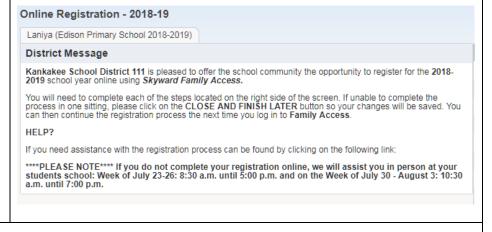
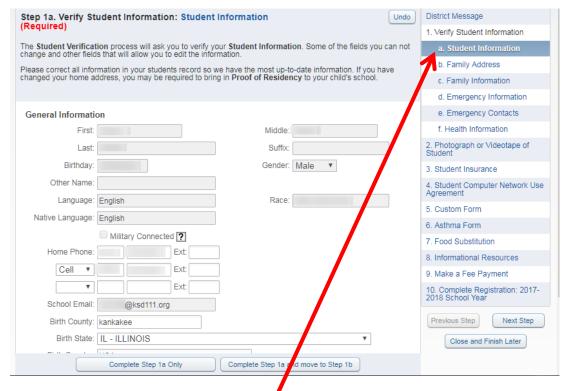
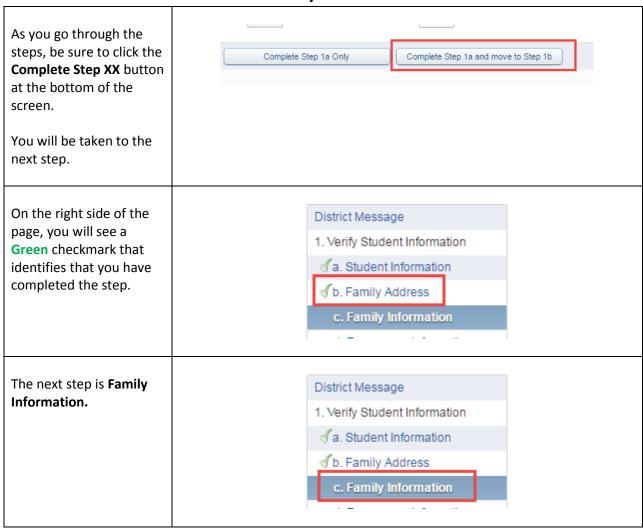


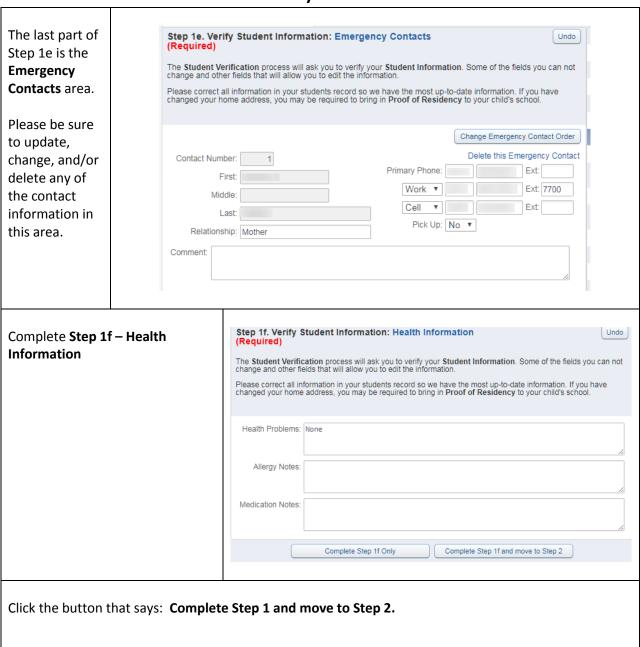
You will then see the **District 111** message in the center of the page.





You will begin the process by clicking on **Step 1a** on the right side of the page.

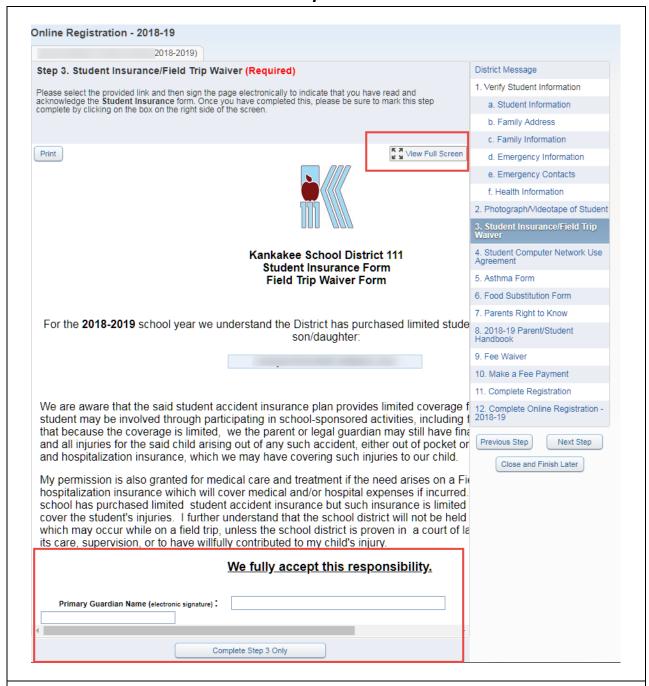






Step 2 is the **Using a Photograph or Videotape of a Student**. Please read the information in this section and fill out the required information before moving to the next step.

Click the button that says: Complete Step 2 and move to Step 3.

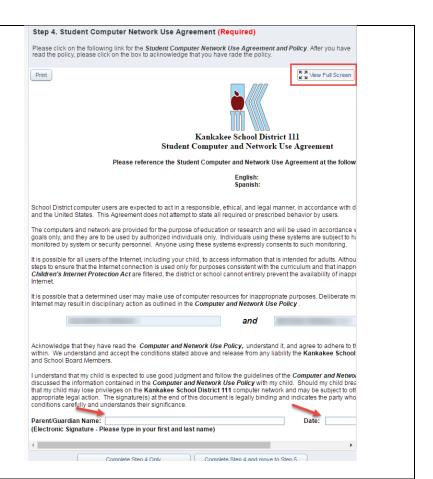


Step 3 is the **Student Insurance** section. This is not required for you to accept and is optional. Please read through the information and fill out the necessary sections.

Click the button that says: Complete Step 3 and move to Step 4.

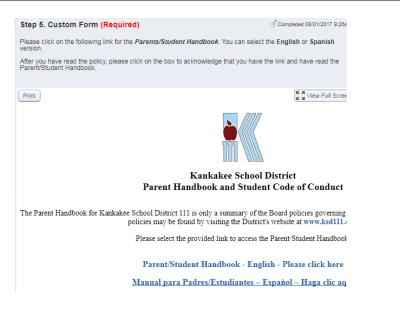
Step 4 is the Student
Computer Network Use
Agreement area. You will
need to enter your name and
the date in order to
acknowledge that you agree
with the statement.

Click the button that says: Complete Step 4 and move to Step 5.



Step 5 is the **Parent/Student Handbook.** You can find this on our website and at the links provided on the registration form.

Click the button that says: Complete Step 5 and move to Step 6.



Step 6 is the Asthma form. If your Step 6. Asthma Form (Required) body> Please read the information for the **Student Asthma Form** After you have read the form, please sign the page electronically by entering your full name and date. student does not have Asthma, you do not need to complete this form. K N View Full Screen Print Click the button that says: Complete Step 6 and move to Step 7. Kankakee School District Illinois Department of Public Health **Asthma Action Plan** 1. Does your student have Asthma? (please click this box if you student does have Asthma) 2. If your student does have Asthma, please have your physician complete the required form by clicking oun our website and return to Main Office at your students school. Illinois Department of Public Health A 3. Will your child require an Inhaler during the school year? (please click this box if yes) 4. Will your child require any Nebulizer treatments during the school year? (please click this box if yes) Step 7 is the Food Substitution Step 7. Food Substitution (Required) body>
If your student requires special dietary needs, a medical statement may be required. Please print and have your physician fill out the **Physician Statement for Food Substitution** After you have taken the form to your physician, please return the form to the Main Office of your students school. form. If your student does not required food substitutes, you do not need to fill this out. View Full Screen Print Click the button that says: Complete Step 7 and move to Step 8. Kankakee School District Physician Statement for Food Substitution If your student requires food substitutions, please click this box: If you clicked the box above, please print the following form and have your physician complete the information. This f Office in your students building **Physician Statement for Fodd Substitution**

