



# Rutland Township Community Consolidated School District #230

3231 N. IL. Rt. 71

Ottawa, IL. 61350

Mike Matteson, Superintendent

Ph: (815) 433-2949

Fax: (815) 433-2322

Mike Ruff, Principal

Status of Parents:    \_\_\_\_\_ Married            \_\_\_\_\_ Divorced            \_\_\_\_\_ Separated  
                                 \_\_\_\_\_ Single            \_\_\_\_\_ Remarried

If remarried, please give the name of the following:

Step mother: \_\_\_\_\_ Step father: \_\_\_\_\_

**IF STATUS IS SEPARATED/DIVORCED, PLEASE COMPLETE THE FOLLOWING:**

Child lives with: \_\_\_\_\_

Legal custody was given to: \_\_\_\_\_

Has an order of protection been issued against any person for this child?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, please state name: \_\_\_\_\_

**IN CASE OF EMERGENCY, THE FOLLOWING PEOPLE COULD BE CONTACTED:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **CURRENT MEDICAL HISTORY**

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Physical impairments or known illnesses: \_\_\_\_\_

Other necessary information: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### *Vision Statement*

*At Rutland Grade School we strive to provide for the development of students in an interesting and educationally sound atmosphere. We provide an opportunity for students to acquire skills, information, and self confidence to maximize their potential for success and productivity as citizens. Administration, faculty, staff, students, and community members work together in an atmosphere of mutual respect because we appreciate the power of cooperation. By working together we will achieve more than we ever could on our own. We have high expectations for our students and ourselves as we continue to improve and grow.*

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**In the case of your child s 'absence from school, homework should be:**

\_\_\_\_\_ sent home with: \_\_\_\_\_

\_\_\_\_\_ held at school and will be picked up by parent

## STUDENT TRANSPORTATION INFORMATION

**In the event that your child will need to be picked up from school, please list those who you give authority to for picking your child up. Identification may be required.**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

\*\*\*\*\*

## TRANSFER STUDENTS ONLY

Name of last school attended: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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