

# ANNUAL REGISTRATION PACKET

All forms need to be reviewed, completed, printed for each of your children attending MTG for the 2022-2023 school year. They are to be brought back to Mount Greenwood School with proof of address on August 10<sup>th</sup>.

August 10th

9:00-12:00

Or

1:00-3:00

Hard copies are available in the office if needed.

Health requirements:

<https://www.cps.edu/sites/back-to-school/health-requirements/>

# School Fees

## 2022-2023

Dear Parents/Guardians;

The school fee is \$130 per child and should be submitted with registration.

- Please submit payment through the PARENT ASPEN account, CASH or a MONEY ORDER made out to MOUNT GREENWOOD SCHOOL. If you have forgotten your access please reach out via email and it will be reset for you. <https://www.cps.edu/services-and-supports/parent-and-student-portal/parent-portal/>
- If a school fee is not submitted prior to or at registration, the child(ren) from the family will not be eligible to participate in sports, dress down days, or other non-academic events until the fee is submitted. They will have access to all materials but will not be permitted to write in consumables textbooks or workbooks.

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School Fee Outline:

- Workbooks/Consumables (once fees are paid students can write directly into their workbooks and consumables. If fees are not paid the student is NOT eligible to write in out books and will be responsible at full cost for replacement.
- Online subscriptions/Programs & Material Supports to Classroom
- Copy Machine Lease/Copy Paper
- Classroom Supplies
- Classroom and Student Technology
- Student Incentives

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**CPS** **Mount Greenwood Elementary School**

10841 S. Homan Ave., Chicago, Illinois 60655

Phone: (773) 535-2786 Fax: (773) 535-2743

Catherine Reidy  
*Principal*

Joan Rogers  
*Assistant Principal*

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This letter is to serve as verification that my family actively resides in the Mount Greenwood School attendance area. As a result, my children will attend Mt. Greenwood School.

If I move I am required to notify the school immediately. If I am found to have been fraudulently enrolled at Mount Greenwood School my children will be immediately transferred to their home school. No refund of school fees will be given. Mount Greenwood will not maintain enrollment until the quarter or semester.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Record

Names of students: (print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CC: PF

Apr 1/19/2012



# STUDENT ATTENDANCE POLICIES AND PROCEDURES

*To achieve...your child needs to be in school, on time, every school day*

Dear Parent/Guardian:

Good attendance and good grades go hand in hand. The Chicago Public Schools and parents/guardians can work together to promote excellent student attendance at school. In order to promote cooperation and to help parents/guardians understand how the Chicago Public Schools' attendance policies work, key items and basic attendance procedures have been defined below.

- The School Code of Illinois, Article 26-Compulsory School Enrollment and Attendance From age 7 until reaching age 17 a child who resides in Illinois must be enrolled and attend a public school in the district where s(he) resides unless s(he) has graduated from high school, attends a private or parochial school or who is physically or mentally unable to attend school. In addition, all children, regardless of age, while enrolled in grades K through 12, are subject to compulsory attendance.
- Free Education Entitlement Enrolled students are entitled to a free, full-time public education until the age of 21 (22 if a special education student) unless s(he) graduates from high school, is expelled for misconduct or withdraws from enrollment. CPS shall not deny re-enrollment of a student who dropped out of school and is under 19 years old. CPS can deny re-enrollment of a student who is 19 or older that due to age and a lack of credits, could not attend classes during the normal school year and graduate before his/her 21<sup>st</sup> (22<sup>nd</sup> special education student) birthday.
- Contact Phone Numbers A student's parent/guardian is required to supply and update the school with at least one (1) working phone number at which the parent/guardian can be reached.
- Student Non-Attendance Days School holidays which appear in the approved school year calendar, additional holidays or emergency days authorized by the Chief Executive Officer, professional development days, and any other days when the students are not scheduled to be in school **are not counted** as days of attendance.
- School-Made Absentee Phone Call State Law requires ***elementary schools*** to phone a student's home ***within two hours*** of the start of their school day ***each day*** the student is absent without prior written notice from the parent/legal guardian.
- CPS Auto Absentee Call In addition to school-made absentee calls, the CPS Absentee Outcaller system calls the home of elementary and high school students that are absent without prior written notice from the parent/legal guardian.
- Parent/Guardian of Record The parent(s)/guardian(s) who are listed on the student's "Emergency Record" are the parent(s)/guardian(s) of record. The Attendance Office shall only accept "Reason for Absence Notes" signed by the parent/guardian of record or release a student before the end of the school day to the parent/guardian of record.
- Confidentiality of Records Other than CPS or state board (ISBE) employees/officials, no personally identifiable school student records or information may be released, transferred, disclosed or otherwise disseminated to any individual, agency or organization without the written consent of the student's parent(s)/guardian(s).
- Students That Are Considered Present A student is considered present if s(he) is in his/her assigned class/period in the physical school building (*Attendance Codes "T", "P" and "ISS"*) or attending a school authorized function (*Attendance Code "SF"*), *supervised by school staff*, such as a field trip, tutoring or testing session at a different location.
- Reason for Absence Note On the first day a student returns to school from an absence, the parent/guardian must provide the school with a signed "Reason for Absence Note", identifying the valid cause for each day of a student's absence. **The Principal or Principal's designee shall determine approval status of each "Reason for Absence Note".**
- Excused Absences Valid causes for an absence from school being deemed an excused absence are:  
**(1) Student's illness, (2) observance of a religious holiday, (3) death in the immediate family, (4) family emergency, (5) circumstances which cause reasonable concern to the parent/guardian for child's safety or health as approved by the principal and (6) other situations beyond the control of the student as determined by the principal.**



**STUDENT ATTENDANCE POLICIES AND PROCEDURES *Continued***

- o A truant absence is an unexcused absence for students in grades K through 12
- o A “cut” is an unexcused class (period) absence. The instructional time missed by a student who cuts a class is deducted from the total instructional minutes for the school day and the balance will determine any attendance recoding
  - A ½ day truant absence if the student has less than 300 but at least 150 instructional minutes (generally 1-2 cuts).
  - A full-day truant absence (even though the student may have attended some classes) if the student has less than 150 instructional minutes.
- o ***After the 3<sup>rd</sup> truant absence for a 3<sup>rd</sup>, 6<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup> grade student***, the parent/guardian is scheduled to attend a conference conducted at the school to discuss and agree to truant behavior interventions and remedies.
- o ***After the 5<sup>th</sup> truant absence for grades K through 12 students***, the school mails the parent/guardian a “5-Day Truancy Letter”. The parent/guardian and the student are scheduled to attend a conference conducted at the school with key school staff to develop a “Truancy Intervention Case Plan” to address and remedy the student’s truant behavior.
- o ***After a student’s 10<sup>th</sup> truant absence***, the school mails the parent/guardian a “10-Day Truancy Letter” by certified mail, return receipt requested.
- o CPS Promotion and Graduation Criteria-Truancy Component
  1. Elementary students in the 3<sup>rd</sup>, 6<sup>th</sup> and 8<sup>th</sup> grade who have ***more than 9*** truant absences during a school year must attend and satisfactorily complete summer school. Eighth grade students *will not graduate* with their class.
  2. A 3<sup>rd</sup> or 6<sup>th</sup> grade student who does not satisfactorily complete summer school will be retained in his/her current grade if this is a first time retention in the 1-3 or 4-6 grade cycles. If this would be a second retention for a student in a grade cycle, the student will be promoted to the next grade.
  3. An 8<sup>th</sup> grade student who does not satisfactorily complete summer school or Summer Writing Workshop, as required, will be retained in 8<sup>th</sup> grade if this is the first retention in the 7-8 grade cycle. All retained students will receive a “Personal Learning Plan” developed by the school in conjunction with the parent/guardian. The student may be assigned to a designated Achievement Academy or other appropriate placement if this would be their second retention in the 7<sup>th</sup>-8<sup>th</sup> grade cycle; ***or if the student will be 15 years old on or before September 1<sup>st</sup> of that year.*** Students may earn an elementary diploma at an Achievement Academy.
  4. High school students who have cuts in 20% or more of a class in a core course during the period for which a unit of credit is earned shall not pass the course and shall receive no credit towards promotion.
- o CPS Board 04-0128-P03 prohibits schools from dropping students due solely to excessive absences.
- o Students can be withdrawn for the following reasons:
  - (1) Student is absent on the first school day of the year-DNA (Did Not Arrive), (2) transfers or graduates, (3) is legally committed to correctional institution, (4) is home-schooled, (5) whereabouts can not be determined “lost child” after calling all known phone numbers, mailing a certified letter with return receipt requested and visiting the last known address, (6) withdraws from enrollment – 17 years old-after a “Consent to Withdraw from School” form has been signed by the student ***and*** “parent/guardian” and (7) withdraws from enrollment –18 or more years old- after a “Consent to Withdraw from School” form has been signed by the student (no parent/legal guardian signature is required).

**CPS Truancy Hotline**  
**(773) 553-4000**

**CPS Crisis Intervention Hotline**  
**(773) 553-1792**

**CPS Student Safety Hotline**  
**(773) 553-3335**

..... ***Sign below, fold, remove bottom and return to school***.....

o the Principal of: \_\_\_\_\_ School. As the parent or guardian of the below listed student, I acknowledge receipt of the “CPS Attendance Policies and Procedures”.

udent’s Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

urent’s or Guardian’s Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



# School Enrollment Form



Please print or type:

## Student Information

SCHOOL NAME

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

## Personal Information

<b>BIRTH CERTIFICATE ON FILE</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>BIRTH VERIFICATION TYPE</b>
<b>*BIRTH COUNTRY</b>	<b>BIRTH STATE</b>	<b>BIRTH CITY</b>
<small>*Complete if student was not born in the United States (US) or one of its Territories:</small>		
<b>DATE OF FIRST ENROLLMENT IN ANY US SCHOOL:</b>	<b>FULL YEARS COMPLETED SCHOOL IN US:</b>	<b>School Use Only:</b> 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.

## Student Address/Phone

<b>PHYSICAL (HOME) ADDRESS</b> (include unit number if applicable)	City	State	Zip	<b>HOME PHONE #</b>
<b>MAILING ADDRESS</b> (include unit number if applicable) (if different than Home)	City	State	Zip	

## Included Information

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

## Enrollment

<b>*SCHOOL TRANSFERRING FROM</b> ((if not a Chicago Public, Charter or Contract School)	<b>CITY AND STATE</b>
<b>*IS THE STUDENT IN GOOD STANDING?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<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-P01 for more information.)</i>
<b>LAST CHICAGO PUBLIC, CHARTER, OR CONTRACT SCHOOL ATTENDED</b>	
<b>IS THE STUDENT RECEIVING ANY TYPE OF SPECIAL EDUCATION SERVICES?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(Instructions to school: if yes, please notify the Case Manager.)</i>
<b>STUDENT ENROLLED BY (Print Name and Relationship)</b>	

### 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

Signature of Parent/Guardian

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

Date of Enrollment

<i>School Use Only:</i>	<b>ENROLLMENT STATUS CODE</b> <i>(insert a # from the left)</i>	<b>GRADE LEVEL</b>	<b>HOMEROOM/DIVISION #</b>
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# 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 <i>(mm/dd/yyyy)</i>	HOMEROOM #	STUDENT HOME 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
- doubled-up
- in a hotel/motel
- 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 No Contact Order 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.

	PARENT/GUARDIAN CONTACT	PARENT/GUARDIAN CONTACT
Contact Name		
Relationship to Student		
Check all that apply:	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency	<input type="checkbox"/> Gets Mailings <input type="checkbox"/> Permission to Pick up
Home Address, if different from student's <i>(include unit number if applicable)</i>		
Cell Phone Number		
Email Address		
Name and Address of Employer		
Work Phone Number		
* 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 or neighbor 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 # _____ <i>(9-digit number located on back of card).</i> <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
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Parent/Guardian Signature

Date

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



# Student Medical Information



**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	STUDENT DATE OF BIRTH		SCHOOL NAME	
STUDENT ID #		GRADE		ROOM #

### 1. PLEASE INDICATE YOUR CHILD'S HEALTH STATUS BELOW.

My child has no known health conditions.

**My Child has a known condition(s). 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

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

Sickle Cell Disease

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 25, 2019

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





# 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:*

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Name of Parent/Guardian/Student if age 18 or older

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Student ID #

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.*



# 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 the 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 by 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 the phone numbers, including cellular numbers, listed on the student's record. Please make sure these numbers are updated with the 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's Name

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

School

Date

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

Student ID #

Phone Number 1 for Messages

Phone Number 2 for Messages

E-mail Address

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



# Home Language Survey 2022

07.2022 | Office of Language and Cultural Education



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.

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 #
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## 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 Language

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

2. ¿Habla el estudiante algún otro idioma que no sea inglés?  Sí  No Lenguaje

## 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。

1. 您的家庭是否說英語之外的其他語言?  否  是 語言

2. 您的子女是否說英語之外的其他語言?  否  是 語言

## Arabic / العربية

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

اللغة  لا  نعم هل تُستخدم لغة أخرى غير اللغة الإنجليزية في منزلك؟

اللغة  لا  نعم هل يتحدث الطالب لغة أخرى غير اللغة الإنجليزية؟

## 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  Nie Język

2. Czy uczeń mówi innym językiem niż angielski?  Tak  Nie Język

Signature of School Official

Date

Parent/Guardian Signature

Date

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 SRR will have to be submitted to OLCE to correct the language at a later date.



# Home Language Survey 2022

07.2022 | Office of Language and Cultural Education



**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.

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 (različitom od engleskog)?  Da  Ne Jezik

2. Da li učenik govori neki drugim jezikom (različit od engleskog)?  Da  Ne Jezik

**Romanian/Română** Dacă ați răspuns afirmativ la oricare dintre întrebări, prin lege, instituția de învățământ trebuie să evalueze cunoștințele de limbă engleză ale copilului dvs.

1. In familia dvs. se vorbește și altă limbă decât engleza?  Da  Nu Limba

2. Studentul vorbește și altă limbă decât engleza?  Da  Nu Limba

**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 ۔

زبان  ہاں  نہیں کیا آپ کے گھر میں انگریزی کے علاوہ کوئی دوسری زبان بولی جاتی ہے ؟

زبان  ہاں  نہیں کیا طالب علم انگریزی کے علاوہ کوئی دوسری زبان بول سکتا ہے ؟

**Assyrian** . ܕܥܢܝܢܐ ܕܥܩܘܠܐܝܬܝܢ ܕܢܝܢܝܢܝܢܐ ܕܩܠܕܝܢܝܢܐ ܕܥܩܘܠܐܝܬܝܢ ܕܢܝܢܝܢܝܢܐ ܕܩܠܕܝܢܝܢܝܢܐ

ܬܘܘܢܐ ܕܥܩܘܠܐܝܬܝܢ ܕܢܝܢܝܢܝܢܐ ܕܩܠܕܝܢܝܢܝܢܐ ܕܥܩܘܠܐܝܬܝܢ ܕܢܝܢܝܢܝܢܐ ܕܩܠܕܝܢܝܢܝܢܐ  ܬܘܘܢܐ  ܩܠܕܝܢܝܢܝܢܐ ؟ ܕܥܢܝܢܐ ܕܥܩܘܠܐܝܬܝܢ ܕܢܝܢܝܢܝܢܐ ܕܩܠܕܝܢܝܢܝܢܐ

ܕܥܢܝܢܐ ܕܥܩܘܠܐܝܬܝܢ ܕܢܝܢܝܢܝܢܐ ܕܩܠܕܝܢܝܢܝܢܐ  ܩܠܕܝܢܝܢܝܢܐ  ܬܘܘܢܐ ؟ ܕܥܢܝܢܐ ܕܥܩܘܠܐܝܬܝܢ ܕܢܝܢܝܢܝܢܐ ܕܩܠܕܝܢܝܢܝܢܐ

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

1. શું આપના ઘરમાં અંગ્રેજી સિવાયની ભાષા અન્ય કોઈ ભાષા બોલ આવે છે?  ના  હા ભાષા

2. શું વિદ્યાર્થીઓ અંગ્રેજી સિવાયની કોઈ ભાષા બોલે છે?  ના  હા ભાષા

**Yoruba / Yorùbá** Tí idáhùn sí ibèèrè nàà bá jẹ̀ Bẹ̀ẹ̀ni, òfin bèèrè pé kí ilé-ẹ̀kọ́ nàà ẹ̀e igbèlẹ̀wọ̀n bí ọmọ ẹ̀dè gbọ̀ èdè Gẹ̀ẹ̀sì sí.

1. Njé ẹ n sọ èdè miran yatọ sí Èdè-Gẹ̀ẹ̀sì ninu idile yin bí?  Bẹ̀ẹ̀kọ́  Bẹ̀ẹ̀ni Èdè

2. Ẹ akẹ́kọ́ọ́ nàà n sọ èdè miran yatọ sí èdè-Gẹ̀ẹ̀sì bí?  Bẹ̀ẹ̀kọ́ọ́  Bẹ̀ẹ̀ni Èdè

**Korean / [한국어]** 위 질문 중 하나라도 “예”로 답하신 경우에는, 관련법에 따라 학교는 귀 자녀의 영어 언어 능력 평가해야 합니다.

1. 가정에서 사용하는 언어 중에서 영어를 제외한 다른 언어가 있습니까?  아니오  예 언어

2. 학생이 영어 이외에 다른 언어를 구사합니까?  아니오  예 언어

**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?  Oo  Hindi Lengguwahe

2. May ginagamit ba na ibang lengguwahe ang mag-aaral bukod sa Ingles?  Oo  Hindi Lengguwahe

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





# Race and Ethnicity Survey



please print or type:

STUDENT LAST NAME		FIRST NAME	MIDDLE NAME
GENDER	SCHOOL NAME		
BIRTH DATE	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 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.)



## State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES  
CFS 600  
Rev 2/2013



<b>Student's Name</b>			<b>Birth Date</b>	<b>Sex</b>	<b>Race/Ethnicity</b>	<b>School /Grade Level/ID#</b>
Last	First	Middle	Month/Day/Year			
<b>Address</b>			<b>Parent/Guardian</b>		<b>Telephone # Home Work</b>	
Street	City	Zip Code				

**IMMUNIZATIONS:** To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Vaccine / Dose	1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	<b>DTP or DTaP</b>																	
<b>Tdap; Td or Pediatric DT</b> (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
<b>Polio</b> (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
<b>Hib</b> Haemophilus influenza type b																		
<b>Hepatitis B (HB)</b>																		
<b>Varicella</b> (Chickenpox)										<b>COMMENTS:</b>								
<b>MMR</b> Combined Measles Mumps. Rubella																		
<b>Single Antigen Vaccines</b>	<b>Measles</b>			<b>Rubella</b>			<b>Mumps</b>											
<b>Pneumococcal Conjugate</b>																		
<b>Other/Specify</b> Meningococcal, Hepatitis A, HPV, Influenza																		

**Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.** If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b>	<b>Title</b>	<b>Date</b>

**ALTERNATIVE PROOF OF IMMUNITY**

**1. Clinical diagnosis is acceptable if verified by physician.** \*(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

\*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

**2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.**  
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

<b>Date of Disease</b>	<b>Signature</b>	<b>Title</b>	<b>Date</b>
------------------------	------------------	--------------	-------------

**3. Laboratory confirmation (check one)** Measles Mumps Rubella Hepatitis B Varicella  
**Lab Results** Date MO DA YR (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN													
<b>Date</b>													<b>Code:</b> P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
<b>Age/Grade</b>													
	R	L	R	L	R	L	R	L	R	L	R	L	
<b>Vision</b>													
<b>Hearing</b>													

Last First Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID
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**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

<b>ALLERGIES</b> (Food, drug, insect, other)			<b>MEDICATION</b> (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during night coughing?	Yes	No	Hospitalizations? When? What for?	Yes	No
Birth defects?	Yes	No	Surgery? (List all.) When? What for?	Yes	No
Developmental delay?	Yes	No	Serious injury or illness?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	TB skin test positive (past/present)?	Yes*	No
Diabetes?	Yes	No	TB disease (past or present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No	Tobacco use (type, frequency)?	Yes	No
Seizures? What are they like?	Yes	No	Alcohol/Drug use?	Yes	No
Heart problem/Shortness of breath?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No
Heart murmur/High blood pressure?	Yes	No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Dizziness or chest pain with exercise?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			<b>Parent/Guardian Signature</b>	<b>Date</b>	
Ear/Hearing problems?	Yes	No			
Bone/Joint problem/injury/scoliosis?	Yes	No			

**PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA**  
**HEAD CIRCUMFERENCE** if < 2-3 years old      **HEIGHT**      **WEIGHT**      **BMI**      **B/P**

**DIABETES SCREENING** (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes  No  And any two of the following: **Family History** Yes  No   
**Ethnic Minority** Yes  No  **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes  No  **At Risk** Yes  No

**LEAD RISK QUESTIONNAIRE** Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

**Questionnaire Administered?** Yes  No       **Blood Test Indicated?** Yes  No       **Blood Test Date**      **Result**

**TB SKIN OR BLOOD TEST** Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines.      **No test needed**       **Test performed**

**Skin Test: Date Read** / /      **Result: Positive**  **Negative**       **mm** \_\_\_\_\_

**Blood Test: Date Reported** / /      **Result: Positive**  **Negative**       **Value** \_\_\_\_\_

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)	
Urinalysis			Developmental Screening Tool	

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

**NEEDS/MODIFICATIONS** required in the school setting      **DIETARY** Needs/Restrictions

**SPECIAL INSTRUCTIONS/DEVICES** e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

**MENTAL HEALTH/OTHER** Is there anything else the school should know about this student?  
If you would like to discuss this student's health with school or school health personnel, check title:  Nurse  Teacher  Counselor  Principal

**EMERGENCY ACTION** needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?  
**Yes**  **No**  If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in \_\_\_\_\_ (If No or Modified please attach explanation.)

**PHYSICAL EDUCATION** Yes  No  Modified       **INTERSCHOLASTIC SPORTS** Yes  No  Limited

Print Name \_\_\_\_\_ (MD,DO, APN, PA)      Signature \_\_\_\_\_      Date \_\_\_\_\_

Address \_\_\_\_\_      Phone \_\_\_\_\_

(Complete Both Sides)



## PROOF OF SCHOOL DENTAL EXAMINATION FORM

**To be completed by the parent (please print):**

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address:	Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Address (of parent/guardian):			

**To be completed by dentist:**

**Oral Health Status (check all that apply)**

- Yes    No   **Dental Sealants Present**
  
- Yes    No   **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1<sup>st</sup> molars.
  
- Yes    No   **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
  
- Yes    No   **Soft Tissue Pathology**
  
- Yes    No   **Malocclusion**

**Treatment Needs (check all that apply)**

- Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
  
- Restorative Care** — amalgams, composites, crowns, etc.
  
- Preventive Care** — sealants, fluoride treatment, prophylaxis
  
- Other** — periodontal, orthodontic

Please note \_\_\_\_\_

Signature of Dentist \_\_\_\_\_

Date of Exam \_\_\_\_\_

Address \_\_\_\_\_  
Street
City
ZIP Code

Telephone \_\_\_\_\_





## State of Illinois Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician who provides complete eye examinations be submitted to the school no later than October 15<sup>th</sup> of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the child beginning school.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Last) (First) (Middle Initial) (Mo.) (Day) (Yr.)

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last) (First) (Area Code)

Address: \_\_\_\_\_ County: \_\_\_\_\_  
(Number) (Street) (City) (Zip Code)

### To Be Completed By Examining Doctor

#### Case History

Date of Exam: \_\_\_\_\_

Ocular History:  Normal or Positive for: \_\_\_\_\_  
 Medical History:  Normal or Positive for: \_\_\_\_\_  
 Drug Allergies:  NKDA or Allergic to: \_\_\_\_\_  
 Other Information: \_\_\_\_\_

#### Examination

Refraction:	Distance			Near
	Right	Left	Both	Both
Unaided Visual Acuity:	20 /	20 /	20 /	20 /
Best Corrected Visual Acuity:	20 /	20 /	20 /	20 /

Was refraction performed with cycloplegic agents?  Yes  No

	Normal	Abnormal	Not Able to Assess	Comments
External Exam (eye and adnexa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal Exam (media, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological Integrity (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular Function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and Vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
IOP (glaucoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### Diagnosis

Normal  Myopia  Hyperopia  Astigmatism  Strabismus  Amblyopia

Other: \_\_\_\_\_

#### Recommendations

1. Corrective Lenses:  No  Yes, glasses should be worn for:  Constant Wear  Near Vision  Far Vision  
 May Be Removed for Physical Education

2. Preferential seating recommended:  No  Yes Comments: \_\_\_\_\_

3. Recommend re-examination:  3 months  6 months  12 months  Other \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Print Name: \_\_\_\_\_  
Optometrist or Physician Who Provides Eye Examinations

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

Signature: \_\_\_\_\_  
Optometrist or Physician Who Provides Eye Examinations

**Consent of Parent or Guardian**

I agree to release the above information on my child or ward to appropriate school or health authorities.

\_\_\_\_\_

(Parent or Guardian's Signature)

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



# CPS Family Income Information Form



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.

please print or type:

SCHOOL NAME \_\_\_\_\_

DOES YOUR FAMILY HAVE INTERNET SERVICES AT HOME?  YES  NO

**PART 1: Household Information**— List all members of your household living with you.

\*Foster Children (legal responsibility of welfare agency or court)

**PART 2: SNAP/TANF number of any member of your household (go to part 6)**

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, Migrant, Runaway Child, or child enrolled in Head Start**

- HOMELESS
- MIGRANT
- RUNAWAY
- HEAD START

Homeless, Migrant, 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				
First	Last	M.I.		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually
			\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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

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.

Signature of adult household member \_\_\_\_\_

Parent / Guardian First Name \_\_\_\_\_

Parent / Guardian Last Name \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Date \_\_\_\_\_

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



# CPS Family Income Information Form



## 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, MIGRANT, 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, Migrant, 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