

**\*\*\* IMPORTANT \*\*\***

**Please be sure to complete and return the enclosed documents with a copy of your child's birth certificate. Return the required documents to Glenbard North High School [north\\_documents@glenbard.org](mailto:north_documents@glenbard.org) or US mail or drop them off at Door 1 by March 1<sup>st</sup>**

- **BIRTH CERTIFICATE** – All students are required by Illinois state law to provide a COPY of their birth certificate. This is required by Illinois law.
- **HOME LANGUAGE SURVEY** – (white form) All students are required by Illinois state law to have a current Home Language Survey on file.
- **U.S. DEPARTMENT OF EDUCATION RACE AND ETHNICITY DATA COLLECTION** – (green form) All students are required by federal law to provide information regarding ethnicity.

*Questions about the enrollment process, or to make an appointment without Google please contact the School Counseling Department at 630-681-3131 or directly via email to one of the Administrative Assistants below by student's last name:*

**Last Name: A-K & Spanish-speaking families contact**

Licette Vazquez [licette\\_vazquez@glenbard.org](mailto:licette_vazquez@glenbard.org)

**Last Name: L-Z contact**

Sandra McHale [sandra\\_mchale@glenbard.org](mailto:sandra_mchale@glenbard.org)

We look forward to meeting you!



# Glenbard High School District 87

U.S. Department of Education | Race and Ethnicity Data Collection

**Instructions:** This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Student Name: \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_

Class of: \_\_\_\_\_

**Part A. Is this student Hispanic/Latino?**

*(A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race)*

Choose only one.

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino

*The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider the student's race to be.*

**Part B. What is the student's race? Choose one or more.**

☐ American Indian or Alaska Native *(A person having origins in any of the original peoples of North and 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, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)*

☐ 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)*

☐ Black or African American *(A person having origins in any of the black racial groups of Africa)*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Observer Identification: *(Parent/Guardian did not respond)*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Glenbard Dist. 87 Medical Requirements for 9th grade**

ALL DOCUMENTS SHOULD BE SUBMITTED TO THE SCHOOL NURSE

EMAIL: Nurse\_gn@glenbard.org FAX: 630-653-7259

Or mailed: Glenbard North Health Office

990 Kuhn Road, Carol Stream, IL 60188

**School Physicals:** A Certificate of Child Health Examination (also known as a school physical: [English](#) | [Español](#)) is required to enroll in high school for incoming freshmen and/or transfer students by **July 15, 2022**. (Reminder: This is different from a [sports physical](#) which is needed for athletic participation). The school physical must be signed by a physician, nurse practitioner, or physician's assistant, and be less than 1 year old at the start of the school year. The 9th grade physical must be dated 8/11/2021 or after in order to start the 2022-23 school year (the first day is 8/10/2022).

**Freshman / Transfer student health examinations are due: July 15, 2022**

**Summer School Students:** A Certificate of Child Health Examination (school physical) is required for all freshman and/or transfer students who plan to participate in summer school by **May 20, 2022**. (If a student has an 8th grade physical on file, a new physical must be submitted by July 15, 2022). All school physicals must be less than 1 year old.

**Freshman / Transfer student Summer School health examinations are due: May 20, 2022**

Students will not be permitted to start school (or summer school) on the first day without completing the following requirements (board policy 7:100):

☐ **State of IL Certificate of Child Health Examination (School physical forms can be found here: [English](#) | [Español](#))**

- Must be completed by your doctor and dated for the start of the 22-23 school year to be accepted.
- Health history must be completed by the parent (second page/top)
- [Sports physicals](#) are **NOT** accepted as the [school physical](#)
- Resources and forms can be found on our website [www.glenbardnorthths.org](http://www.glenbardnorthths.org) under the Parent Tab then select Health Services

☐ **Immunizations**

- ☐ **Tdap** (1 dose)
- ☐ **DTap, DT, or Td** (3 or more doses: last dose on/after 4th bday)
- ☐ **IPV/OPV** (3 or more doses: last dose given on/after 4th bday)
- ☐ **Hepatitis B** (3 doses)
- ☐ **MMR** (2 doses)
- ☐ **Varicella** (2 doses)
- ☐ **Meningococcal** (1 dose on/after the 11th bday)

**In addition, the Health Office is requesting:**

- ☐ **Medical action plans & medication forms** for asthma, allergies, seizures, diabetes, and/or other health needs. Updated forms are needed each school year prior to the first day of school.
- ☐ **Dental Exam** (requested on or before May 15, 2022; exam must be dated within 18 months prior)
- ☐ **Copy of COVID-19 vaccination card**



## PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name: Last First Middle			Birth Date: (Month/Day/Year) / /
Address: Street City		ZIP Code	Telephone:
Name of School:		Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian:		Address (of parent/guardian):	

To be completed by dentist:

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present**

☐ Yes ☐ No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1<sup>st</sup> molars.

☐ Yes ☐ No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

☐ Yes ☐ No **Soft Tissue Pathology**

☐ Yes ☐ No **Malocclusion**

Treatment Needs (check all that apply)

☐ **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

☐ **Restorative Care** — amalgams, composites, crowns, etc.

☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis

☐ **Other** — periodontal, orthodontic

Please note \_\_\_\_\_

Signature of Dentist \_\_\_\_\_

Date of Exam \_\_\_\_\_

Address \_\_\_\_\_  
Street City ZIP Code

Telephone \_\_\_\_\_

Illinois Department of Public Health, Division of Oral Health  
217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • [www.idph.state.il.us](http://www.idph.state.il.us)





# State of Illinois Certificate of Child Health Examination

Student's Name				Birth Date		Sex	Race/Ethnicity	School /Grade Level/ID#																		
Last		First		Middle		Month/Day/Year																				
Address				Parent/Guardian		Telephone # Home		Work																		
Street				City		Zip Code																				
<b>IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for <u>every</u> dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.</b>																										
REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6										
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR								
DTP or DTap																										
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT										
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV										
Hib Haemophilus influenza type b																										
Pneumococcal Conjugate																										
Hepatitis B																										
MMR Measles Mumps Rubella																										
Varicella (Chickenpox)																										
Meningococcal conjugate (MCV4)																										
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose									Comments: * indicates invalid dose																	
Hepatitis A																										
HPV																										
Influenza																										
Other: Specify Immunization																										
Administered/Dates																										
Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.																										
Signature									Title									Date								
Signature									Title									Date								
<b>ALTERNATIVE PROOF OF IMMUNITY</b>																										
1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.																										
*MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR																										
2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.																										
Date of Disease Signature Title																										
3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/> Measles* <input type="checkbox"/> Mumps** <input type="checkbox"/> Rubella <input type="checkbox"/> Varicella Attach copy of lab result.																										
*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.																										
**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.																										
Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature:																										
Physician Statements of Immunity MUST be submitted to IDPH for review.																										

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.



Last			First			Middle			Birth Date Month/Day/ Year			Sex		School			Grade Level/ ID#		
<b>HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER</b>																			
<b>ALLERGIES</b> (Food, drug, insect, other)			Yes <input type="checkbox"/> No <input type="checkbox"/>		List:			<b>MEDICATION</b> (Prescribed or taken on a regular basis.)			Yes <input type="checkbox"/> No <input type="checkbox"/>		List:						
Diagnosis of asthma?			Yes <input type="checkbox"/> No <input type="checkbox"/>					Loss of function of one of paired organs? (eye/ear/kidney/testicle)			Yes <input type="checkbox"/> No <input type="checkbox"/>								
Child wakes during night coughing?			Yes <input type="checkbox"/> No <input type="checkbox"/>					Hospitalizations? When? What for?			Yes <input type="checkbox"/> No <input type="checkbox"/>								
Birth defects?			Yes <input type="checkbox"/> No <input type="checkbox"/>					Surgery? (List all.) When? What for?			Yes <input type="checkbox"/> No <input type="checkbox"/>								
Developmental delay?			Yes <input type="checkbox"/> No <input type="checkbox"/>					Serious injury or illness?			Yes <input type="checkbox"/> No <input type="checkbox"/>								
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.			Yes <input type="checkbox"/> No <input type="checkbox"/>					TB skin test positive (past/present)?			Yes* <input type="checkbox"/> No <input type="checkbox"/>		*If yes, refer to local health department.						
Diabetes?			Yes <input type="checkbox"/> No <input type="checkbox"/>					TB disease (past or present)?			Yes* <input type="checkbox"/> No <input type="checkbox"/>								
Head injury/Concussion/Passed out?			Yes <input type="checkbox"/> No <input type="checkbox"/>					Tobacco use (type, frequency)?			Yes <input type="checkbox"/> No <input type="checkbox"/>								
Seizures? What are they like?			Yes <input type="checkbox"/> No <input type="checkbox"/>					Alcohol/Drug use?			Yes <input type="checkbox"/> No <input type="checkbox"/>								
Heart problem/Shortness of breath?			Yes <input type="checkbox"/> No <input type="checkbox"/>					Family history of sudden death before age 50? (Cause?)			Yes <input type="checkbox"/> No <input type="checkbox"/>								
Heart murmur/High blood pressure?			Yes <input type="checkbox"/> No <input type="checkbox"/>					Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other											
Dizziness or chest pain with exercise?			Yes <input type="checkbox"/> No <input type="checkbox"/>					Information may be shared with appropriate personnel for health and educational purposes.											
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____								Parent/Guardian Signature						Date					
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Yes <input type="checkbox"/> No <input type="checkbox"/>																
Ear/Hearing problems?			Yes <input type="checkbox"/> No <input type="checkbox"/>																
Bone/Joint problem/injury/scoliosis?			Yes <input type="checkbox"/> No <input type="checkbox"/>																
<b>PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA</b>																			
HEAD CIRCUMFERENCE if < 2-3 years old			HEIGHT			WEIGHT			BMI			BMI PERCENTILE			B/P				
<b>DIABETES SCREENING (NOT REQUIRED FOR DAY CARE)</b> BMI > 85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>																			
<b>LEAD RISK QUESTIONNAIRE:</b> Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.) Questionnaire Administered? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> Blood Test Date _____ Result _____																			
<b>TB SKIN OR BLOOD TEST</b> Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. <a href="http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm">http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm</a> . No test needed <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read _____ Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported _____ Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____																			
<b>LAB TESTS (Recommended)</b>			Date			Results						Date			Results				
Hemoglobin or Hematocrit									Sickle Cell (when indicated)										
Urinalysis									Developmental Screening Tool										
<b>SYSTEM REVIEW</b>			Normal <input type="checkbox"/>			Comments/Follow-up/Needs						Normal <input type="checkbox"/>			Comments/Follow-up/Needs				
Skin									Endocrine										
Ears						Screening Result:			Gastrointestinal										
Eyes						Screening Result:			Genito-Urinary						LMP				
Nose									Neurological										
Throat									Musculoskeletal										
Mouth/Dental									Spinal Exam										
Cardiovascular/HTN									Nutritional status										
Respiratory						<input type="checkbox"/> Diagnosis of Asthma			Mental Health										
Currently Prescribed Asthma Medication:									Other										
<input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist)																			
<input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)																			
NEEDS/MODIFICATIONS required in the school setting									DIETARY Needs/Restrictions										
<b>SPECIAL INSTRUCTIONS/DEVICES</b> e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup																			
<b>MENTAL HEALTH/OTHER</b> Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal																			
<b>EMERGENCY ACTION</b> needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe. _____ (If No or Modified please attach explanation.)																			
On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)																			
<b>PHYSICAL EDUCATION</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> <b>INTERSCHOLASTIC SPORTS</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>																			
Print Name						(MD, DO, APN, PA) Signature						Date							
Address												Phone							



# SUMMER SCHOOL FOR FRESHMEN (CLASS OF 2026)

*Are you ready to be a Panther?*

Glenbard North High School administrators have been working with your 8th-grade teachers to pick the best summer course recommendations for you. There are two options: **Bridge (non-credit) courses** that help prepare you for your freshman classes and **credit courses** that enable you to complete graduation requirements. We are planning for in-person summer school.

## Why take summer school?

- ✓ To get comfortable with the expectations of high school
- ✓ To sharpen your skills heading into freshman year
- ✓ To build relationships with future teachers and classmates

## THE 2022 GLENBARD NORTH SUMMER SCHOOL SCHEDULE

<b>Bridge (Non-Credit) Session 1 &amp; 2 (FREE)</b>	<b>Monday, 7/11 - Thursday, 7/21</b> (No Friday Classes)	Session 1: 8:30 AM - 10:30 AM Session 2: 11:00 AM - 1:00 PM
<b>Credit Courses Semester 2 (FREE)</b>	<b>Tuesday, 7/5 - Wednesday, 7/27</b> (No Friday Classes)	8:30 AM - 1:00 PM

To register for summer school, visit our website: [sr.glenbard.org](http://sr.glenbard.org)

## Watch the Summer School Registration Screencast:

<https://drive.google.com/file/d/18nmsZzGrPFAWcga1EBP9wrQr-AqYzTnW/view?ts=601c065b>

1. Families are required to create a new account. We recommend using a personal email & the student's ID# for the password.
2. After creating an account, you will be asked to log back in.
3. When asked, choose that your student is a Glenbard North student. Use the ID number listed on your recommendation sheet in your enrollment packet.
4. Fill in the demographics if needed.
5. When asked to choose a class, all options for Glenbard North will be on the left side. You may need to scroll down to find the recommended courses.

Questions? Contact our Summer School Principals:

<b>In-Year Summer School Principal (December - May)</b>	<b>Summer School Principal (June - July)</b>
Colleen Joyce-Guzman School Counseling Department Chair	Tim Delap Special Education Teacher
<a href="mailto:colleen_joyce-guzman@glenbard.org">colleen_joyce-guzman@glenbard.org</a>	<a href="mailto:timothy_delap@glenbard.org">timothy_delap@glenbard.org</a>
630-681-3121	630-681-3404

***Descriptions for freshman-eligible courses on the following page.***



**BRIDGE COURSES for Incoming Freshmen (Non-Credit): FREE OF CHARGE! 7/11 - 7/21****ENGLISH DEPARTMENT****English 1 Bridge**

*Do you want to jump-start your transition into high school? This course is designed to help students as they transition into English 1 in high school. Learn organizational skills that will help with reading, note-taking, and essay writing, as well as working collaboratively in small and large groups.*

**English 1 Honors Bridge**

*This bridge course is for freshman students committed to challenging themselves in English 1 Honors. This course will expose and engage students to various types of analytical reading, writing, and discussion skills to be developed including text annotation, proper note-taking, and organizing essays. Content is constructed to stimulate intellectual thinking and prepare students for the rigor and pace of a freshman honors course.*

**MATH DEPARTMENT****Algebra 1 Bridge**

*This course is designed to assist students in making a successful transition from middle school to high school in Algebra. The course will reinforce pre-Algebra skills by working on specific topics where students typically need a strong foundation.*

**Integrated Algebra / Geometry Bridge**

*Students enrolled in Integrated Algebra/Geometry for next school year will hit the ground running. This Bridge class will focus on building and refreshing algebra skills that are vital to a student's success in this course. Students will solve equations, work on graphing, and factoring, and build a level of confidence for beginning Integrated Algebra and Geometry.*

**Geometry Honors Bridge**

*This course is designed to reinforce the concepts and skills learned in Algebra, and to assist students in the transition from middle school to high school mathematics. This course will provide a head start on material covered in Geometry H.*

**Algebra 2 Trig H Bridge &  
Chemistry H & Algebra 2 w/  
Trig H Combo Bridge**

*The Algebra 2 Trig Honors Bridge course covers relations and functions, polynomial functions, the factor and remainder theorems, trigonometric functions, and problem-solving skills. This class addresses the fast-moving pace of the honors curriculum during the regular school year. The Chemistry H course will provide a solid foundation for students in understanding lab methods and expectations and content before beginning chemistry honors in the fall. Students will learn about the chemistry of matter, equilibrium, kinetics, potential, and kinetic energy, and atomic structure.*

**SCIENCE DEPARTMENT****Biology Bridge**

*Biology can be a fascinating course where students explore life sciences such as genetics, cell biology, environment impact, ecology, and more. But did you know that this challenging course involves in-depth analysis and reading skills? This Biology Bridge course offers a hands-on experience designed with interactive lab activities, concept development, and academic strategies to prepare students for the study of biology.*

**Biology Honors Bridge****WORLD LANGUAGES DEPARTMENT****Bridge to Level 2 courses:  
Spanish, French, Italian &  
Mandarin \*Pending  
enrollment**

*Nervous about taking a world language in high school? Do you want to keep up with your Spanish/Italian/French/Mandarin over the summer? This course is for you! It is designed for incoming freshmen and current GBN students who want additional practice before entering a level 2 language class. Students will focus on key skills and concepts from level 1.*

**CREDIT COURSES: FREE; freshmen can only take credit courses during 2nd session: 7/5 - 7/27****Consumer Management**

*Learn to "live" the concepts of budgeting, investing, renting or buying a home, reconciling your checkbook, getting credit, and preparing income taxes as a consumer, worker, and citizen in our market economy! This course is designed to assist students with the challenges of living with a roommate or marriage partner.*

**Speech****\*Fulfills speech graduation  
requirement**

*Students examine the various components of the communication process to help them develop confidence in public speaking. Special attention is given to voice and diction, finding and using materials, speech organization, and nonverbal delivery. Students engage in a variety of projects and oral presentations involving interpersonal, group, and public communication processes. Students are required to give demonstration, informative, and persuasive speeches as well as other speeches. This course is recommended for students who plan on a career that necessitates public speaking or interpersonal communication.*

**Technology Essentials**

*Students will develop and enhance vital computer skills for use in high school, college, and beyond. Students will become proficient in researching, solving problems, communicating, producing documents, and keyboarding. Microsoft Office software including Word, Excel and PowerPoint will be used along with Google Docs, Sheets, and Slides. Formatting documents properly along with using the appropriate software program to accomplish a variety of tasks will be the focus. Students will enhance their keyboarding skills and learn the essentials of using a computer.*





# Glenbard High School District 87

## U.S. Department of Education | Home Language Survey

The State requires the 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 identify the students that need to be tested for English Language proficiency. If you would like to receive this document in any other languages, please contact your home school for a copy in any of the 44 languages provided by ISBE.

Student Name: \_\_\_\_\_  
First Middle Last

If the answer to either question is yes, the law requires the school to test your child's English language proficiency.

1. Is a language other than English spoken in your home? ☐ Yes ☐ No Language: \_\_\_\_\_
2. Does your child speak a language other than English? ☐ Yes ☐ No Language: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

### Encuesta del Idioma en el Hogar (para determinar elegibilidad para servicios de ESL)

Nombre del estudiante: \_\_\_\_\_

El estado requiere que el distrito recoja información en una Encuesta del Idioma que se Habla en el Hogar (Home Language Survey o HLS por sus siglas en inglés) para cada estudiante nuevo. Esta información se usa para contar a los estudiantes cuyas familias hablan en el hogar un idioma que no es el inglés. También ayuda a identificar a los estudiantes que necesitan ser evaluados para la fluidez en el idioma inglés.

Por favor, conteste las preguntas a continuación.

1. ¿Se habla en su casa otro idioma que no es el inglés? ☐ Sí ☐ No ¿Cuál? \_\_\_\_\_
2. ¿Habla su niño(a) un idioma que no es el inglés? ☐ Sí ☐ No ¿Cuál? \_\_\_\_\_

Si la respuesta a cualquiera de las preguntas es "Sí," la ley requiere que la escuela evalúe la fluidez de su niño en el idioma inglés.

\_\_\_\_\_  
Firma del Padre/Madre/Encargado/Tutor Legal

\_\_\_\_\_  
Fecha

## ઘરેલું ભાષાની મોજણી

રાજ્ય શાસન માંગણી કરે છે કે ડિસ્ટ્રિક્ટ (પ્રદેશની શાળા) દરેક નવા વિદ્યાર્થી માટે ઘરેલું ભાષાની મોજણી એકત્રિત કરે. આ માહિતીનો ઉપયોગ અંગ્રેજી સિવાયની ભાષા ધરે બોલતા વિદ્યાર્થીઓના કુટુંબોની ગણતરી કરવા કરાય છે. મોજણી એવા વિદ્યાર્થીઓને ઓળખવામાં પણ મદદરૂપ થાય છે જેઓની અંગ્રેજી ભાષાના કૌશલ્ય માટેની જરૂરિયાતો મૂલવાય.

કૃપા કરીને નીચેના પ્રશ્નોના જવાબ આપો અને આ મોજણી તમારા બાળકની શાળામાં પરત કરો.

વિદ્યાર્થીનું નામ: \_\_\_\_\_

1. શું તમારા ઘરમાં અંગ્રેજી સિવાયની ભાષા બોલાય છે?

હા \_\_\_\_\_ ના \_\_\_\_\_

કય ભાષા? \_\_\_\_\_

2. શું તમારું બાળક અંગ્રેજી સિવાયની કોઈ ભાષા બોલે છે?

હા \_\_\_\_\_ ના \_\_\_\_\_

કય ભાષા? \_\_\_\_\_

જો કોઈ પણ પ્રશ્નનો જવાબ હા હોય, તો કાયદો શાળાને તમારા બાળકની અંગ્રેજી ભાષાનું કૌશલ્ય મૂલવવાનો હુકમ કરે છે.

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માતા-પિતા/કાયદેસર વાલીની સહી

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તારીખ