

ACTIVITY SALES RECEIPT

Receipt # 904417
Payment Date: 10/22/19
Household: 22709

Sunset Knoll Recreation Center
820 S Finley Rd
Lombard IL 60148
Phone: (630)620-7322
Visit us on the Web at: www.lombardparks.com

Deepika Samudrala
1354 S FINLEY RD
LOMBARD IL 60148
dipikasriram@gmail.com

Activity Enrollment Details: 504100-09 (Senior Kiddie Campus)

	<u>New Fees</u>	<u>Total Fees</u>	<u>New Paid</u>	<u>Total Paid</u>	<u>Amount Due</u>
Enrollee Name: Sadbhaav Nallanidgal	309.00	309.00	309.00	309.00	0.00
Enrollment Date: 10/22/2019					
Enrollment Status: Enrolled					
Class Location: Room 01 - Preschool Sunset Knoll Recreation Center 820 S Finley Rd Lombard, IL 60148 (630)620-7322	Class Dates: 08/27/2019 to 05/21/2020 9:00am to 11:30am Tu,Th	Scheduled Sessions: 78			
Installment Billing: 8 Future Bill(s) Totaling \$1,096.00. Final Cumulative Fees Totaling \$1,405.00.					

Processed on 10/22/19 @ 8:56am by KCARLSON

Total New Fees	309.00
Discount Applied	0.00
Total New Taxes	0.00
Total Due	309.00
Total Fees Paid	309.00
Total Taxes Paid	0.00
Total Paid	309.00

Household Balance Information

Overall Household Credit Balance Available 0.00
Overall Household Balance Due 0.00

Payment of: 309.00 Made By: S DISCOVER Auth: 02279R Card#: xxxxxxxxxxxx2276 With Reference:

ACTIVITY SALES RECEIPT

Receipt # **919994**
Payment Date: 11/21/19
Household: 22709

Sunset Knoll Recreation Center
820 S Finley Rd
Lombard IL 60148
Phone: (630)620-7322
Visit us on the Web at: www.lombardparks.com

Deepika Samudrala
1354 S FINLEY RD
LOMBARD IL 60148
dipikasriram@gmail.com

Activity Enrollment Updated: 504100-09 (Senior Kiddie Campus)

	<u>New Fees</u>	<u>Total Fees</u>	<u>New Paid</u>	<u>Total Paid</u>	<u>Amount Due</u>
Enrollee Name: Sadbhaav Nallanidgal	0.00	446.00	137.00	446.00	0.00
Enrollment Date: 10/22/2019					
Enrollment Status: Enrolled					
Class Location: Room 01 - Preschool Sunset Knoll Recreation Center 820 S Finley Rd Lombard, IL 60148 (630)620-7322	Class Dates: 08/27/2019 to 05/21/2020 9:00am to 11:30am Tu,Th	Scheduled Sessions: 78			
Installment Billing: 7 Future Bill(s) Totaling \$959.00. Final Cumulative Fees Totaling \$1,405.00.					

Processed on 11/21/19 @ 9:52am by lfinn

Total New Fees	0.00
Discount Applied	0.00
Total New Taxes	0.00
Old Balances Included	137.00
Total Due	137.00
Total Fees Paid	137.00
Total Taxes Paid	0.00
Total Paid	137.00

Household Balance Information

Overall Household Credit Balance Available	0.00
Overall Household Balance Due	0.00

Payment of: 137.00 Made By: S VISA/MC Auth: 27463P Card#: xxxxxxxxxxxx7883 With Reference:

AUTO-DEBIT RECEIPT

Receipt # 934614
Payment Date: 12/20/2019
Household: 22709

DEEPIKA SAMUDRALA
1354 S FINLEY RD
LOMBARD IL 60148

Sunset Knoll Recreation Center
820 S Finley Rd
Lombard IL 60148
Phone: (630)620-7322
Visit us on the Web at: www.lombardparks.com

Activity Enrollment Details: 504100-09 (Senior Kiddie Campus)

	<u>New Fees</u>	<u>Total Fees</u>	<u>New Paid</u>	<u>Total Paid</u>	<u>Amount Due</u>
Enrollee Name: Sadbhaav Nallanidgal	137.00	583.00	137.00	583.00	0.00
Enrollment Date: 10/22/2019					
Enrollment Status: Enrolled					
Class Location: Room 01 - Preschool Sunset Knoll Recreation Center 820 S Finley Rd Lombard, IL 60148 (630)620-7322	Class Dates: 08/27/2019 to 05/21/2020 9:00am to 11:30am Tu,Th	Scheduled Sessions: 78			

Processed on 12/20/19 @ 9:32am by BARTELS

Total New Fees	137.00
Discount Applied	0.00
Total New Taxes	0.00
Total Due	137.00
Total Fees Paid	137.00
Total Taxes Paid	0.00
Total Paid	137.00

Household Balance Information

Overall Household Credit Balance Available	0.00
Overall Household Balance Due	0.00

Payment of: 137.00 Made By: S VISA/MC Auth: 12593P Card#: xxxxxxxxxxxx7883 With Reference:

Community Consolidated School District 89

Registration

Student Information

First Name **Sadguna**

Middle **K**

Last Name **Nallanidgal**

Suffix

Preferred First Name

Mother's Maiden Name **Samudrala**

Gender **Male**

Date of Birth **4/20/12**

Enrolling Grade **2**

** If you are uncertain at which school you should register, please [click here](#) and enter the address at which the student resides.

Enrolling School **Arbor View**

District 89 adheres to a class size policy which caps maximum class sizes at each grade level. The possibility exists for class sizes to be capped in your home school, which would allow the Board to transfer your child to another school within D89.

You may access more detailed information regarding this transfer policy by [clicking here](#)

I have read and understand Board Policy [500:30-R](#) regarding administrative transfers. I accept that my child may be transferred to another District 89 school if class sizes are capped in his/her home school.

I agree **Yes**

Home/Residential Information

Home Telephone **510-241-6120**

Check here if Home Phone is unlisted

Street Number **1324**

Street Name **S Finley Rd**

Apt Number **1T**

City **Lombard**

State **Illinois**

Zip **60148**

Check here if you would like to modify this address

Check here if the student's mailing address is different than the physical address listed above.

Ethnicity and Race Report

Part A - Ethnicity

Is the student Hispanic / Latino? A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

No, not Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the next question by selecting from one or more of the dropdowns below to indicate what you consider this student's race to be.

Part B - Standard Race Construct

- | **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America including Central America, and who maintains a tribal affiliation or a community attachment.
- | **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, 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 in 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.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Choose one or more:

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

Prior School Information

Has your student ever attended school in the US?

Yes

Date First Enrolled Full-time in a US School (ages 3-21)

09/10/2017

Has your student previously attended District 89 Schools?

No

Is this the first time your student is enrolling in the Illinois School System, whether in a public, private, or parochial school?

Yes

Prior School Name **Freedom Hill elementary**

Address **1945 Lord Fairfax Rd**

City **Vienna**

State **Virginia**

Zip **22182**

Dates Attended **08/2018-06/2019**

Last Grade Level Completed

1st

Student Support Services

Has this student received services through an Individualized Education Plan (IEP) or 504 Plan?

No

Additional Information

U.S. Entry Date **9/2/17**

Within the past 12 months, we worried whether our food would run out before we got money to buy more.

No

Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

No

Contact Information

Who has legal custody of the student?

Mother/Father

With whom does the student live?

Mother/Father

Contact 1

Title **Mr.**

First Name **Sriram**

Middle Name **K**

Last Name **Nallanidgal**

Suffix

Gender **Male**

Relationship to Student **Father**

Emergency Contact **Yes**

Has custody **Yes**

Can pick up student **Yes**

Lives with student **Yes**

Is the contact currently on full-time active duty in the Armed Forces or National Guard?

No

Resides at 1324 S Finley Rd **Yes**

Contact 1 Contact Information

Phone 1 Number **510-241-6120**

Phone 1 Type **Cell**

Preferred phone number? **Yes**

Accepts SMS? **Yes**

Phone 2 Number

Phone 2 Type

Preferred phone number? **Yes**

Phone 3 Number

Phone 3 Type

Preferred phone number?

Employer **logicsoft Inc**

Email Address **n.sriramk@gmail.com**

Check if this Parent/Guardian has no email address.

Contact 2

Title **Mrs.**

First Name **Deepika**

Middle Name

Last Name **Samudrala**

Suffix

Gender **Female**

Relationship to Student **Mother**

Emergency Contact **Yes**

Has custody **Yes**

Can pick up student **Yes**

Lives with student **Yes**

Is the contact currently on full-time active duty in the Armed Forces or National Guard?

No

Resides at 1324 S Finley Rd **Yes**

Contact 2 Contact Information

Phone 1 Number **510-241-6336**

Phone 1 Type **Cell**

Preferred phone number? **Yes**

Accepts SMS?

Phone 2 Number

Phone 2 Type

Preferred phone number?

Phone 3 Number

Phone 3 Type

Preferred phone number?

Employer **None**

Email Address **dipikasriram@gmail.com**

Check if this Parent/Guardian has no email address.

Additional Contact

Would you like to add another contact?

Yes

Contact 3

Title **Mr.**

First Name **KoteshwaraRao**

Middle Name

Last Name **Mahipathi**

Suffix

Gender **Male**

Relationship to Student **Friend**

Emergency Contact **No**

Has custody **No**

Can pick up student **Yes**

Lives with student **No**

Resides at 1324 S Finley Rd **No**

Contact 3 Contact Information

Phone 1 Number **331-315-9227**

Phone 1 Type **Cell**

Preferred phone number?

Accepts SMS?

Phone 2 Number

Phone 2 Type

Preferred phone number?

Phone 3 Number

Phone 3 Type

Preferred phone number?

Additional Contact

Would you like to add another contact?

No

Emergency Release Agreement [Click here for Policy 500:270-F1](#)

If neither parent/guardian can be contacted, I authorize the school administration to take such emergency action as may be deemed necessary. **Parents/Guardians have the responsibility to immediately notify the school if any of the information given on this form changes throughout the year.**

I further waive any claims against CCSD 89, the members of its Board of Education, its employees and agents arising out of the provision of or arrangement for emergency medical assistance to my child and agree to hold harmless and indemnify CCSD 89, the members of its Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the provision of or arrangement for emergency medical treatment.

[Click here for Policy 500:270-R](#)

I/We agree **Yes**

Siblings 5 years old and younger living at home

How many siblings 5 years old and younger does the student have?

0

Contact Priority

Below is the priority in which contacts will be called. To adjust the priority, please select the appropriate order number next to the name.

Sriram Nallanidgal 1
Deepika Samudrala 2
KoteshwaraRao Mahipathi 3

Medical Information

Student's Physician

Physician Name

Phone

Check here if your child does not have a physician at this time. Please notify your building nurse once established.

Student's Dentist

Dentist Name

Phone

Check here if your child does not have a dentist at this time. Please notify your building nurse once established.

Health History

Please indicate any items that apply to your child's health status.

Chicken Pox illness **No**

TB/TB contact **No**

Blood Disorders **No**

Diabetes **No**

Seizures **No**

Heart Condition **No**

Hearing Problems **No**

Ear infections in past year **No**

Glasses or contacts **No**

Vision Problems **No**

Headaches/migraines **No**

Serious injury in past year **No**

Bone/joint problems **No**

Surgery in past year **No**

Hospitalization in past year **No**

Asthma **No**

Food Allergy **No**

Environmental/Seasonal Allergy

No

Medication Allergy **No**

Mental Health Concerns **No**

Neurological Problems **No**

Physical Restrictions **No**

Other **No**

Medication

Does your child have a prescribed Epi Pen?

No

Is your child on any medications?

No

Medical Information Agreement

Information may be shared with appropriate personnel for health and educational purposes. Parent/Guardians have the responsibility to immediately notify the school if any of the information given on this form changes throughout the year.

I/We Agree **Yes**

New Students - Health Regulations

All students new to District 89 transferring into Illinois from outside of the State or outside of the country must present documentation of a completed health exam. This examination shall not have been given more than one year prior to the first day of attendance.

Please have your physician examine your child and complete the [physical examination report \(click here to download\)](#). Height, weight, BMI, diabetes screening, blood pressure and system review must be documented. **You are required to complete and sign the Health History portion of the form.** At the time of the examination check to be sure your student has complete immunization protection that includes the following:

- | D.P.T. series (usually 3 doses) plus a booster after age 4
- | Tdap for students entering 6th, 7th and 8th grade
- | Polio series - 4 doses with a booster after age 4. Four doses required for grades K, 1 and 2
- | Rubella vaccine (2 doses) first dose on or after the 1st birthday and second dose no less than one month later
- | Mumps vaccine (2 doses) first dose on or after the 1st birthday and second dose no less than one month later
- | Measles vaccine (2 doses) first dose on or after the 1st birthday and second dose no less than one month later
- | Hepatitis B (HBV) series (3 doses required) for 6th, 7th and 8th grades, and preschool students
- | Haemophilus Influenza Type b (Hib) vaccine after age 15 months for preschool students
- | Pneumococcal Conjugate vaccine after 24 months of age for preschool students
- | Meningococcal vaccine for 6th, 7th and 8th grade students on or after the 11th birthday
- | Tuberculosis skin test is recommended in DuPage County
- | Varicella (chickenpox) vaccine (2 doses) first dose on or after the 1st birthday and the second dose no less than four weeks later or proof of disease or immunity.
- | Lead Risk Questionnaire for preschool and kindergarten students

Health Regulations

You should be aware that if your student has not had measles vaccine or the disease, he/she will be excluded from school the day after a case of measles is reported at the school. This exclusion will be for 21 days after the last reported case of measles and does include children who have medical reasons or religious objections to immunization.

The records from your child's prior school may contain this information. Our school district allows 30 days for the transfer of this information or for you to set up the appointments necessary to complete your child's immunizations or to update his/her physical examination. Lack of compliance with Section 27-B of the Illinois School Code relating to physical examination and immunization mandates will result in your child's exclusion from school.

Vision Examination Requirements

State law requires any child entering the Illinois school system for the first time to have a vision examination performed by a licensed physician or optometrist and he/she must sign the [Vision Examination form \(click here to download\)](#) to document the exam. The vision examination shall not have been given more than one year prior to the first day of attendance.

Any questions you have concerning these procedures or if for some medical reason you cannot comply with the State's regulations, please call your student's school nurse for further explanation or clarification.

Dental Regulations

State law requires that all Illinois children in kindergarten, second and sixth grades are required to have an oral health examination. A licensed dentist must perform the examination and he/she must sign the [Oral Health Examination form \(click here to download\)](#) to document the exam. Each child must present proof of the examination by a dentist prior to May 16, 2020. The examination must have been completed within 18 months of the May 16 deadline – after December 15, 2018. This documentation should be turned in to the health office at your child's school.

If you are having difficulty locating a dentist in the area, the DuPage County Health Department Dental Program has hired additional dentists to staff children's dental clinics during the school year. You may contact the Dental Health Program at (630) 682-7979 ext. 7776. The College of DuPage Dental Hygiene program also performs low-cost dental exams. Exams at the college can be scheduled by calling (630) 942- 3250.

Please contact either CCSD 89 District Nurse Sandra Lawinger or the nurse in the health office at your child's school, if you have any questions regarding this requirement.

State law allows exemptions from immunizations and physical, dental or vision examinations for religious and medical reasons. [board policy 500:100 \(click here to download\)](#)

Sincerely,

Sandra Lawinger RN, MS, NCSN

CCSD 89 District Nurse

Release of Information About Student

School directory information will be released at the District's discretion, unless a parent requests in writing that any or all of such information about his/her child not be released.

Directory Information

State law and [Board Policy 500:340-R](#) designate certain information as "Directory information". Directory Information may include the following information: student name, address, telephone listing, gender, grade level, classroom, birth date and place, and parents' names and addresses; academic awards or honors; information in relation to school-sponsored activities, organizations, and athletics, including the weight and height of members of athletic teams; and period of attendance in school.

Publication of student name/photograph/works

OPT-OUT NOTIFICATION

Community Consolidated School District 89 draws its strength from the residents who live and work in the district. The quality of educational programs depends on the public understanding what is happening in their schools. The district is proud to highlight the accomplishments, daily work, and extracurricular achievements of our students in various internal and external publications.

From time to time, CCSD89 may publish the name, photograph, and/or works of your child in publications that reach audiences outside the District, including: the district website, newsletters, communications to parents, news stories, videos, or social media posts. Such information will be published consistent with Board Policy 500:340-R. Additionally, the district issues news releases and distributes photos to outside media outlets, which may want to interview, photograph, or videotape students, always under the supervision of district personnel.

Parent(s) and/or guardian(s) who do not wish to have their child's name, photograph, or works identified in these external publications must notify Community Consolidated School District 89 in writing by August 12, 2019. Families that move into the district, or that wish to opt out later in the year, should contact the district as soon as possible.

Parent(s) and/or guardian(s) may also request that their student not be photographed at all, including for photos that are used on projects within the school, yearbook or all-class photos. These specific exclusion requests should also be made to the district by August 12, 2019.

All exclusion requests must be in writing and include the following information: your child's full name, grade level, the name of the school they attend, a parent signature, an indication of which information you would like excluded, and an indication if the photograph exclusion request applies to outside media only or is an exemption for all photos.

Or, an exclusion request can also be emailed to bkosartes@ccsd89.org.

All exclusion requests can be mailed to:

Barb Kosartes

c/o Community Consolidated School District 89

22W600 Butterfield Road

Glen Ellyn, IL 60137

The district does not control the publication of students' names or photos in public areas, including outside schools, Board meetings, extracurricular activities, or other areas populated by the general public.

I acknowledge that I have read the above information.

Yes

Technology and Internet Policies/Agreements

Message from Superintendent

Please review the message from Superintendent regarding the technology and internet policies ([click here](#)).

[Click here to download the Technology Resources Policy 600:235.](#)

[Click here to download the Telecommunications Network and Internet Safety Policy 600:235-R.](#)

PARENTAL AUTHORIZATION FOR STUDENT'S TELECOMMUNICATION NETWORK ACCESS

IMPORTANT - PLEASE READ CAREFULLY

The District's telecommunication (voice and data) network, hereafter referred to as "network," is a valuable resource that is used consistently with the District's educational mission. The network is connected to the Internet, and thus allows students virtually unrestricted access to individuals and information from around the world. The District has implemented technology protection measures to prevent access to certain objectionable material, but cannot guarantee the effectiveness of these measures.

I have read and accept the attached Board Policy and Rules and Regulations regarding use of the District's telecommunication network. I understand that any unacceptable use of the network is grounds for suspending or revoking network privileges, and may result in discipline up to and including expulsion from school, as well as criminal or civil penalties. I realize that my student might access objectionable material through the Internet. I understand that, consistent with Regulation 600:235-R, the District may review all files, including electronic communications, that are created on, stored on, or sent to, from, or via the network.

I will indemnify the District and be liable for any losses, costs, damages, charges or fees, including, but not limited to, telephone charges, long-distance charges, per-minute surcharges, equipment or line costs, or attorney fees, caused or incurred by my child relating to, or arising out of, my child's use of the District's network or the violation of any District policy, rules, or regulations. I request that the District allow my student to access the network, and agree to hold harmless the Board of Education of CCSD 89, its individual Board Members, employees, agents, and assigns, for any harm caused to my student or to me relating to, or arising out of, my student's use of the District network or the violation of any District policy.

This Authorization will expire, and a new Authorization must be submitted, any time that my student's network privileges are suspended or revoked.

I have read the information above. By signing below I am affirming this and authorizing my child to use the District's network and other technology.

I/We Agree **Yes**

Relationship to Student **Father**

Parent Teacher Council (PTC)

The PTC publishes a student directory that is made available only to school families and staff. It is used by room parents to contact the class regarding holiday parties and other classroom activities led by parents. Kids love being able to look up their classmates, and it's a great resource for parents to communicate with each other as we continue to build the sense of community we enjoy in our school

PTC Listing

I give my permission to be included in the PTC Student Directory Listing

No

Please select the parent you would like included in the Listing.

Arbor View Parent Teacher Council

Dear Arbor View Parents,

The new school year is here and the Arbor View PTC is looking forward to a great year with the students, teachers, administrators and families at Arbor View. Our goal is to foster a strong relationship within Arbor View School through communication, interaction and activities involving parents and teachers.

All of the things we do have just one goal in mind: **better educational and developmental environment and opportunities for our children**. For this reason, we would like to take this opportunity to request your help supporting the PTC. by volunteering your time and talents to the many activities and events sponsored by the PTC.

Please don't wait to take a greater role in your child's education and their school. If you skip this chance to get involved, it won't come again. People often stand in the background and hope that someone else steps up to help. YOU are the one that needs to step up; don't do it for me or the school or your spouse: **do it for you and your child**. You only get this golden opportunity to really make a difference for your child at this incredible age. Now is the time. Get involved.

On Back to School Bash in August, you will have the opportunity to learn more about the volunteer activities and events at the school and to sign up for class parties. We would appreciate if you can sign up to provide your time and talent.

Remember to read the Arbor View's monthly newsletter, The Ramp. The Ramp, in combination with the PTC Website including the Electronic BackPack (E-BackPack), will be the main conduit for communication between the PTC and the Arbor View community.

Our monthly meetings are open to ALL parents and we encourage attendance. They are normally held on the second Tuesday of the month at 7pm.

Information on the first meeting of the year will be forthcoming. Everyone is encouraged to attend this first meeting, especially committee chair people.

Thank you in advance for all your help and support! Looking forward to seeing you at the school.

Supply List

[Click here to download the Arbor View School Student Supplies List for grades K - 5.](#)

Arbor View PTC Donation

While we understand that school registration fees can leave little room for giving, we would like to encourage you make a one-time nominal donation of \$5, \$10 or \$25 to the Arbor View PTC. This would be in addition to your child(ren)'s class party fee.

Your direct donation reduces the need for fundraising during the school year and allows our organization to better budget all of our programming and events.

Thank you for all your contributions to the PTC and our school.

Would you like to make an optional donation to the Arbor View PTC?

No

Fees

The following PTC fees are available for pre-payment:

- | Class Party Fee - \$10 per student

Additional Forms

[Click here to download the Music Boosters District 89 Membership Form.](#) Please print and return to your child's school.

The fees listed on this page for your student are mandatory fees and required for registration in CCSD89

Elementary Fee and **Middle School Fee** - covers the cost of books, classroom supplies, furniture, equipment and transportation for sports, clubs, field trips.

Technology Fee - covers the cost of internet connections and required technology for state-mandated testing.

Activity Fee - covers the cost of extra-curricular activities, clubs, intra-mural sports, assemblies (including speakers and activities) and some field trips.

-
- | **Elementary Fee** - \$96.00
 - | **Technology Fee** - \$30.00
 - | **General Activity Fee** - \$25.00

Optional Activities and Fees

- | Year Books - \$13 per book

Would you like to purchase a Year Book?

No

Electronic Signature

The electronic signature below and its related fields are treated by Community Consolidated School District 89 like a handwritten signature on a paper form.

I affirm that all the information provided is true and correct to the best of my knowledge.

I Agree **Yes**

Electronic Signature **Sriram K Nallanidgal**

Date **09/03/2019**