



# School Enrollment Form



Please print or type:

## Student Information

SCHOOL NAME			
STUDENT ID#	School Use Only: Prevent duplicate student records. Search in Student Information System (SIS) for an existing Student ID before creating a new one.		REGISTRATION GRADE LEVEL <i>(when first entering CPS)</i>
LEGAL LAST NAME	LEGAL FIRST NAME	LEGAL MIDDLE NAME	
GENERATION (Jr., etc)	BIRTH DATE <i>(mm/dd/yyyy)</i>	LEGAL SEX (F/M/N)	
*AFFIRMED GENDER (F/M/N/U)	*AFFIRMED FIRST NAME	STUDENT'S SIBLINGS' NAMES IF CURRENTLY ENROLLED IN CPS:	
*Optional. For more information regarding affirmed gender and affirmed name, please visit: <a href="#">Supporting Gender Diversity Toolkit</a>	*AFFIRMED MIDDLE NAME		
	*AFFIRMED LAST NAME		

## Personal Information

BIRTH CERTIFICATE ON FILE	<input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTH VERIFICATION TYPE (BIRTH CERTIFICATE, PASSPORT, MEDICAL CARD ETC.)	
*BIRTH COUNTRY	BIRTH STATE	BIRTH CITY	

\*Complete if student was not born in the United States (US) or one of its Territories:

DATE OF FIRST ENROLLMENT IN ANY US SCHOOL:	FULL YEARS COMPLETED SCHOOL IN US:	School Use Only: Note that "Date of first enrollment in any US School" becomes a required field in SIS if "Birth Country" is <u>not</u> the US or one of its Territories.
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## Student Address/Phone

PHYSICAL (HOME) ADDRESS (include unit number if applicable)	City	State	Zip	HOME PHONE #
MAILING ADDRESS (include unit number if applicable) (if different than Home)	City	State	Zip	<input type="checkbox"/> HOMELESS/TEMPORARY LIVING CONDITIONS

## Enrollment

LAST CHICAGO PUBLIC, OPTIONS, CHARTER, OR CONTRACT SCHOOL ATTENDED	
*SCHOOL TRANSFERRING FROM (if not a Chicago Public, Options, Charter, or Contract School)	CITY, STATE, ZIP
*IS THE STUDENT IN GOOD STANDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE STUDENT RECEIVING ANY TYPE OF SPECIAL EDUCATION SERVICES?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS
STUDENT ENROLLED BY (Print Last Name, First Name and Middle Name and Relationship)	

## Included Information

- FEDERAL ETHNIC AND RACE CATEGORIES: *(Enter information into SIS from the current Race and Ethnicity Survey form)*
- HOME LANGUAGE SURVEY: *(Enter information into SIS from the current Home Language Survey form)*
- PARENT/GUARDIAN CONTACTS: *(Enter information into SIS from the current Request for Emergency and Health Information form)*
- EMERGENCY/HEALTH INFORMATION: *(Enter information into SIS from the current Request for Emergency and Health Information form)*

### Enrollment Status Codes:

- |  |                                    |
|--|------------------------------------|
| 01 – No Former School  | 05 – IL Private Schl, not Chicago  |
| 02 – Chicago Public School (to incl. Options/Charter/Contract) | 06 – US Public Schl, not Illinois  |
| 03 – Chicago Private School                                    | 07 – US Private Schl, not Illinois |
| 04 – IL Public Schl, not Chicago                               | 08 – Not in USA                    |

[CPS Enrollment and Leave Code User Guide](#)

Signature of Parent/Guardian		Date of Enrollment	
<i>Must have an original signature; an electronic signature is not acceptable</i>			
School Use Only:	ENROLLMENT STATUS CODE (insert a # from the left)	GRADE LEVEL	HOMEROOM/DIVISION #

CUMULATIVE FOLDER



# Home Language Survey 2023

Office of Language and Cultural Education



Complete this Home Language Survey at the student's initial enrollment in a Chicago Public School.

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 to identify the students who need to be assessed for English language proficiency and may be eligible for English Learner services.

please print or type:

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME
SCHOOL NAME		
STUDENT ID #	NETWORK	ROOM #

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

1. Is a language other than English spoken in your home?  Yes  No Which language?

2. Does the student speak a language other than English?  Yes  No Which language?

**Spanish/Español** Si la respuesta a cualquiera de las preguntas es "Sí", la ley requiere que la escuela evalúe la competencia de su niño en inglés.

1. ¿Se habla algún otro idioma que no sea inglés en su hogar?  Sí (yes)  No (no) ¿Cuál idioma?

2. ¿Habla el estudiante algún otro idioma que no sea inglés?  Sí (yes)  No (no) ¿Cuál idioma?

**Chinese / 中文** 如果兩個問題中有任何一題的答案為“是”，根據法律要求，學校將評測您子女的英語水平。

英語之外的其他語言?  是的 (yes)  不是 (no) 什么语言?

女是否說英語之外的其他語言?  是的 (yes)  不是 (no) 什么语言?

**Arabic / العربية** إذا كانت الإجابة على أي من السؤالين نعم، فإن القانون تطلب من المدرسة تقييم إتقان طفلك للغة الإنجليزية.

هل تُستخدم لغة أخرى غير اللغة الإنجليزية في منزلك؟  لا (no)  نعم (yes) اي لغة؟

هل يتحدث الطالب لغة أخرى غير اللغة الإنجليزية؟  لا (no)  نعم (yes) اي لغة؟

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

1. Czy mówi się w domu językiem innym niż angielski?  Tak (yes)  Nie (no) Jakim językiem?

2. Czy uczeń mówi innym językiem niż angielski?  Tak (yes)  Nie (no) Jakim językiem?

**Ukrainian / Українська** Якщо ви відповіли «Так» на будь-яке з цих запитань, школа буде зобов'язана за законом оцінити рівень володіння вашою дитиною англійською мовою.

1. Чи розмовляєте Ви вдома іншою мовою окрім англійської?  Так (yes)  Ні (no) Якою мовою?

2. Чи розмовляє Ваша дитина іншою мовою окрім англійської?  Так (yes)  Ні (no) Якою мовою?

Signature of School Official	Date	Parent/Guardian Signature	Date
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Must have an original signature; an electronic signature is not acceptable

## OFFICE USE ONLY

Please make sure both questions are answered completely and that the parents/guardians sign and date the form.

If the language spoken by the parent/guardian is not included on either page of this form, please visit the OLCE Employee Intranet Page, Forms, and click on "Home Language Survey in Additional Languages" which will take you to ISBE's HLS page.

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, i.e. using interpretation services from a vendor.

## ASPEN REGISTRATION PROCESS

All five fields have to be entered on Aspen: date, answer to question 1, Home language, answer to question 2, and Native language.

When a language other than English is reported for only one of the questions on the form, that Non-English language has to be listed as both Home and Native Language in Aspen.

If there are two different languages other than English listed, enter the language identified in question 2 as both Home and Native language. If there is more than one language listed in question 2, check with the family, since only one of the languages can be entered on Aspen.

English can be entered as the Home language ONLY if both questions are answered No and English is listed for both questions.

If the language is not included on the list of languages available on Aspen, enter "Other" temporarily, but contact OLCE as soon as possible so that the district can ask ISBE to add the new language. An Student Reclassification Recommendation (SRR) will have to be submitted to OLCE to correct the language at a later date.

Maintain Home Language Survey in the Student Cumulative Folder. If the student is an English Learner (EL), maintain the original survey in the Cumulative Folder and also maintain a copy of the survey in the student's English Learner Folder.



# Home Language Survey 2023

Office of Language and Cultural Education



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please print or type:

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME
SCHOOL NAME		
STUDENT ID #	NETWORK	ROOM #

**Bosnian/Serbian(Latin) Bosanski/Srpski** 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.

1. Da li se u kući govori na stranom jeziku (različito od engleskog)?  Da (yes)  Ne (no) Koje jezike?

2. Da li učenik govori neki drugim jezikom (različito od engleskog)?  Da (yes)  Ne (no) Koje jezike?

**Vietnamese / Tiếng Việt** Nếu câu trả lời cho một trong hai câu hỏi trên là có thì luật pháp yêu cầu trường học phải đánh giá khả năng thông thạo Anh ngữ của con quý vị.

1. Ngôn ngữ khác tiếng Anh có được sử dụng trong nhà quý vị không?  Có (yes)  Không (no) Ngôn ngữ gì?

2. Con quý vị có nói một ngôn ngữ khác ngoài tiếng Anh không?  Có (yes)  Không (no) Ngôn ngữ gì?

**Urdu / اردو** اگر کسی بھی سوال کا جواب ہاں میں ہے تو، قانون کے تحت اسکول سے آپ کے بچے کی انگریزی زبان کی مہارت کا اندازہ لگانا پڑتا ہے۔

کیا آپ کے گھر میں انگریزی کے علاوہ کوئی دوسری زبان بولی جاتی ہے؟  ہاں (yes)  نہیں (no) کون سی زبان؟

کیا طالب علم انگریزی کے علاوہ کوئی دوسری زبان بول سکتا ہے؟  ہاں (yes)  نہیں (no) کون سی زبان؟

**Pashto/انگلیسی** که د هرې پوښتنې ځواب هو وي، قانون له مخې پوښتونکي اړتيا لري چېپستاسو د ماشوم د انگلیسي ژبې مهارت ارزونه وکړي.

آیاستاسو په کور کېد انگلیسی پرته بله ژبه ولیکړي؟  هو (yes)  نه (no) کومه ژبه؟

آیا ستاسو ماشوم د انگلیسی پرته په بله ژبه خبرې کوي؟  هو (yes)  نه (no) کومه ژبه؟

**Gujarati / ગુજરાતી** તમારા બાળકના અંગ્રેજી ભાષાના કૌશલ્ય માટે આકારણી કરाववा मांगे છે. જો બન્નેમાંથી કોઈ એક પુસ્ત્રનો જવાબ પણ હા માં હોય તો, કાયદો શાળા પાસે

1. શું આપના ઘરમાં અંગ્રેજી સિવાયની ભાષા અન્ય કોઈ ભાષા બોલ આવે છે?  હા (yes)  નહીં (no) કઈ ભાષા?

2. શું વિદ્યાર્થીઓ અંગ્રેજી સિવાયની કોઈ ભાષા બોલે છે?  હા (yes)  નહીં (no) કઈ ભાષા?

**Yoruba / Yorùbá** Tí idáhùn sí ibèrè nàá bá jẹ Bẹ̀ẹ̀ni, òfin bèèrè pé kí ilé-ẹ̀kọ́ nàá ẹ̀e igbéléwọ̀n bí ọmọ ẹ̀dè Gẹ̀ẹ̀sì sí.

1. Njẹ ẹ n sọ èdè miran yatọ sí Èdè-Gẹ̀ẹ̀sì ninu idile yin bí?  Bẹ̀ẹ̀ni (yes)  Bẹ̀ẹ̀kọ (no) Edè wo?

2. Ẹ akẹ̀kọ̀ọ́ nàá n sọ èdè miran yatọ sí èdè-Gẹ̀ẹ̀sì bí?  Bẹ̀ẹ̀ni (yes)  Bẹ̀ẹ̀kọ (no) Edè wo?

**Russian / Русский** Если на любой из этих вопросов дан утвердительный ответ, согласно законодательству школа должна оценить уровень владения английским языком вашего ребёнка.

1. Вы говорите у себя дома на ином языке, нежели на английском?  Да (yes)  Нет (no) На каком языке?

2. Ваш ребёнок говорит на ином языке, нежели на английском?  Да (yes)  Нет (no) На каком языке?

**Tagalog/Tagalog** Ayon sa batas, kung "Oo" ang sagot sa parehong tanong, kailangan suriin ng paaralan ang kakayahan at kaalaman na mag-aaral sa wikang Ingles.

1. May iba pa bang lengguwahe bukod sa Ingles na ginagamit sa iyong tahanan?  Mayroon (yes)  Wala (no) Anong wika?

2. May ginagamit ba na ibang lengguwahe ang mag-aaral bukod sa Ingles?  Mayroon (yes)  Wala (no) Anong wika?

Signature of School Official

Date

Parent/Guardian Signature

Date

Maintain Home Language Survey in the Student Cumulative Folder. If the student is an English Learner (EL), maintain the original survey in the Cumulative Folder and also maintain a copy of the survey in the student's English Learner Folder.

Must have an original signature; an electronic signature is not acceptable



# Race and Ethnicity Survey



please print or type:

STUDENT LAST NAME		FIRST NAME	MIDDLE NAME
GENDER	SCHOOL NAME		
BIRTH DATE	SCHOOL ID (6 digits) to be completed by school staff		

## 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 PART B 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.)



# Student Medical Information 2023–2024



**This form must be updated and returned to school each school year.**

*please print or type:*

Please let your school know about your child's health and health care. This is a good way to keep your child safe. The information is **CONFIDENTIAL** and will be shared only with CPS staff who need to know (Nurse, Principal, Designee, or Clerk).

STUDENT LAST NAME		FIRST NAME		MIDDLE NAME
GENDER (F/M/X/N)	STUDENT DATE OF BIRTH		SCHOOL NAME	
STUDENT ID #	GRADE		ROOM #	

### 1. DOES YOUR CHILD HAVE ANY KNOWN HEALTH CONDITIONS?

YES  NO

If your child has a health condition, please schedule an appointment with your school nurse

Please check all that apply:

Allergies (food or other)

List Allergies

Asthma

Year Diagnosed \_\_\_\_\_

Seizures/Epilepsy

Year Diagnosed \_\_\_\_\_

Diabetes (please select one)

Type 1

Type 2

Other

Sickle Cell Disease

Year Diagnosed \_\_\_\_\_

Year Diagnosed \_\_\_\_\_

Other \_\_\_\_\_

Year Diagnosed \_\_\_\_\_

### 2. MY CHILD HAS A PRIMARY DOCTOR. YES NO

If yes, please provide the healthcare provider's name and phone number:

Name \_\_\_\_\_

Phone number \_\_\_\_\_

I give permission for my child's school nurse or designee to talk to the doctor about my child's health.

### 3. MY CHILD IS COVERED BY HEALTH INSURANCE. YES NO

**If your child needs health insurance call  
Healthy CPS 773-553-KIDS (5437).**

This Form is **NOT** the same as a "Plan of Care" (detailed medical care instructions to keep your child safe). If your child has a health condition that may require action at school, please provide school with documentation from your physician and schedule an appointment with your school nurse. Complete a "Medical Plan of Care Form" at: [www.cps.edu/oshw](http://www.cps.edu/oshw) (or get it from the school nurse), and return it to school. **If your child has a health condition, please schedule an appointment with the school nurse.**

Please return the form to the school nurse. If the student has a health condition, parents must schedule a meeting with the school nurse.

Parent/Guardian Name

Date

Phone Number

Parent/Guardian Signature

Email

**Nurses  
Use Only**

Reviewed by (Initials)

Date

Revised April 13, 2023

*Must have an original signature; an  
electronic signature is not acceptable.*



Evidence shows that healthy students have better attendance patterns and perform better academically. The State of Illinois requires parents/guardians must provide proof of required immunizations and school physical exams before October 15, 2023, or their child will face exclusion from school. For more information about CPS health requirements, contact your School Nurse.

Health insurance can provide children and their families with health care coverage that can be used for doctor’s visits, immunizations, medications, dental care, eye exams, glasses, and more! Medicaid Insurance provides coverage for children in Illinois, regardless of immigration status.

If you would like help enrolling your child in health insurance, call the Healthy CPS Hotline: 773 553-KIDS (5437) or visit [www.cps.edu/cfbu](http://www.cps.edu/cfbu).

If you need help finding a health center near you, visit <https://findahealthcenter.hrsa.gov/>.



## Examination Requirements

### Physical Examination

Due upon enrollment or no later than 10/15/23

- Must be completed within 12 months prior to entry to: PE/PK, Kindergarten, 6th Grade, 9th Grade, and any student entering CPS for the first time

### Vision Examination

Due upon enrollment or no later than 10/15/23 for:

- Entering the State of Illinois for the first time at any grade level.
- Entering kindergarten.

### Dental Examination

Due 5/15/24 for Kindergarten, 2nd, 6th, and 9th Grade.

## Recommended Vaccines

CPS recommends that If you have questions about which vaccine is best for you and your child, talk to your doctor or other health care professional who knows your health history.

**HPV:** Recommended to prevent some HPV (human papillomavirus)-related cancers. Recommended at age 11 or 12 years.

**COVID-19:** Helps protect you from severe illness, hospitalization, etc. Recommended for everyone 6 months and older.

**Influenza:** Recommended for all people 6 months and older to get a flu vaccine every year.

These vaccines are recommended by medical providers. They are not required in Illinois for a child to attend school. For more information visit: [www.cps.edu/vaccine](http://www.cps.edu/vaccine)

## Immunization Requirements

### Due upon Enrollment or No Later Than 10/15/23

Many children missed check-ups and recommended childhood vaccinations over the past few years. CDC and the American Academy of Pediatrics (AAP) recommend children catch up on routine childhood vaccinations and get back on track for school, childcare, and beyond. Getting your child caught up with recommended and school-required vaccinations is the best way to protect them from a variety of vaccine-preventable diseases. The vaccines below are required by the State of Illinois for students attending school unless an [Illinois Certificate of Religious Exemption Form](#) is received.

To learn more about each vaccine type talk with your child's health care provider or visit: <https://www.cdc.gov/vaccines/parents/index.html>

### Diphtheria, Pertussis, Tetanus

- **Early Childhood (PE/PK):** 3 doses of DTP or DTaP by 1 year of age. One additional booster dose by 2nd birthday.
- **First Entry into School (Kindergarten or 1st Grade):** 4 or more doses of DTP/DTaP with the last dose being a booster and received on or after the 4th birthday.
- **First Entry into School (Other Grades):** 3 or more doses of DTP/DTaP or Td; with the last dose qualifying as a booster if received on or after the 4th birthday
  - Entering 6th grade, for students (under age 11), one dose of Tdap
  - A dose of Tdap or DTaP administered at 10 years of age or later may now be counted as the adolescent Tdap booster
- Minimum interval between series doses: 4 weeks (28 days). Between series and booster: 6 months

### Polio

- **Early Childhood (PE/PK):** 2 doses by 1 year of age. One additional dose by 2nd birthday. 3 doses for any child 24 months of age or older appropriately spaced.
- **First Entry into School (Kindergarten or 1st Grade):**
  - Any child entering Kindergarten shall show proof of 4 doses with the last dose on or after the 4th birthday.
  - In accordance with the ACIP catch-up series a 4th dose of Polio is not needed if the 3rd dose was administered at age four or older and at least six months after the previous dose was administered.
- **First Entry into School (Other Grades):**
  - 3 or more doses of polio vaccine with the last dose on or after the 4th birthday.
- The 4-dose requirement applies to grades K-6
- Minimum interval between series doses: 4 weeks (28 days)
- 4th dose at least 6 months after previous dose

### Measles, Mumps, and Rubella

- **Early Childhood (PE/PK):** 1 dose on or after the 1st birthday.
- **Kindergarten through 12th Grade:** 2 doses of measles/mumps/rubella vaccine, the first dose must have been received on or after the 1st birthday and the second dose no less than 4 weeks (28 days) later.
- Proof of prior **measles** disease shall be verified by a physician and laboratory evidence.
- Proof of prior **mumps** disease shall be verified by a physician and laboratory evidence.
- Laboratory evidence of **rubella** immunity

### Haemophilus influenzae type b (Hib)

- **Early Childhood (PE/PK):** Proof of immunization that complies with the ACIP recommendation for Hib vaccination. Children 24-59 months of age without series shall show proof of 1 dose of Hib vaccine at 15 months or older.
- **Kindergarten through 12th Grade:** Not required for any child 5 years of age or older.

### Invasive Pneumococcal Disease (PCV)

- **Early Childhood (PE/PK):** Proof of immunization that complies with ACIP recommendations for PCV. Children 24 to 59 months of age without a primary series of PCV, shall show proof of receiving 1 dose of PCV after 24 months of age.
- **Kindergarten through 12th Grade:** Not required for any child 5 years of age or older.

### Hepatitis B

- **Early Childhood (PE/PK):** 3 doses appropriately spaced. (see doses under minimum interval). Third dose must have been administered on or after 6 months of age.
- **First Entry into School (Kindergarten or 1st Grade):** Kindergarten through 5th grade is not a requirement.
- **First Entry into School (Other Grades):** Students entering 6th thru 12th grade, three doses of hepatitis B vaccine administered at appropriate intervals.
- Minimum intervals between doses: Between 1st and 2nd doses must be at least 4 weeks. Between 2nd and 3rd must be at least 8 weeks. Between 1st and 3rd must be at least 16 weeks.
- Proof of prior or current infection, if verified by laboratory evidence, may be substituted.

### Varicella (Chickenpox Vaccine)

- **Early Childhood (PE/PK):** 1 dose on or after 1st birthday.
- **Kindergarten through 12th Grade:** 2 doses for students entering all grades; The 1st dose must have been on or after the 1st birthday and the 2nd dose no less than 4 weeks (28) days later.
- Proof of prior varicella disease shall be verified by a physician or a health care provider or laboratory evidence.

### Meningococcal Disease (MCV4), (MenACWY)

MenACWY vaccines may be administered at same time with Men B vaccines, but at a different anatomic site

- **First Entry into School (Other Grades):**
  - Applies to students entering 6th - 11th grades: 1 dose of meningococcal conjugate vaccine
  - 12th grade entry: 2 doses of meningococcal conjugate vaccine
- **Minimum intervals for administration:**
  - For 6th grade entry: the first dose received on or after the 11th birthday
  - If earlier vaccination (between ages 10 and 11) then follow [Illinois Department of Public Health](#) protocols.
  - For 12th grade entry: 2nd dose on or after the 16th birthday and an interval of at least 8 weeks after the first dose
  - Only 1 dose is required if the 1st dose was received at 16 years of age or older.



**The Board of Education of the City of Chicago (Board) shall provide an educational environment that treats all students attending the Chicago Public Schools (CPS) with dignity and respect. Every student in a temporary living situation shall have equal access to the same free and appropriate educational opportunities as students who are permanently housed. This commitment to the educational rights of students in a temporary living situation, youth, and youth not living with a parent or guardian, applies to all services, programs, and activities provided or made available by the Board.**

**A student is considered to be in a temporary living situation if he or she lacks a fixed, regular, and adequate nighttime residence and includes children and youth who are:**

- sharing the housing of other persons due to loss of housing, economic hardship, or similar reason;
- living in a motel/hotel, trailer park or camping ground, due to lack of alternative, adequate housing;
- living in emergency or transitional shelters;
- living in cars, parks, public spaces, abandoned building, substandard housing, bus or train station, or similar setting;
- abandoned in hospitals;
- migratory children living in one of the above settings;
- youth not in the custody of a parent/guardian (unaccompanied youth) of any age, in one of the above settings.

Students who temporarily reside outside of Chicago due to homelessness and attend their CPS school of origin receive transportation assistance as do students experiencing homelessness who live in the City of Chicago but attend a school of origin outside of CPS.

**Dispute Resolution:** When a school official denies a student in a temporary living situation enrollment, eligibility, school selection and/or transportation, the parent or student may file a complaint with the CPS STLS Department. The STLS Department will attempt to resolve the dispute in a timely manner. The STLS Department will refer you to free and low-cost legal services to help you, if you wish. During the dispute, the student must be immediately enrolled in the school with participation in school activities and/or provided transportation until the dispute is resolved. Every Chicago Public School, including charter schools, has an STLS Liaison who will assist you in making enrollment decisions, provide notice of the dispute resolution process, if needed assist you in completing the dispute resolution forms and refer you to low-cost legal assistance.

### All STLS Students Have Rights To

**Immediate school enrollment.** A school must immediately enroll students even if they lack health, immunization or school records, proof of guardianship, or proof of residence. "Enrollment" means enrolled into the school, attending classes and participating fully in school activities.

#### Enroll In:

- the school they attended when permanently housed or the school in which they was last enrolled (school of origin).
- any school that permanently housed students living in the same attendance area in which the STLS student or youth is actually living are eligible to attend (attendance area school).
- Enroll in preschool.

**Remain** enrolled in his/her selected school for as long as they remains in a temporary living situation or, if the student becomes permanently housed, until the end of the academic year.

**Access** to charter schools, selective enrollment schools, magnet schools, and all other CPS programs in the same manner as students who are permanently housed and assistance with application process will be provided upon request.

**Participate** in tutoring services beyond those provided to all students; school-related activities; and/or receive other support services.

**Receive** free school meals, fee waivers, free uniforms, and low-cost or free medical referrals.

**Transportation services:** If parents/caregivers choose to continue their child's education in the school of origin and transportation is requested, CPS will provide transportation to and from the school of origin, and all school-related activities, for as long as the student is in a temporary living situation or, if the student becomes permanently housed, until the end of the academic year.

- **Eligible students receive CTA transportation cards and adult caregivers of eligible students in grades PK-6 receive CTA transportation cards to accompany the student to/from school. Eligible students in grades PK-6 whose caregiver is unable to accompany them on public transportation due to a hardship may apply for yellow school bus service by submitting documentation or affidavit of their inability to transport the student. Examples of a "hardship" situation are:**

- Parent/caregiver employment, job training, or education program.
- Parent's/caregiver's mental and/or physical disability.
- Children need to be transported to and from schools at different locations.
- Court order, DCFS, or DCFS contract agent requires activities that do not enable parent/guardian to transport children to and from school.
- Rules of shelter or similar facility will not permit parent/caregiver to leave to transport children to and from school.
- Other good cause why parent/caregiver cannot use public transportation to transport children to and from school.

For more information about the rights of STLS students in Chicago Public Schools, call the STLS program at (773) 553-2242, fax at (773) 553-2182, email at [STLSInformation@cps.edu](mailto:STLSInformation@cps.edu), go to [www.cps.edu/STLS](http://www.cps.edu/STLS), or visit the STLS policy at [www.cps.edu/STLSpolicy](http://www.cps.edu/STLSpolicy).





# Request for Emergency and Health Information



**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.

SCHOOL NAME		STUDENT ID#	
STUDENT LAST NAME	FIRST NAME	MIDDLE NAME	
STUDENT HOME ADDRESS (include unit number if applicable)		City	State Zip
BIRTH DATE (mm/dd/yyyy)	HOMEROOM #	HOME/PRIMARY PHONE #	

### CONFIDENTIAL INFORMATION BOX 1

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:**

- in a car/park/other public place/abandoned building/substandard housing
- doubled-up
- in a hotel/motel/trailer park/camping ground
- in a shelter
- in transitional housing

**School Note:** If any box is checked, see the CPS Policy 702.5.

### CONFIDENTIAL INFORMATION BOX 2

Is there a current Order of Protection or Civil No Contact Order which concerns this student?

YES  NO

Is there a current Temporary Restraining Order or Injunction which concerns this student?

YES  NO

**School Note:** If "Yes," follow CPS Policy 704.4 procedures. Enter information in *Legal Alert* field and update contact information, as needed, in SIS.

### Parent/Guardian and Emergency Contact Information: Add extra contacts on additional page, if needed.

	PRIMARY PARENT/GUARDIAN CONTACT	PARENT/GUARDIAN CONTACT	PARENT/GUARDIAN CONTACT
	<input type="checkbox"/> DCFS Contact <input type="checkbox"/> Requires Translator _____	<input type="checkbox"/> DCFS Contact <input type="checkbox"/> Requires Translator _____	<input type="checkbox"/> DCFS Contact <input type="checkbox"/> Requires Translator _____
Contact First Name, Last Name			
Relationship to Student			
<b>Check all that apply:</b>	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pick up	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pick up	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pick up
Home Address, if different from student's (include unit number if applicable)			
Primary Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Secondary Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Third Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
E-mail Address			
Name and Address of Employer			
* Communication Language			

\* 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).

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

NAME	RELATIONSHIP	TELEPHONE #
ADDRESS		

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

NAME	ADDRESS (include unit number if applicable)	City	State	Zip
TELEPHONE #				

<b>STUDENT HEALTH INSURANCE: (select only one of the three)</b> <input type="checkbox"/> Illinois Medical Card/All Kids: provide student's medical ID # _____ (9-digit number located on back of card). <input type="checkbox"/> No Insurance: are you interested in applying for the Illinois Medical Card/All Kids? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Private/Employer Health Insurance: no additional information needed.	<b>CHILDREN OF MILITARY PERSONNEL (optional)</b> As the Parent or Guardian, are you a member of a branch of the armed forces of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

Parent/Guardian Signature

Date

Must have an original signature; an electronic signature is not acceptable.



# School Messaging Consent Form



Dear Parent/Guardian/Student if age 18 or older:

Your school and the district will periodically want to send information regarding school or district events, updates or initiatives. We will utilize a phone messaging system to remind you about these events, updates, and initiatives; including report card distribution, field trips, community events, parent-teacher conferences, announcements, COVID-19 information and screenings, and more. To ensure you receive periodic school- or district-related notifications and reminders, your consent is needed below.

In the event of an emergency, whether or not consent is on file, you will be informed through all contact information provided. Emergency calls include weather closures, health risks, threats, unexcused absences, and other situations affecting the health or safety of students and faculty. Emergency calls will be sent to all phone numbers, including cellular numbers, listed on the student's record. Please make sure these numbers are updated with your school.

**Please fill out and return this form to ensure you receive informational calls and texts.**

**By signing this form, you are authorizing Chicago Public Schools to use an automated system to periodically deliver automated informational calls or text messages to the phone number(s) provided below. If you change your phone number or no longer wish to receive automated calls and texts, you agree to inform Chicago Public Schools immediately. By signing below, you agree that this consent will remain valid and you will continue to receive automated phone calls and text messages unless or until you revoke your consent. Standard messaging rates and data may apply.**

I CONSENT as outlined in the above section.

I DO NOT CONSENT as outlined in the above section.

*please print or type:*

Student Last Name	First Name	Middle Name	Birth Date (mm/dd/yyyy)
Name of Parent/Guardian/Student if age 18 or older			
School Name	Grade	Date	
Signature of Parent/Guardian/Student if age 18 or older			Student ID #

### PRIORITY #1

Last Name	First Name
Primary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Third Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

### PRIORITY #2

Last Name	First Name
Primary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Third Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

### PRIORITY #3

Last Name	First Name
Primary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Third Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	



# 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, either in person or hosted remotely, 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 electronic which may include honorary banners/signs displayed in, near, or around the school building or community.

As the child's parent or legal guardian, I agree to release, indemnify 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 or in connection with my child's participation in virtual school events and/or celebratory activities.

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 consent by providing written notice to the principal. I also understand that my consent is valid for one school year, including the following summer.

### Instructions: Check Box #1 or Box #2

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

*please print or type:*

<b>Student Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Birth Date (mm/dd/yyyy)</b>

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

<b>School Name</b>	<b>Grade</b>	<b>Date</b>

<b>Signature of Parent/Guardian/Student if age 18 or older</b>	<b>Student ID #</b>

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.

*Must have an original signature; an electronic signature is not acceptable.*



# CPS Family Income Information Form 2023–2024



The purpose of this form is for CPS to obtain information about families' income to determine school funding. CPS and your school may receive additional funding based on the number of low-income families enrolled. Please complete this form and return it to the school's main office.

Parents—Please return form to school by **October 30, 2023**.

Schools—Please enter into ODA by **November 20, 2023**.

please print or type:

STUDENT LAST NAME		STUDENT FIRST NAME			STUDENT MIDDLE NAME		
SCHOOL NAME		STUDENT ID		DOES YOUR FAMILY HAVE INTERNET SERVICES AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO			

<b>PART 1: Household Information</b> — List all members of your household living with you. <i>*Foster Children (legal responsibility of welfare agency or court)</i>					<b>PART 2: SNAP/TANF number of any member of your household (go to part 6)</b>									
FOSTER CHILD?	CPS STUDENT?	ALL HOUSEHOLD MEMBER NAMES			DATE OF BIRTH	DHS SNAP OR TANF CASE NUMBER (LAST 9 DIGITS)								
		Last	First	M.I.										
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/>	<input type="checkbox"/>													

**PART 3: Homeless, Runaway Child, or child enrolled in Head Start**

HOMELESS  
 RUNAWAY  
 HEAD START

\_\_\_\_\_ Homeless, Runaway or Head Start Liaison Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART 4: List Household Members With Income** (SKIP THIS if you answered any of parts 2 or 3)  
Enter the amount of income and how often it is received for each household member.  
**Frequency:** Weekly, Every 2 Weeks, Twice Monthly, Monthly, Annually

**OTHER INCOME** can be but not limited to Welfare, Child Support, Retirement, Social Security, Worker's Comp. and Unemployment.

HOUSEHOLD MEMBER NAMES WITH INCOME	GROSS INCOME (before deductions)	Frequency					OTHER INCOME	Frequency				
		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually
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**PART 5: Opt in for information about other benefits.**

YES! I am interested in applying for a waiver of instructional fees.  
 YES! I am interested in applying for the Supplemental Nutrition Assistance Program (SNAP) and/or the Medicaid Program. Or call 773-553-5437  
 YES! This student/these students have a parent who is a veteran or active military member. Students with a parent who is a veteran or active military may qualify for a fee waiver.

\_\_\_\_\_ Signature \_\_\_\_\_

**PART 6**

**Signature:** I certify that all above information is true and all income is reported. I understand that information gathered from this form will be used to calculate Federal funding and screen CPS students for eligibility for other benefits and that school officials may verify (check) the information as being accurate; and that if I purposely give false information, I may be prosecuted. I consent to the district sharing eligibility status in order to receive benefits based on eligibility status.

Signature of adult household member \_\_\_\_\_ Parent / Guardian First Name \_\_\_\_\_ Parent / Guardian Last Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Date \_\_\_\_\_



# CPS Family Income Information Form 2023–2024



## PART 7: Children's Racial and Ethnic Identities (Optional)

### MARK ONE ETHNIC IDENTITY:

- Hispanic / Latino
- Not Hispanic / Latino

### MARK ONE OR MORE RACIAL IDENTITIES:

- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White
- American Indian / Alaska Native

## Instructions For Completing Family Income Information Form

### IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP/TANF, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all of the household members and date of birth (for students). (Attach another application if necessary.)

**Part 2:** List the DHS case number (SNAP or TANF) of any household member that corresponds with their name in Part 1. Do not use your Medicare card number.

**Skip to Part 5:** If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

**Part 6:** Sign the Form.

**Part 7:** Check the appropriate box to indicate your racial and ethnic identities.

### IF YOU ARE APPLYING FOR A HOMELESS, RUNAWAY, OR HEAD START CHILD, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all of the household members and date of birth (for students).

**Skip to Part 3:** Check the appropriate box; obtain date and signature of Homeless, or Runaway Liaison/Coordinator.

**Skip to Part 5:** If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

**Part 7:** Check the appropriate box to indicate your racial and ethnic identities.

### IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

#### If all children in the household are foster children:

**Part 1:** List Students name, date of birth and check the box for "Foster Child" to the left of your foster child's name.

**Skip to Part 5:** If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

**Part 6:** Sign the Form.

#### If some children in the household are foster children:

**Part 1:** List Students name, date of birth and check the box for "Foster Child" to the left of your foster child's name.

**Skip to Part 4:** Follow the instructions under ALL OTHER HOUSEHOLDS INSTRUCTIONS (Part 4) below.

**Part 5:** If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

**Part 6:** Sign the Form.

**Part 7:** Check the appropriate box to indicate your racial and ethnic identities.

### ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Part 1:** List all of the household members and date of birth (for students).

**Skip to Part 4:** Follow these instructions to report total household income:

#### Column 1: Name

List the first and last name of each person in your household who receives income, related or not (such as grandparents, other relatives, or friends. Attach another sheet of paper if necessary.).

#### Columns 2 & 3: Gross Income Amounts and Frequency

The Gross Income is the amount earned before taxes and other deductions. It should be noted on pay stubs. This is not the same as take-home pay. List the amount each person receives from these sources. Round to the nearest dollar. All other sources of income should also be noted on this application. Next to each amount fill in the circle that indicates how often the person receives their stated income (weekly, every other week, twice a month, monthly, or annually). If you do not wish to disclose your income, please note "decline to answer" in this section. Be aware that if you are low-income, failure to share household income information could reduce the funds your school may otherwise receive.

**Part 5:** If you are interested in sharing application information with Medicaid or SNAP agencies, check the box and sign.

**Part 6:** Sign the Form.

**Part 7:** Check the appropriate box to indicate your racial and ethnic identities.

## SCHOOL USE ONLY

**Initial Determination:**  ELIGIBLE (Free or Reduced)  INELIGIBLE (Denied, N/A or ?)

**CONFIRMATION** (Only for those applications selected for verification)

Signature of Confirming Official (Required)

Date