Dear Parent 尊敬的家长：

Again, we greatly appreciate your interest in our school and look forward to working with you to provide your child with an enhanced educational experience.

我们再次感谢您对我们学校的兴趣。我们期待着和您一起为您的孩子提供优质的教育服务。

Please bring the following documents with you to register:

注册时请您带上下列证件：

____ Physical Exam and Dental Exam 身体检查和牙齿检查记录

____ Birth Certificate/Passport 出生证明/护照

____ School Enrollment Form (included in this packet) 入学注册表（申请表格内含有此表）

____ Emergency Information Form (included in this packet) 紧急情况信息表（申请表格内含有此表）

____ Language Survey Form (included in this packet) 家庭语言调查表（申请表格内含有此表）

____ 3 documents verifying residence (Utility bill, Lease, Driver’s License) 三种证明住址的证件（水、电、气账单，房屋租赁，驾驶执照）

____ Social Security Card (optional) 社会安全卡（非强制性项目）

Student Name 学生姓名： ____________________________  Grade 年级： ________
# Chicago Public Schools
## School Enrollment Form

### Student Information

<table>
<thead>
<tr>
<th>Student ID#</th>
<th>School Use Only: Prevent duplicate student records. Search in SIM for an existing Student ID before creating a new one.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Generation (Sr., etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Birth Date (mm/dd/yyyy)</th>
<th>Registration Grade Level (when first entering CPS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Personal, Immigrant, and Refugee Information

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.

Note that this is not an inquiry on citizenship status, and all information will be kept confidential.

<table>
<thead>
<tr>
<th>Y / N</th>
<th>Birth Certificate on File</th>
<th>Birth Verification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 Schools

Full Years completed in any US schools:

Student has refugee status: **Y / N**

County of refugee:

### Contact Information

<table>
<thead>
<tr>
<th>Street Number and Name</th>
<th>Apt.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Demographic, Home Language, Parent/Guardian Contacts, Emergency/Health Information

<table>
<thead>
<tr>
<th>Federal Ethnic and Race Categories: (Enter information into SIM from the Race and Ethnicity Survey form)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Language Survey: (Enter information into SIM from the Home Language Survey form)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Parent/Guardian Contacts: (Enter information into SIM from the Request for Emergency and Health Information form) |
|                                                                                                             |

| Emergency/Health Information: (Enter information into SIM from the Request for Emergency and Health Information form) |
|                                                                                                                     |

### Enrollment

<table>
<thead>
<tr>
<th>Enrollment Status Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 - No Parent School</td>
</tr>
<tr>
<td>02 - Chicago Public School</td>
</tr>
<tr>
<td>(ex cl. Charter/Charter)</td>
</tr>
<tr>
<td>03 - Chicago Private School</td>
</tr>
<tr>
<td>04 - IL Public Sch, not Chicago</td>
</tr>
<tr>
<td>05 - IL Private Sch, not Chicago</td>
</tr>
<tr>
<td>06 - US Public Sch, not Illinois</td>
</tr>
<tr>
<td>07 - US Private Sch, not Illinois</td>
</tr>
<tr>
<td>08 - Not in USA</td>
</tr>
</tbody>
</table>

**School Transferring From (if not a Chicago Public, Charter or Contract School)**

City and State

* Is the student in good standing? **Y / N**

(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 10-0032-001 for more information.)

<table>
<thead>
<tr>
<th>Last Chicago Public, Charter, or Contract School Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

* Is the student receiving any type of Special Education services? **Y / N**

(Instructions to school: If yes, please notify the Case Manager.)

**Student Enrolled by:**

(Print Home and Relationship)

Signature of Parent/Guardian

Date of Enrollment

School Use Only:

Enrollment Status Code (correlate to left) Grade Level Home Room/Division
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.

<table>
<thead>
<tr>
<th>Student ID#</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Homeroom #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date (mm/dd/yyyy)</th>
<th>Student Home Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 or 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:
- [ ] Waiting foster care placement
- [ ] In a confrero or other public place
- [ ] Doubled-up
- [ ] In a hotel/motel
- [ ] In a shelter
- [ ] In transitional housing
- [ ] In other

School Note: If any box is checked, see the CFS Policy 732.4.

Confidential Information Box 2

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

School Note: If "Yes," follow CFS Policy 732.4 procedures. Enter information in Legal/Asset Field and update contact information, as needed, in CFS.

Parent/Guardian and Emergency Contact Information: Add extra contact on the back of this form, if needed.

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Parent/Guardian Contact</th>
<th>Parent/Guardian Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Relationship to Student:

Check all that apply:
- [ ] Lives with
- [ ] Lives with emergency
- [ ] Goes to school
- [ ] Goes to school emergency
- [ ] Goes to school permission to pickup
- [ ] Lives with
- [ ] Lives with emergency
- [ ] Lives with 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:
- [ ] English
- [ ] Spanish
- [ ] Other

Other languages are based on availability.

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address</th>
<th>Telephone #</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Student Health Insurance:
- [ ] 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/Employee 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)
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 Chinese unless you waive your right and prefer to receive it in English only.

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

Sincerely,

Ms. Karen D. Anderson
Principal

__________________________
Student's Name: ____________________________ Grade/Room: _____________

__________________________
Teacher's Name: ____________________________

Please indicate your choice:

☐ I would like to receive my child's report card in Chinese.

☐ I would like to receive my child's report card in English and Chinese.

☐ I waive my right to receive my child's report card in Chinese and choose to receive it in English only.

Parent Signature: ____________________________ Date: ____________________
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 consent by providing written notice to the principal. I also understand that my consent to have my child photographed, digitally recorded, video taped, audio taped and/or interviewed by the Board or the news media when school is in session or when my child is under the supervision of the Board 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.

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

Student's Name

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.

Department of Education and Sports Policy and Procedures

07.27.2015
Student Medical History Form

Please Print:
Student’s Name: ____________________________ School Name: ____________________________

Student’s Date of last Eye Exam: ____________________________ Does your child currently wear glasses or contacts? □ Yes □ No

How did you find out about the Vision Program? (Circle all that apply)
School staff Failed Vision Screening Letter Friend Other ________________

Does your child have any of the following conditions? (Check all that apply)
□ Asthma □ Behavioral problems □ Attention Deficit Disorder □ Glaucoma
□ Neurological problems □ Endocrine problems □ High Blood Pressure □ Musculoskeletal problems
□ Heart Disease □ Mental Health illness □ Gastrointestinal problems □ Genitourinary problems
□ Hearing/Air problems □ Diabetes □ Other Condition

Is your child taking any medications? □ No □ Yes List medications: ____________________________

Does your child have allergies? □ No □ Yes List allergies: ____________________________

Does your child use eye drops? □ No □ Yes List eye drops: ____________________________

Has your child ever had eye surgery? □ No □ Yes If yes, please explain: ____________________________

Has s/he had any of the following?
Vision Therapy □ No □ Yes Eye Injury □ No □ Yes Trouble finishing work □ No □ Yes
Eye patch □ No □ Yes Eye Infection □ No □ Yes Lack of confidence □ No □ Yes
Eye Surgery □ No □ Yes Itching/Burning □ No □ Yes Difficulty sitting still □ No □ Yes
Pain in eyes □ No □ Yes Eye Discharge □ No □ Yes Avoids reading/writing □ No □ Yes
Difficulty Tracking □ No □ Yes Tearing/Watering □ No □ Yes Difficulty paying attention □ No □ Yes
Lazy/Wandering Eye □ No □ Yes Light sensitivity □ No □ Yes Reads below grade level □ No □ Yes
Blurred/Double Vision □ No □ Yes Redness □ No □ Yes Poor handwriting □ No □ Yes
Loses place while reading □ No □ Yes Drooping Lid □ No □ Yes Frustrates easily □ No □ Yes
Other ________________

Does your child have an IEP (Individualized Education Plan)? □ No □ Yes

Is the child performing at: □ above grade level □ grade level □ below grade level

If below grade level, please select the class (Check all that apply)
□ Reading □ Writing □ Math □ Social Studies □ Other ________________

Is the child currently receiving any of the services below? (Check all that apply)
□ Special Education □ Tutoring □ Speech Therapy □ Occupational Therapy (OT) □ Physical Therapy (PT)

List any of your child’s Hobbies or Special Interests: ____________________________

Is there anything else you would like us to know about your child? ____________________________

Does your child’s immediate family member have any of the following? (Check all that apply and the relationship to child)
□ Wears glasses □ Wandering Eye □ Diabetes □ Cardiovascular problems
□ Glaucoma □ Blindness □ Musculoskeletal problems □ Neurological problems
□ Lazy eye □ Macular Degeneration □ Heart Disease □ Mental Health illness
□ High Blood Pressure
Student Medical Information

SCHOOL NAME:

Student Name: _______________ Date of Birth: _______________ Grade: _______________

Student ID: _______________ Medicaid Number: _______________

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 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 the medical condition identified above which requires prescribed medication during school hours, please provide written verification from your healthcare provider with diagnosis, type of medication, dosage, and time to be given. An Emergency Action Plan (Allergy, Asthma, or Diabetes) can also be requested from your healthcare provider. Your child may qualify for a 504 Accommodation Plan due to his/her condition. Please 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: __________________________ Email: __________________________

Revised: April 15, 2015
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:** ________  
**School ID #:** ________  
**Network:** ________  
**Student Name:** ____________________  
**Student IS #:** ________

### 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.

### Spanish

1. ¿Se habla algún otro lenguaje que no sea inglés en su hogar?
   - [ ] No  
   - [ ] Si (Language)

2. ¿Habla el estudiante un lenguaje que no sea el inglés?
   - [ ] No  
   - [ ] Si (Language)

Si la respuesta a cualquiera de las preguntas es "Si", la ley requiere que el estudiante la escriba en el idioma inglés.

### Polish

1. Czy językem innym niż angielski mówi się w domu?
   - [ ] Nie  
   - [ ] Tak (Język)

2. Czy ucznia mówi innym językiem niż angielski?
   - [ ] Nie  
   - [ ] Tak (Język)

Jednak wierszy! Polskojęzyczni odpowiedzieć na kwestionariusz w języku polskim, przepisy wymagają, aby cele sprawdzenia podano znajomość języka angażującego wersego obiektu.

### Arabic

1. إذا كانت الإجابة هي "نعم" في أي من السؤالين، فإن القانون يطلب منكم:
   - [ ] نعم  
   - [ ] لا

2. إذا كانت الإجابة هي "لا" في أي من السؤالين، فإن القانون يطلب منكم:
   - [ ] نعم  
   - [ ] لا

"دا"، اللحاء.

**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. If you entered “Other,” the exact language must be determined within two weeks after enrollment.
- If the language spoken by the parent is not reflected in this HLS, please visit the OLCE Forms page on the Knowledge Center of bit.ly/OLCEforms and click on Home Language Survey in Additional Languages.