _____ Address: _____ Suite/Apt: _____

City/State/Zip: _____

4th Emergency Contact Name: _____ Telephone: (____) _____ - _____ Alternate: (____) _____ - _____

Relationship: _____ Address: _____ Suite/Apt: _____

City/State/Zip: _____

5th Emergency Contact Name: _____ Telephone: (____) _____ - _____ Alternate: (____) _____ - _____

Relationship: _____ Address: _____ Suite/Apt: _____

City/State/Zip: _____

***Note: If for any reason you need to change the emergency contact information, please notify the school immediately.**

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2020/2021 Student Health History Information

(Please read and complete this form carefully)

Student Name: _____ **Date of Birth (month/day/year)** _____

Parent/Legal Guardian _____

Student Health History:

Allergies (Food, drug, insect other):					
Medication (List ALL prescribed or taken on a regular basis)					
Questions:	Yes or No (Circle)	Indicate Severity: (Explain)	Questions:	Yes or No (Circle)	Indicate Severity: (Explain)
Diagnosis of Asthma? Child wakes during night coughing?	Yes of No		Loss of function of one or paired organs? (eye/ear/kidney/testicle)	Yes of No	
Birth defects?	Yes of No		Hospitalizations? When? What for?	Yes of No	
Developmental delay?	Yes of No		Surgery? (List all) When? What for?	Yes of No	
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes of No		Serious injury or illness?	Yes of No	
Diabetes?	Yes of No		TB skin test positive (past/present)?	Yes of No	
Head Injury/ Concussion/Passed out?	Yes of No		TB disease (past/present)?	Yes of No	
Seizures? What are they like?	Yes of No		Tobacco use (type, frequency)?	Yes of No	
Heart problems/Shortness of breath?	Yes of No		Alcohol/Drug use?	Yes of No	
Heart murmur/High blood pressure?	Yes of No		Family History of sudden death before age 50? (Cause?)	Yes of No	
Dizziness or chest pain with exercise?	Yes of No				
Eye/Vision problems? __Glasses __Contacts __Last Exam by Dr. _____ Other Concerns? (crossed eye, drooping lids, squinting?) _____ -			Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate Other:		
Ear/Hearing problems?	Yes of No		Information may be shared with appropriate personnel for health and educational purposes. Parents Signature: _____ Date: _____		
Bone/Joint problem/ injury/ scoliosis?	Yes of No				

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2020/2021 Returning Student School Fee Statement

****Enrollment School Fee is non-refundable****

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Instructions:

1. Make payment by check or money order to: Legacy Academy of Excellence
2. Sign your name and date this statement.

REQUIRED FEE:

Kindergarten and Grades 1 – 5 (Includes \$20.00 technology fee.)	\$75.00
Fee for families registering 2 siblings:	\$55.00 per student
Fee for families registering 3 or more siblings:	\$40.00 per student
Grades 6 – 12 (Includes technology, lab, P.E. Uniform)	\$125.00 per student
Fee for families registering 2 siblings	\$75.00 per student
Fee for families registering 3 siblings	\$65.00 per student

OPTIONAL DONATION:

(a tax-deductible donation to support educational enrichments such as the science fair, the end-of-year Exhibition, teacher mini-grants, media/library room, etc.) \$15.00

Families that pay their Fees (in full) by June 15th, 2020 get an additional 25% discount!!

Total amount of payment: \$ _____

Please fill out only one (1) form per family

Enrollment fee is non-refundable

Parent/Guardian Signature: _____ Date: _____

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As applications are received, the date stamped in the “for Office Use Only” box will determine the date and time received, not the parent/guardian signatures date. If the number of applicants does not exceed the enrollment limit, students will be enrolled in the Legacy Academy of Excellence Charter School, and parents will receive written notification of acceptance. Parents will be notified of the results of the lottery, should it become necessary. Using the same lottery procedure, those students who are not accepted will automatically be placed on a waiting list and will be contacted when a vacancy becomes available.

Preference is given to siblings of students already at the school for any available openings. Applications received after open enrollments are accepted on a first-come, first serve basis for any remaining openings or put on a waiting list if no openings remain. It is the parent/guardian’s responsibility to notify the school of address and/or phone number changes. Each application is valid for one school year only.

Legacy Academy of Excellence Charter School is a public school and admits students of any race, color, gender, sex, ancestry and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school, and does not and shall not discriminate on the basis of race, color, gender, sex, ancestry and national or ethnic origin in the administration of its educational policies, scholarships and loan programs, and athletic or other school administered programs.

By signing, I certify that all of the information on this student application is true to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____

Please mail or deliver completed applications to:
Legacy Academy of Excellence Charter School
4029 Prairie Road
Rockford, Illinois 61102

Lottery Procedure:

All applications must be turned in by April 6th, 2020. If we do not have enough seats for the number of applications that are received (by grade) there will be a lottery conducted on April 27, 2020. The names of those students not accepted will be placed on our waiting list based on the day and time that they submitted their applications. Parents will be contacted as soon as a vacancy becomes available.

Acceptance Letters:

Acceptance letter will be mailed no later than April 30th, 2020. Parents will also be called and informed of their child’s acceptance.

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2020/2021 Student Internet Access Consent

The Internet will be a valuable part of Legacy Academy of Excellence Charter School's educational mission. Online databases, on-line content from universities and governmental agencies, and on-line tutorials are just a few Internet sites that our students and faculty may use in their daily learning activities. Even with these valuable resources, Legacy Academy shares parents' concerns about Internet use by children. Having high parental expectations of proper use, adult supervision at school, and required electronic filtering, the Internet is not perfect. There is a rare possibility that a student could be exposed to material that is inappropriate in a school setting. To address this parental concern, Legacy Academy of Excellence Charter School will use an opt-out policy from Internet activities. If parents decide that their children should not participate in Internet activities, the parents should sign the opt-out form.

This exclusion needs to be signed only once when a student enters a school or changes levels, such as when advancing from elementary school to middle school, etc. With a parental signature on the form, students **will not** participate in any Internet activity that is on the public Internet, although students will be able to use Legacy Academy's web-based library circulation system, the School's curricular resources, and the School's subscriptions to on-line databases along with other electronic resources.

Election By Parent/Guardian to Exclude Their Child/Children From Internet Use and Participation in Internet Based Activities

To: Legacy Academy of Excellence Charter School
4029 Prairie Road
Rockford, IL 61102

Student's Name: _____ Birth Date: _____

To Whom It May Concern:

The undersigned, being the parent or guardian of the above-named student, hereby request that my student be excluded from using the Internet as part of the educational program at Legacy Academy of Excellence Charter School and be excluded from participation in Internet based instructional activities. I recognize that it is not always practical or possible to monitor student activity at every moment of the school day, and acknowledge that this exclusion is intended to restrict Internet use that is part of the supervised instructional program at the school, and is not intended to guarantee that my child will not seek or gain unapproved access to the Internet at other times during the school day. I further understand that this exclusion will not prohibit my child from using the web-based electronic card catalog and other curriculum resources that are under the domains of Legacy Academy of Excellence Charter School. This election shall remain in effect so long as the referenced student remains at the school.

Signature of Parent/Guardian Date

Name of Parent/Guardian (Please Print) Phone Number During School Hours

Street Address City/State ZIP Code

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2020/2021 Student Consent Form and Release

Date: _____

Legacy Academy of Excellence Charter School
4029 Prairie Rd.
Rockford, IL 61102

I hereby consent to have my child, _____ photographed, video taped, audio taped and/or interviewed by Legacy Academy of Excellence Charter School's Board of Directors, CompEd Charter School Network, the news media on the school premises when school is in session or when my child is under the supervision of Legacy Academy of Excellence Charter School. Additionally, I hereby give Legacy Academy of Excellence Charter School consent to use creative work(s) generated and/or authorized by my child on the Internet, or on an educational CD, or any other electronic/digital media. I understand that my child will be identified by first name only, for confidentiality purposes, as the author of said work.

I also consent to Legacy Academy of Excellence Charter School's use of my child's photograph or likeness or voice on the Internet or on an educational CD, or any other electronic/digital media. As the child's parent or legal guardian, I agree to release and hold harmless Legacy Academy of Excellence Charter School's Board of Directors, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's creative work(s), photograph, likeness or voice on television, radio or motion pictures, or in the print medium, or on the Internet or any other electronic/digital medium.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expense incurred by me or my child, will become due to me, my child, our heirs, agents or assigns at any time because of my child's participation in any of the above activities or the above described use of my child's creative work(s), photograph, likeness or voice.

Child's Name: _____

Address: _____

Parent/Guardian Signature: _____

School Director Signature: _____

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2020/2021 School Uniform Policy

All Legacy Academy of Excellence Charter School students in grades K – 8 must wear the following uniforms:

- Navy Blue Polo Shirt with a collar (long or short sleeves)
- Khaki Dress Slacks
- Clear (see thru) back pack
- Black or Brown Dress Shoe and Socks
- Black or Brown Belt

Senior Scholars (grades 9 – 12) must wear the following:

- Khaki Dress Slacks with Black or Brown Belt
- Maroon Polo Shirt with a collar – (Polo shirts will be specially made at a cost between \$12.00 and \$18.00 depending on size). All shirt orders can be made through LAE.
- Black or Brown Dress Shoes and Socks
- Clear back pack

Legacy Academy Uniforms may be ordered on-line or by phone from www.roseuniforms.com, www.landsend.com, or www.frenchtoast.com. Be sure to indicate that you are a Legacy Academy of Excellence Charter School parent/guardian. Backpacks may be ordered from the school directly for \$20.00-\$25.00 or at the following retailers (online or by phone) at www.walmart.com, www.theclearbagstore.com, www.clearbackpacks.com.

In addition, the following dress code rules must be followed:

- | | |
|--|--|
| ✓ All pants must be belted (no sagging pants) | ✓ No facial piercings |
| ✓ All shirts must be tucked into pants/skirts | ✓ No tattoos |
| ✓ All shirts must cover the upper arm and shoulders (no tank tops) | ✓ No unnatural hair color |
| ✓ Skirts and skorts must be <u>knee length</u> | ✓ Male students are not to wear Mohawks or haircuts with any letters, numbers, symbols carved in them. |
| ✓ No translucent garments (see-thru) | ✓ No coats or jackets may be worn (in school) during school hours |
| ✓ No head gear (hats, head bands, scarves, etc) | |
| ✓ No sunglasses or non-prescription glasses | |

****Additional School Uniform Policy information is stated clearly in the Parent/Student Handbook which will be available August 13, 2020.**

Students are **not** to bring the following items to school:

- Electronic items (MP3 players, IPODs, hand held games, CD players, etc.)
- Toys
- Excessive amounts of money

Cell Phones may not be used during school hours. If cell phones are seen they will be confiscated and the Parent/Guardian must pick them up. Confiscated items will not be released to students.

Students are not allowed to use school phones. In cases of emergencies, office staff will call parents/guardians.

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Transportation:

Legacy Academy of Excellence Charter School has contracted with Rockford Public Schools District #205 to provide transportation for those students that need it. If you indicated on your enrollment form that you needed transportation, RPS will contact you by mail. If you want your child to be dropped off at a different address than the one indicated on your application, please remember to indicate that address on the form that will be sent to you.

Meals:

Breakfast and lunch will be provided free of charge for all Legacy students. Legacy Academy of excellence Charter School has contracted with an independent Food Service provider to provide healthy meals.

School Hours:

The school year begins on Monday, August 17th, 2020 and the last day of is on Wednesday, June 16th, 2021.

The school day is 7 hours long, beginning at 8:45 a.m. and ending at 3:45 p.m. for students in grades K-5. Additional scheduling information for grades 6-12 will be provided in the Parent/Student Handbook.

Breakfast will be served daily from 8:00 a.m. – 8:20 a.m. The time will vary for students in grades 6 - 12. Additional detailed information will be provided in the Parent/Student Handbook.

School Drop Off Policy:

All students in grades K – 12 are to report to the school gym/auditorium (multi-purpose room) no earlier than 8:00 a.m. Please refer to the Parent/Student Handbook for the entire Drop Off Policy.

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Immunization & Health, Vision and Dental Examinations Requirement – Detach and Keep

The required health examinations, immunizations, and lead screening may be obtained at the doctor’s office or clinic of your choice and must be completed on form IL444-4737 (R-01-05).

Health Exams

A student must have a physical health examination within one year prior to entering:

- 1) Kindergarten
- 2) Sixth Grade
- 3) Ninth Grade
- 4) Students new to the school, regardless of age or grade, must show proof of exam and immunizations within 30 days of registration. Please note that immunization records from the Rockford Public Schools do not automatically transfer to Legacy Academy. You may request a copy of your child’s physical exam and immunization record from their current school health office.

Immunizations

Students must show proof of basic immunizations and required boosters for Diphtheria, Tetanus, Pertussis, Polio, Red Measles, Mumps, Rubella, Haemophilus Influenzae Type B (required for pre-school only), Varicella (required for pre-school through 12th grades), Meningococcal (6th, 7th, 8th, and 12th graders), Hepatitis B (required for pre-school and 6th - 12th grades), and Pneumococcal (24-59 months).

Students in grades 6th – 12th must show proof of Tdap vaccination.

Lead Screening

Students entering pre-school and kindergarten must show proof of lead screening. It is mandatory for students living in ZIP codes 61101, 61102, 61103, and 61104.

IMPORTANT

The State of Illinois and Legacy Academy of Excellence have established an exclusion date of October 15th to meet the requirements for health examinations and immunizations. No appointment cards will be accepted.

Dental Exams

All Illinois children in Kindergarten, 2nd, 6th and 9th grades are required to have an oral health exam by a licensed dentist prior to May 15th of the school year. If a child fails to present proof of exam, the school may hold the child’s report card until written proof is established or until proof that an exam will take place within 60 days of the May 15th deadline.

Eye Exams

All children enrolling in Kindergarten and any student enrolling for the first time in a public, private, or parochial school are required to have an eye exam before October 15th of the school year. If a child fails to present proof of exam, the school may hold the child’s report card until written proof is established or until proof that an exam will take place within 60 days of the October 15th deadline.

Waiver

The Department of Public Health shall establish a waiver for children who show an undue burden or lack of access to obtain either a dental or eye exam.

Objections

Children, whose parents or legal guardians object to health or dental examinations, or to the required immunizations, may submit an Illinois Certificate of Religious Exemption from their doctor’s office.

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2020 – 2021 Health Office Medication Policy – Detach and Keep

The Health Office staff does not assist with the administration of any medication without an authorization from a Doctor. There is no medication provided by the Health Office of Legacy Academy of Excellence.

Guidelines:

- 1.) All Medication must be dropped off and picked up by a Parent/Guardian at the Health Office. Any confiscated medication will remain in the Health Office until picked up by a Parent/Guardian. Every effort will be made to assist you in making proper arrangements.
- 2.) All Medication must be contained in its original container and label with the most current date.
- 3.) Un-prescribed (OTC-Over the Counter) medication requires Doctor’s Authorization. This must be in its original sealed container and label with the most current date.

OTC Medication include(s):

- o Cough Drops/Liquid Cough Medicine
- o Anti-Inflammatory/Pain-relievers/NSAIDs (such as: Ibuprofen, Midol, Tylenol etc.)
- o Liquid Cold Medication (such as: Children’s Liquid Suspension Motrin, Triaminic etc.)
- o Hydrocortisone/Neosporin/Anti-Itch lotions & creams
- o Allergy Medication (Wal-dryl, Benadryl Liquid etc.)
- o Liquid Antiseptics (Alcohol for ear piercings etc.)
- o Vitamins

Documentation Forms:

1.) **Doctor Prescribed Medication:**

Legacy Academy of Excellence Authorization for Administration of Medication Form

2.) **OTC Medication:**

Legacy Academy of Excellence Authorization for Administration of Medication Form

Required documentation will be sent/faxed to Doctor for Authorization.