

Chicago Public Schools School Enrollment Form

School Name _____

<p style="text-align: center;">Student Information</p> <p>Student's siblings' names if currently enrolled in CPS:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Student ID# _____</p>	<p>School Use Only: Prevent duplicate student records. Search in SIS for an existing Student ID <u>before</u> creating a new one.</p>
<p>Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ Generation (Jr., etc) _____</p> <p>Legal Sex (F/M/X/N) _____ Birth date (mm/dd/yyyy) _____ Registration Grade Level (when first entering CPS) _____</p> <p>Affirmed Gender* (F/M/N) _____ Affirmed First Name* _____ Affirmed Middle Name* _____</p> <p><small>*Optional. For more information regarding affirmed gender and affirmed name, please visit: Supporting Gender Diversity Toolkit</small></p>		
<p style="text-align: center;">Personal Information</p>	<p>_____ Y / N _____</p> <p>Birth Certificate on File _____ Birth Verification Type _____</p> <p>* Birth Country _____ Birth State _____ Birth City _____</p> <p><small>* Complete if student was <u>not</u> born in the United States (US) or one of its Territories:</small></p> <p style="text-align: center;">Date of first enrollment in any US School: _____</p> <p style="text-align: center;">Full Years completed school in US: _____</p>	
<p>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.</p>		
<p style="text-align: center;">Student Address/Phone</p> <p>Physical (Home) Address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Mailing Address <i>(if different than Home)</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Home Phone Number _____</p>	<p>Street Number and Name _____ Apt. _____ City _____ State _____ Zip Code _____</p> <p>Street Number and Name _____ Apt. _____ City _____ State _____ Zip Code _____</p>	
<p style="text-align: center;">Demographic, Home Language, Parent/Guardian Contacts, Emergency/Health Information</p>	<p>Federal Ethnic and Race Categories: <i>(Enter information into SIS from the Race and Ethnicity Survey form)</i></p> <p>Home Language Survey: <i>(Enter information into SIS from the Home Language Survey form)</i></p> <p>Parent/Guardian Contacts: <i>(Enter information into SIS from the Request for Emergency and Health Information form)</i></p> <p>Emergency/Health Information: <i>(Enter information into SIS from the Request for Emergency and Health Information form)</i></p>	
<p style="text-align: center;">Enrollment</p> <p>Enrollment Status Codes:</p> <p>01 – No Former School</p> <p>02 – Chicago Public School (to incl. Charter/Contract)</p> <p>03 – Chicago Private School</p> <p>04 – IL Public Schl, not Chicago</p> <p>05 – IL Private Schl, not Chicago</p> <p>06 – US Public Schl, not Illinois</p> <p>07 – US Private Schl, not Illinois</p> <p>08 – Not in USA</p>	<p>*School Transferring From <i>(if not a Chicago Public, Charter or Contract School)</i> _____ City and State _____</p> <p>*Is the student in good standing? <u>Y / N</u> <i>(Instructions to school: for out-of-state public school or any private school students, a certification of "good standing" should be received from the Parent/Guardian. Refer to CPS Policy 10-0623-PO1 for more information.)</i></p> <p>Last Chicago Public, Charter, or Contract School Attended _____</p> <p>Is the student receiving any type of Special Education services? <u>Y / N</u> <i>(Instructions to school: if yes, please notify the Case Manager.)</i></p> <p>Student Enrolled by _____ <i>(Print Name and Relationship)</i></p> <p>Signature of Parent/Guardian _____ Date of Enrollment _____</p>	
<p>School Use Only:</p> <p>Enrollment Status Code <i>(insert a # from the left)</i> _____ Grade Level _____ Homeroom/Division # _____</p>		

Request for Emergency and Health Information

School Name: _____

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

Student ID# _____ Last Name _____ First Name _____ Middle Name _____ Homeroom # _____

Birth Date (mm/dd/yyyy) _____ Student Home Address _____ Student Home Phone # _____

Confidential Information Box 1	Confidential Information Box 2
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: <input type="checkbox"/> in a car/park/other public place <input type="checkbox"/> doubled-up <input type="checkbox"/> in a hotel/motel <input type="checkbox"/> in a shelter <input type="checkbox"/> in transitional housing School Note: If any box is checked, see the CPS Policy 702.5.	Is there a current Order of Protection or No Contact Order which concerns this student? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="background-color: #e0e0e0; padding: 5px;"> School Note: If "Yes," follow CPS Policy 704.4 procedures. Enter information in <i>Legal Alert</i> field and update contact information, as needed, in SIM. </div>

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

	Parent/Guardian Contact	Parent/Guardian Contact
Contact Name		
Relationship to Student		
<i>Check all that apply:</i>	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup
Home Address, <i>if different from student's</i>		
Home Phone Number, <i>if different from student's</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 _____ Home Address _____ Telephone # _____ Relationship _____

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

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

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

Children of Military Personnel (optional)

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

I certify that the information on this form is correct:

_____(Parent/Guardian Signature)_____ (Date)

CPS FAMILY INCOME INFORMATION FORM 2021-2022

Parents - Please return form to school by September 30, 2021.
Schools - Please enter into ODA by October 18, 2021

School Name (*Nombre de Escuela*):

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. (El propósito de este formulario de CPS es obtener información sobre el ingreso de las familias para determinar los fondos escolares. CPS y su escuela pueden recibir fondos adicionales basados en la cantidad de familias de bajos recursos matriculadas. Por favor, complete este formulario y entréguelo a la oficina de la Escuela)

Part 1 – HOUSEHOLD INFORMATION (INFORMACIÓN SOBRE EL HOGAR) List names of all members of your household living with you. (<i>Escriba los nombres de todas las personas que viven en su hogar.</i>) <i>*Foster Children (legal responsibility of welfare agency or court)</i>				Part 2: SNAP / TANF number of any member of your household (<i>go to step 6</i>) (<i>N° de SNAP / TANF de cualquier integrante de su hogar (pase al n°6)</i>)				Part 3 – Homeless , Migrant, Runaway Child, or child enrolled in Head Start (<i>Niño sin Hogar, Emigrante, Fugitivo o Niño en el programa Head Start</i>)				
Foster Child? (¿Hijo de Crianza?)	CPS Student? (¿Estudiante de CPS?)	All Household Member Names Last (<i>Apellido</i>) First (<i>Nombre</i>) MI (<i>Inicial</i>)			Date of Birth (<i>Fecha de Nacimiento</i>)				DHS Case Number (<i>Numero del Caso del DHS</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"/>				/ /							

Homeless Migrant Runaway
 Head Start

Homeless, Migrant, Runaway or Head Start Liaison Signature

Date (*Fecha*)

Part 4 – List Household Members With Income (*SKIP THIS if you answered any of steps 2 or 3*) Enter the amount of income and how often it is received for each household member. (*Nombres de los integrantes de su hogar que perciben ingresos. Para cada uno, indique sus ingresos y cada cuánto los recibe. DEJE EN BLANCO si ha contestado la Sección 2 o 3 de esta solicitud.*)
Frequency (Frecuencia): Weekly (*Semanalmente*) Every 2 Weeks (*Cada dos semanas*) Twice Monthly (*Dos veces al mes*) Monthly (*Mensualmente*) Annually (*Anualmente*)
OTHER INCOME can be but not limited to Welfare, Child Support, Retirement, Social Security, Worker's Comp. and Unemployment.

Part 5 – Opt In of information about other benefits. (*Otros Beneficios*)

Household Member Names With Income First (<i>Nombre</i>) MI (<i>Inicial</i>) Last (<i>Apellido</i>)	Gross Income (before deductions) (<i>Ingresos Brutos</i>)						Other Income (<i>Todos Otros Ingresos</i>)					
		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES! I am interested in applying for a waiver of instructional fees. **SI!** Me interesa aplicar por la exoneración del pago de enseñanza.

YES! I am interested in applying for the Supplemental Nutrition Assistance Program (SNAP) and/or the Medicaid Program. **SI!** Me interesa aplicar para el Programa de Asistencia de Nutrición Suplementaria (SNAP) y/o la Medicaid. Or call 773-553-5437

Signature (*Firma*):

Part 6 – Signature (Firma)
 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 eligibility for the school and that school officials may verify (check) the information as being accurate; and that if I purposely give false information, I may be prosecuted. (Certifico que toda la información indicada arriba es verdadera y que he reportado todos nuestros ingresos. Entiendo que la escuela recibirá fondos del gobierno federal basado en la información en este formulario y que los funcionarios escolares puedan verificar la fidelidad de la información; y si doy información falsa intencionalmente, me pueden llevar a juicio).

Signature of adult household member (*Firma del miembro adulto del hogar*)

Address (*Dirección postal o de domicilio*)

Parent / Guardian First Name (*Nombre del adulto del hogar*)

Zip Code (*Código Postal*)

Parent / Guardian Last Name (*Apellido del adulto del hogar*)

 / /

Date (*Fecha*)

SCHOOL USE ONLY Initial Determination: **ELIGIBLE** (FREE OR REDUCED) **INELIGIBLE** (DENIED, N/A OR ?)

Part 7- Children's Racial and Ethnic Identities (Optional)Mark one ethnic identity: Hispanic / Latino Not Hispanic / LatinoMark one or more racial identities: Asian White Black / African American American Indian / Alaska Native Native Hawaiian / Other Pacific Islander**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 case number 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.

INSTRUCCIONES PARA LLENAR LA SOLICITUD

SI SU HOGAR RECIBE BENEFICIOS DE SNAP/TANF, SIGA ESTAS INSTRUCCIONES: Sección 1: Escriba el nombre de cada persona en su hogar y fecha de nacimiento (de alumnos). (Adjunte otra solicitud, si es necesario.) **Sección 2:** Escriba el número de caso correspondiente a cada persona que recibe SNAP/TANF. No escriba el número de la tarjeta médica. **Avance a Sección 5:** Si le interesa compartir la información en esta solicitud con agencias de All Kids (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadrado y firme. **Sección 6:** Un miembro adulto del hogar **debe** firmar la solicitud. **Sección 7:** Marque los cuadrillos que corresponda a su identidad racial y étnica.

SI USTED ESTÁ APLICANDO DE PARTE DE UN NIÑO(A) SIN HOGAR, EMIGRANTE, FUGITIVO(A) o NIÑO EN EL PROGRAMA HEAD START, SIGA ESTAS INSTRUCCIONES: Sección 1: Escriba el nombre de cada persona en su hogar y fecha de nacimiento (de alumnos). **Avance a Sección 3:** Marque el cuadrado que corresponda y obtenga la fecha y firma del coordinador escolar de alumnos sin hogar, emigrantes o fugitivos. **Avance a Sección 5:** Si le interesa compartir la información en esta solicitud con agencias de All Kids (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadrado y firme. **Sección 7:** Marque los cuadrillos que corresponda a su identidad racial y étnica.

SI USTED ESTA APLICANDO DE PARTE DE UN HIJO DE CRIANZA, SIGA LAS SIGUIENTES INSTRUCCIONES: Si todos los niños en el hogar son hijos de crianza: Sección 1: Escriba el nombre, fecha de nacimiento y marque el cuadrado "Hijo de Crianza" al lado del nombre de su(s) hijo/a(s) de crianza. **Avance a Sección 5:** Si le interesa compartir la información en esta solicitud con agencias de All Kids (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadrado y firme. **Sección 6:** Un miembro adulto del hogar **debe** firmar la solicitud. **Si algunos, pero no todos, los niños en el hogar son hijos de crianza: Sección 1** Escriba el nombre, fecha de nacimiento y marque el cuadrado "Hijo de Crianza" al lado del nombre de su(s) hijo/a(s) de crianza. **Avance a Sección 4: Siga las instrucciones bajo TODOS LOS DEMÁS HOGARES (Sección 4) más abajo. Avance a Sección 5:** Si le interesa compartir la información en esta solicitud con agencias de All Kids (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadrado y firme. **Sección 6:** Un miembro adulto del hogar **debe** firmar la solicitud. **Sección 7:** Marque los cuadrillos que corresponda a su identidad racial y étnica.

TODOS LOS DEMÁS HOGARES, SIGAN ÉSTAS: Sección 1: Escriba el nombre de cada persona en su hogar y fecha de nacimiento (de alumnos). (Adjunte otra solicitud, si es necesario.). **Avance a Sección 4:** Siga estas instrucciones para reportar el ingreso total de su hogar: **Columna 1 Nombre:** Escriba nombre y apellido de cada persona que vive en su hogar que recibe ingresos, sea pariente o no (tales como abuelos, otros parientes o amigos. Si es necesario, puede adjuntar una hoja adicional.). **Columnas 2 & 3 Ingreso Bruto y cada cuánto es recibido:** El Ingreso Bruto es la cantidad ganada antes de restar impuestos y otras deducciones. Esa suma se encuentra generalmente en el talón del cheque de pago. No es lo mismo que el dinero que se lleva a la casa. Escriba la cantidad que cada persona recibe de estas fuentes de ingreso. No incluyan los centavos. **Todas** las fuentes de ingreso deben ser anotadas en esta solicitud. Al lado de la cantidad, marque el cuadrado que indica la frecuencia con que la persona recibe el ingreso (semanalmente, cada dos semanas, dos veces por mes, mensualmente o anualmente). **Avance a Sección 5:** Si le interesa compartir la información en esta solicitud con agencias de Medicaid (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadrado y firme. **Sección 6:** Un miembro adulto del hogar **debe** firmar la solicitud. **Sección 7:** Marque los cuadrillos que corresponda a su identidad racial y étnica.



Home Language Survey 2021

07.2021 | 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 #

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 udzieliłi Państwo twierdzącej odpowiedzi na którekolwiek z powyższych 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

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.

If the language is not included on the list of languages available on Aspen, enter "Other."

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

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 languages other than English listed, enter the language identified in question 2 as both Home and Native language.

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



Race and Ethnicity Survey

Student's Name:
Gender:
Birth Date:

School Name:
School ID:

INSTRUCTIONS: Please answer the questions below. Both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) Choose only one.

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)



Durkin Park Elementary • 8445 S. Kolin Avenue • Chicago, Illinois 60652
Tel. (773) 535 - 2322 • Fax (773) 535-2299
www.durkinpark.com

Daniel J. Redmond
Principal

Leopoldo Acosta
Assistant Principal

Dear Parents,

Please indicate below the language in which you prefer to receive your child's report card. Also, write your child's name and room number. Finally, please sign the form and return to your child's teacher.

Language of preference: _____

Child's name: _____ Room: _____

Signature _____ Date: _____

Estimados Padres:

Tenga la bondad de anotar en la parte inferior, el idioma en el cual quisiera recibir las calificaciones de su hijo/a. Además, anote el nombre de su hijo/a y el número de aula. Por último, sírvase a firmar este formulario y regresarlo al maestro/a.

Idioma de preferencia: _____

Nombre del niño/a _____ Salón: _____

Firma _____ Fecha: _____

اولياء امور الطلبة الاعزاء .

اذا اردتم اختيار شهادة طفلك / لمفلفل باللغة العربية
الرجاء التوقيع على هذا الاستبيان وكتابه اسم الطالب
وتمه الصف والتاريخ. واتحاده الطلب الى مدرسه الصف
وشكرا للتعاون



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

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

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

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

Student's Name

Student ID #

Date

School

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



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

42 W. Madison Street • Chicago, Illinois 60602
Telephone: 773/553-1600



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.

Instructions: Check Box for Consent or Do Not Consent

- I CONSENT as outlined in the above section.
- I DO NOT CONSENT as outlined in the above section.

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

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

Student’s Name

Student ID #

Date

School

Phone Number 1 for Messages: (____) ____ - _____

Phone Number 2 for Messages: (____) ____ - _____

E-mail Address: _____

