

Chicago Public Schools School Enrollment Form

School Name _____

<p style="text-align: center;">Student Information</p> <p>Student's siblings' names if currently enrolled in CPS:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Student ID# _____</p>	<p>School Use Only: Prevent duplicate student records. Search in SIM for an existing Student ID before creating a new one.</p>
	<p>Last Name _____ First Name _____ Middle Name _____ Generation (Jr., etc) _____</p> <p>Gender _____ Birth date (mm/dd/yyyy) _____ Registration Grade Level (when first entering CPS) _____</p>	
<p style="text-align: center;">Personal, Immigrant, and Refugee Information</p> <p>To Parent/Guardian: CPS is required to keep a count of immigrant students for Federal and State Guidelines in order to determine if additional resources and services for students are needed.</p> <p>Note that this is <i>not</i> an inquiry on citizenship status, and all information will be kept confidential.</p>	<p>_____ Y / N _____ Birth Certificate on File Birth Verification Type</p> <p>_____ * Birth Country Birth State Birth City</p> <p>* Complete if student was <u>not</u> born in the United States (US) or one of its Territories:</p> <p style="padding-left: 40px;">Date of first enrollment in any US School: _____</p> <p style="padding-left: 40px;">Full Years completed school in US: _____</p> <p>Student has refugee status: _____ Y / N _____ Country of refugee: _____</p>	<p>School Use Only: Note that "Date of first enrollment in any US School" becomes a required field in SIM if "Birth Country" is <u>not</u> the US or one of its Territories.</p>
<p style="text-align: center;">Student Address/Phone</p> <p>Physical (Home) Address</p> <p>Street Number and Name _____ Apt. _____ City _____ State _____ Zip Code _____</p> <p>Mailing Address (if different than Home)</p> <p>Street Number and Name _____ Apt. _____ City _____ State _____ Zip Code _____</p> <p>Home Phone Number _____</p>		
<p style="text-align: center;">Demographic, Home Language, Parent/Guardian Contacts, Emergency/Health Information</p>	<p>Federal Ethnic and Race Categories: <i>(Enter information into SIM from the Race and Ethnicity Survey form)</i></p> <p>Home Language Survey: <i>(Enter information into SIM from the Home Language Survey form)</i></p> <p>Parent/Guardian Contacts: <i>(Enter information into SIM from the Request for Emergency and Health Information form)</i></p> <p>Emergency/Health Information: <i>(Enter information into SIM from the Request for Emergency and Health Information form)</i></p>	
<p style="text-align: center;">Enrollment</p> <p>Enrollment Status Codes: 01 - No Former School 02 - Chicago Public School (to incl. Charter/Contract) 03 - Chicago Private School 04 - IL Public Schl, not Chicago 05 - IL Private Schl, not Chicago 06 - US Public Schl, not Illinois 07 - US Private Schl, not Illinois 08 - Not in USA</p>	<p>*School Transferring From (if not a Chicago Public, Charter or Contract School) _____ City and State _____</p> <p>*Is the student in good standing? _____ Y / N _____ <i>(Instructions to school: for out-of-state public school or any private school students, a certification of "good standing" should be received from the Parent/Guardian. Refer to CPS Policy 10-0623-PO1 for more information.)</i></p> <p>Last Chicago Public, Charter, or Contract School Attended _____</p> <p>Is the student receiving any type of Special Education services? _____ Y / N _____ <i>(Instructions to school: if yes, please notify the Case Manager.)</i></p> <p>Student Enrolled by _____ <i>(Print Name and Relationship)</i></p> <p>Signature of Parent/Guardian _____ Date of Enrollment _____</p>	
	<p>School Use Only: Enrollment Status Code (insert a # from the left) _____ Grade Level _____ Homeroom/Division # _____</p>	



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Complete this Home Language Survey at the student's initial enrollment in a Chicago Public School.
This form must be kept in the student's folder.

School: _____ Room: _____ Unit: _____ Area: _____
Student Name: _____ Student ID No.: _____

English

1. Is a language other than English spoken in your home?
 No Yes _____ (Language)

2. Does the student speak a language other than English?
 No Yes _____ (Language)

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

IMPACT REGISTRATION PROCESS
(For Office use only)

- The Non-English language identified on either question is the Home Language.
- If two different non-English languages are identified, enter the language identified in question 2 as the Home Language.
- Enter **ENGLISH** as a Home Language **ONLY** when both questions are answered no.

Spanish

1. ¿Se habla algún otro lenguaje que no sea inglés en su hogar?
 No Sí _____ (Lenguaje)

2. ¿Habla el estudiante un lenguaje que no sea el inglés?
 No Sí _____ (Lenguaje)

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.

Polish

1. Czy językiem innym niż angielski mówi się w domu?
 Nie Tak _____ (język)

2. Czyt uczeń mówi innym językiem niż angielski?
 Nie Tak _____ (język)

Jeśli udzielił Państwo twierdzącej odpowiedzi na którekolwiek z powyższych pytań, przepisy wymagają, aby szkoła sprawdziła poziom znajomości języka angielskiego waszego dziecka.

Chinese

1. 在家中是否說英語之外的一種語言?
否 是 _____ (語言)

2. 該學生是否會說英語之外的一種語言?
否 是 _____ (語言)

如果你在兩個問題中之任一項的答案是“是”，則法律規定校方要測試貴子女的英語通悉度。

Arabic

1. هل تتكلم في هيت بلغة اخرى غير اللغة الانجليزية?
نعم () لا ()

2. هل يتكلم قلمود لغة اخرى غير اللغة الانجليزية?
نعم () لا ()

إذا كانت الإجابة نعم علي أي من السؤالين فإن القانون يحتم علي المدرسة تقييم ابنكم للكفاءة في استخدام اللغة الانجليزية.

Bosnian/Croatian/Serbian

1. Da li se u kući govori na stranom jeziku (različitom od engleskog)?
[] NE [] DA _____ (jezik)

2. Da li učenik govori neki strani jezik (različit od engleskog)?
[] NE [] DA _____ (jezik)

Ukoliko ste na bilo koje od ovih pitanja odgovorili sa "Da", škola će biti zakonski dužna da procijeni nivo znanja engleskog jezika kod vašeg djeteta

Urdu

کیا گھر پر انگریزی کے علاوہ کوئی اور زبان بولی جاتی ہے؟
(زبان) _____ () نہیں () ہاں

کیا طالب علم گھر پر انگریزی کے علاوہ کوئی اور زبان بولتا ہے؟
(زبان) _____ () نہیں () ہاں

اگر دونوں سوالوں میں سے ہر سوال کا جواب ہاں میں ہے تو ان کے کاٹنا کے مطابق مکمل کیا جائے گا۔ اگر کسی ایک کا جواب ہاں میں ہے تو اس کا نام لکھنا ضروری ہے۔

Signature of School Official _____ Date _____ Signature of Parent/Guardian _____ Date _____

- Notes:
- If the parent/guardian does not speak English and the school does not have staff who speaks the parent/guardian's language, identify the language spoken by the parent/guardian through any assistance available in the school.
 - If exact name of the language cannot be determined, enter "Other" as a temporary entry. The exact language must be determined within two weeks after the enrollment. Assistance from Area Compliance Facilitators is available.
 - Questions or concerns, contact your Area Compliance Facilitator.

Request for Emergency and Health Information

School Name: _____

PARENTS/GUARDIANS: The school must have on file emergency information that can be used to contact you. Please print clearly. Whenever there is a change in this information, immediately notify the school in writing.

Student ID#	Last Name	First Name	Middle Name	Homeroom #
Birth Date (mm/dd/yyyy)	Student Home Address			Student Home Phone #

<p style="text-align: center;">Confidential Information Box 1</p> <p>Complete this box only if (1) it reflects your child's current living situation; OR (2) it reflects your living situation if you are a youth not living with a Parent or Guardian. (Your answer will help school staff with enrollment and may enable the student to receive additional services.) Check one box:</p> <p> <input type="checkbox"/> awaiting foster care placement <input type="checkbox"/> in a car/park/other public place <input type="checkbox"/> doubled-up <input type="checkbox"/> in a hotel/motel <input type="checkbox"/> in a shelter <input type="checkbox"/> in transitional housing </p> <p>School Note: If any box is checked, see the CPS Policy 702.5.</p>	<p style="text-align: center;">Confidential Information Box 2</p> <p>Is there a current Order of Protection or No Contact Order which concerns this student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="background-color: #e0e0e0; padding: 2px;">School Note: If "Yes" follow CPS Policy 704.4 procedures. Enter information in <i>Legal Alert</i> field and update contact information, as needed, in SIM.</p>
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Parent/Guardian and Emergency Contact Information: Add extra contacts on the back of this form, if needed.

	Parent/Guardian Contact	Parent/Guardian Contact
Contact Name		
Relationship to Student		
<i>Check all that apply:</i>	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup
Home Address, if different from student's		
Home Phone Number, if different from student's		
Cell Phone Number		
Email Address		
Name and Address of Employer		
Work Phone Number		
* Communication Language		
<p>* CPS communicates via phone calls. Select the language that should be used to communicate with you. Languages available for mass communication at this time are English and Spanish (note: other languages upon availability).</p>		

List the name of a relative or neighbor who can also be notified in an emergency and has permission to pick up the student:

Name	Home Address	Telephone #	Relationship
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Family Doctor's Name, Address, and Phone Number: I authorize you to call my family doctor, if necessary, in an emergency.

Student Health Insurance: (select only one of the three)

- Illinois Medical Card/All Kids: provide student's medical ID # _____ (9-digit number located on back of card)
 No Insurance: are you interested in applying for the Illinois Medical Card/All Kids? Yes No
 Private/Employer Health Insurance: no additional information needed

Children of Military Personnel (optional)

- As the Parent or Guardian, are you a member of a branch of the armed forces of the United States? Yes No
- If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? Yes No

I certify that the information on this form is correct:

(Parent/Guardian Signature) _____ (Date)



ENGLISH

Race and Ethnicity Survey

Student's Name:
Gender:
Birth Date:

School Name:
School ID:

INSTRUCTIONS: Please answer the questions below. 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.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, 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 this 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.)
- Black or African American** (A person having origins in any of the black racial groups of 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.)



Chicago Public Schools
Department of Language and Cultural Education
Bilingual Education Program



Report Card Waiver

Dear Parent/Guardian:

You will be receiving your child's Report of Student Achievement (report card) four times this year. The report card will be in your home language, if available, unless you waive your right and prefer to receive it in English only. Currently, the available languages are Arabic, Bosnian, Chinese, Polish, Spanish, and Urdu.

We request that you complete the section below and return it to your child's school as soon as possible. Thank you for your support and involvement in your child's education.

Sincerely,

Principal

Student's Name: _____ Grade/Room: _____

Teacher's Name: _____

Please indicate your choice:

- I would like to receive my child's report card in our home language, which is _____.
- I would like to receive my child's report card in English and our home language, which is _____.
- I waive my right to receive my child's report card in our home language and choose to receive it in English only.

Parent Signature: _____ Date: _____



Office of Student Health and Wellness
 125 South Clark Street, 9th Floor • Chicago, Illinois 60603
 Telephone: 773-553-3520 • Fax: 773-553-1883

Office Use Only	
Reviewed by:	_____
Follow up:	_____
Documents received:	_____

Student Medical Information ~~2015-2016~~ School Year

INFORMATION MUST BE UPDATED AND SUBMITTED ANNUALLY AT THE BEGINNING OF THE SCHOOL YEAR

PLEASE PRINT ALL INFORMATION and RETURN FORM TO SCHOOL

SCHOOL NAME: _____

Student Name: _____ Date of Birth: _____ Grade: _____ Homeroom: _____

To ensure the safety of your child during the school day, extracurricular activities, on any field trip, and when being transported by CPS it is important that the school is aware of any health conditions that may impact your child. We are asking you to please complete this form. For confidentiality purposes, this information will only be shared with relevant CPS staff. Thank you for your cooperation in this important matter.

Please indicate with a check below if applicable:

- Food Allergies: (Type) _____
- Other Allergies: (Type) _____
- Asthma
- Diabetes: Type 1 Type 2
- Seizures
- Other Medical Condition

- My child has **NO** allergies, medical conditions and/or does not take any medications during school hours
- My child has a primary healthcare provider (e.g., Doctor, Nurse Practitioner, Physician Assistant, etc.)

For any medical condition identified above which requires a prescribed medication be available and taken by your child during school hours, please include an *Action Plan (Emergency, Allergy, Asthma, or Diabetes) and/or verification of condition* signed by a medical provider, which includes signs and symptoms of episode, what medication is to be given during school hours, including medication frequency, and any emergency procedures to be taken. You can request an Action Plan from your primary healthcare provider. Your child may qualify for a 504 Plan due to his/her condition; make sure you follow up with your school nurse and/or case manager once you have submitted this form.

Parent Name (Please Print): _____ Date: _____

Parent Signature: _____

Phone number: _____ E-mail: _____

Revised: March 24, 2014



Media Consent Form and Release

Consent/Release

I hereby consent to have my child photographed, digitally recorded, video taped, audio taped and/or interviewed by the Board of Education of the City of Chicago (the "Board") or the news media when school is in session or when my child is under the supervision of the Board. Further, I consent for these photos, digital recordings, video tapes, audio tapes and/or interviews to be shared with third parties who have received written approval from the Office of Communications. I understand in the course of the above described activities that the Board might like to celebrate my child's accomplishments and work. Therefore, I further consent for the Board's release of information on my child's name, academic/non-academic awards and information concerning my child's participation in school-sponsored activities, organizations and athletics.

I also consent to the Board's use of my child's name, photograph or likeness, voice or creative work(s) on the Internet or on a CD or any other electronic/digital media or print media.

As the child's parent or legal guardian, I agree to release and hold harmless the Board, 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 name, photograph or likeness, voice or creative work(s), on television, radio or motion pictures, or on the Internet, or on a CD, or any other electronic/digital media or print media.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses 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 name, photograph or likeness, voice or creative work(s).

I understand that I may cancel this release by providing written notice to the principal. I also understand that this release is valid for one school year, including the following summer.

Instructions: Check Box #1 or Box #2

- I consent as outlined in the above consent/release section.
- I **DO NOT** consent as outlined in the above consent/release section.

Signature of Parent/Guardian/Student if age 18 or older

Printed Name of Parent/Guardian/Student if age 18 or older

Student's Name

Student ID #

Date

School

I understand that I have the right to inspect and copy my student's records, challenge the contents of such records; and limit my consent to the designated records or designated portions of information within the records.

