



School Enrollment Form



Please print or type:

Student Information

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

Personal Information

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

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

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

Student Address/Phone

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

Enrollment

| | | | | |
|---|--|--|--|---|
| LAST CHICAGO PUBLIC, OPTIONS, CHARTER, OR CONTRACT SCHOOL ATTENDED | | | | |
| *SCHOOL TRANSFERRING FROM (if not a Chicago Public, Options, Charter, or Contract School) | | CITY, STATE, ZIP | | |
| *IS THE STUDENT IN GOOD STANDING? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | (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 702.1 for more information.) | |
| IS THE STUDENT RECEIVING ANY TYPE OF SPECIAL EDUCATION SERVICES? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, PROVIDE DETAILS | (Instructions to school: if yes, please notify the Case Manager.) |
| STUDENT ENROLLED BY (Print Last Name, First Name and Middle Name and Relationship) | | | | |

Included Information

FEDERAL ETHNIC AND RACE CATEGORIES: (Enter information into SIS from the current Race and Ethnicity Survey form)

HOME LANGUAGE SURVEY: (Enter information into SIS from the current Home Language Survey form)

PARENT/GUARDIAN CONTACTS: (Enter information into SIS from the current Request for Emergency and Health Information form)

EMERGENCY/HEALTH INFORMATION: (Enter information into SIS from the current Request for Emergency and Health Information form)

Enrollment Status Codes:

- 01 – No Former School
- 02 – Chicago Public School (to incl. Options/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

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

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

CUMULATIVE FOLDER



Home Language Survey 2023

Office of Language and Cultural Education



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

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency and may be eligible for English Learner services.

please print or type:

| | | |
|-------------------|------------|-------------|
| STUDENT LAST NAME | FIRST NAME | MIDDLE NAME |
|-------------------|------------|-------------|

| |
|-------------|
| SCHOOL NAME |
|-------------|

| | | |
|--------------|---------|--------|
| STUDENT ID # | NETWORK | ROOM # |
|--------------|---------|--------|

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

| | | |
|--|--|-----------------|
| 1. Is a language other than English spoken in your home? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Which language? |
|--|--|-----------------|

| | | |
|--|--|-----------------|
| 2. Does the student speak a language other than English? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Which language? |
|--|--|-----------------|

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

| | | |
|---|--|---------------|
| 1. ¿Se habla algún otro idioma que no sea inglés en su hogar? | <input type="checkbox"/> Sí (yes) <input type="checkbox"/> No (no) | ¿Cuál idioma? |
|---|--|---------------|

| | | |
|--|--|---------------|
| 2. ¿Habla el estudiante algún otro idioma que no sea inglés? | <input type="checkbox"/> Sí (yes) <input type="checkbox"/> No (no) | ¿Cuál idioma? |
|--|--|---------------|

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

| | | |
|------------|--|-------|
| 英語之外的其他語言？ | <input type="checkbox"/> 是的 (yes) <input type="checkbox"/> 不是 (no) | 什么语言？ |
|------------|--|-------|

| | | |
|----------------|--|-------|
| 女是否說英語之外的其他語言？ | <input type="checkbox"/> 是的 (yes) <input type="checkbox"/> 不是 (no) | 什么语言？ |
|----------------|--|-------|

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

| | | |
|--|---|---------|
| هل تُستخدم لغة أخرى غير اللغة الإنجليزية في منزلك؟ | <input type="checkbox"/> نعم (yes) <input type="checkbox"/> لا (no) | اي لغة؟ |
|--|---|---------|

| | | |
|--|---|---------|
| هل يتحدث الطالب لغة أخرى غير اللغة الإنجليزية؟ | <input type="checkbox"/> نعم (yes) <input type="checkbox"/> لا (no) | اي لغة؟ |
|--|---|---------|

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

| | | |
|--|--|-----------------|
| 1. Czy mówi się w domu językiem innym niż angielski? | <input type="checkbox"/> Tak (yes) <input type="checkbox"/> Nie (no) | Jakim językiem? |
|--|--|-----------------|

| | | |
|---|--|-----------------|
| 2. Czy uczeń mówi innym językiem niż angielski? | <input type="checkbox"/> Tak (yes) <input type="checkbox"/> Nie (no) | Jakim językiem? |
|---|--|-----------------|

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

| | | |
|---|---|-------------|
| 1. Чи розмовляєте Ви вдома іншою мовою окрім англійської? | <input type="checkbox"/> Так (yes) <input type="checkbox"/> Ні (no) | Якою мовою? |
|---|---|-------------|

| | | |
|--|---|-------------|
| 2. Чи розмовляє Ваша дитина іншою мовою окрім англійської? | <input type="checkbox"/> Так (yes) <input type="checkbox"/> Ні (no) | Якою мовою? |
|--|---|-------------|

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 [Student Reclassification Recommendation \(SRR\)](#) will have to be submitted to OLCE to correct the language at a later date.

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



Home Language Survey 2023

Office of Language and Cultural Education



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

please print or type:

| | | |
|-------------------|------------|-------------|
| STUDENT LAST NAME | FIRST NAME | MIDDLE NAME |
|-------------------|------------|-------------|

| |
|-------------|
| SCHOOL NAME |
|-------------|

| | | |
|--------------|---------|--------|
| STUDENT ID # | NETWORK | ROOM # |
|--------------|---------|--------|

| | |
|---|--|
| Bosnian/Serbian(Latin) Bosanski/Srpski | Ukoliko ste na bilo koje od ovih pitanja odgovorili sa „Da“, škola će biti zakonski dužna da procijeni nivo znanja engleskog jezika kod vašeg djeteta. |
|---|--|

| | | |
|---|--|--------------|
| 1. Da li se u kući govori na stranom jeziku (različito od engleskog)? | <input type="checkbox"/> Da (yes) <input type="checkbox"/> Ne (no) | Koje jezike? |
|---|--|--------------|

| | | |
|--|--|--------------|
| 2. Da li učenik govori neki drugim jezikom (različito od engleskog)? | <input type="checkbox"/> Da (yes) <input type="checkbox"/> Ne (no) | Koje jezike? |
|--|--|--------------|

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

| | | |
|--|---|--------------|
| 1. Ngôn ngữ khác tiếng Anh có được sử dụng trong nhà quý vị không? | <input type="checkbox"/> Có (yes) <input type="checkbox"/> Không (no) | Ngôn ngữ gì? |
|--|---|--------------|

| | | |
|---|---|--------------|
| 2. Con quý vị có nói một ngôn ngữ khác ngoài tiếng Anh không? | <input type="checkbox"/> Có (yes) <input type="checkbox"/> Không (no) | Ngôn ngữ gì? |
|---|---|--------------|

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

| | | |
|--|---|--------------|
| کیا آپ کے گھر میں انگریزی کے علاوہ کوئی دوسری زبان بولی جاتی ہے؟ | <input type="checkbox"/> ہاں (yes) <input type="checkbox"/> نہیں (no) | کون سی زبان؟ |
|--|---|--------------|

| | | |
|--|---|--------------|
| کیا طالب علم انگریزی کے علاوہ کوئی دوسری زبان بول سکتا ہے؟ | <input type="checkbox"/> ہاں (yes) <input type="checkbox"/> نہیں (no) | کون سی زبان؟ |
|--|---|--------------|

| | |
|-------------------------|---|
| Pashto / انګلیسي | که د هرې پوښتنې ځواب هو وي، قانون له مخې پوښتونکي اړتيا لري چې ستاسو د ماشوم د انګليسي ژبې مهارت ارزونه وکړي. |
|-------------------------|---|

| | | |
|---|--|-----------|
| آيا ستاسو په کور کېد انګليسي پرته بله ژبه ويلکړي؟ | <input type="checkbox"/> هو (yes) <input type="checkbox"/> نه (no) | کومه ژبه؟ |
|---|--|-----------|

| | | |
|---|--|-----------|
| آيا ستاسو ماشوم د انګليسي پرته په بله ژبه خبرې کوي؟ | <input type="checkbox"/> هو (yes) <input type="checkbox"/> نه (no) | کومه ژبه؟ |
|---|--|-----------|

| | |
|---------------------------|---|
| Gujarati / ગુજરાતી | તમારા બાળકના અંગ્રેજી ભાષાના કૌશલ્ય માટે આકારણી કરाववा मांगे છે. જો બન્નેમાંથી કોઈ એક પૂછનો જવાબ પણ हा मां होय तो, कायदी शाणा पास |
|---------------------------|---|

| | | |
|---|--|----------|
| 1. શું આપના ઘરમાં અંગ્રેજી સિવાયની ભાષા અન્ય કોઈ ભાષા બોલ આવે છે? | <input type="checkbox"/> હા (yes) <input type="checkbox"/> ના (no) | કઈ ભાષા? |
|---|--|----------|

| | | |
|---|--|----------|
| 2. શું વિદ્યાર્થીઓ અંગ્રેજી સિવાયની કોઈ ભાષા બોલે છે? | <input type="checkbox"/> હા (yes) <input type="checkbox"/> ના (no) | કઈ ભાષા? |
|---|--|----------|

| | |
|------------------------|--|
| Yoruba / Yorùbá | Tí idáhùn sí ibèèrè nàá bá jẹ Bẹ̀ẹ̀ni, òfin bèèrè pé kí ilé-ẹ̀kọ́ nàá ẹ̀ ẹ̀gbélewọn bí omo ẹ̀ ẹ̀gbẹ̀ èdè Gẹ̀ẹ̀sì sí. |
|------------------------|--|

| | | |
|--|--|---------|
| 1. Njẹ ẹ n sọ èdè miran yatọ sí Èdè-Gẹ̀ẹ̀sì ninu idile yin bí? | <input type="checkbox"/> Bẹ̀ẹ̀ni (yes) <input type="checkbox"/> Bẹ̀ẹ̀kọ (no) | Èdè wo? |
|--|--|---------|

| | | |
|---|--|---------|
| 2. Ẹ akẹ̀kọ̀ọ́ nàá n sọ èdè miran yatọ sí èdè-Gẹ̀ẹ̀sì bí? | <input type="checkbox"/> Bẹ̀ẹ̀ni (yes) <input type="checkbox"/> Bẹ̀ẹ̀kọ (no) | Èdè wo? |
|---|--|---------|

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

| | | |
|---|---|-----------------|
| 1. Вы говорите у себя дома на ином языке, нежели на английском? | <input type="checkbox"/> Да (yes) <input type="checkbox"/> Нет (no) | На каком языке? |
|---|---|-----------------|

| | | |
|---|---|-----------------|
| 2. Ваш ребёнок говорит на ином языке, нежели на английском? | <input type="checkbox"/> Да (yes) <input type="checkbox"/> Нет (no) | На каком языке? |
|---|---|-----------------|

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

| | | |
|--|---|-------------|
| 1. May iba pa bang lengguwahe bukod sa Ingles na ginagamit sa iyong tahanan? | <input type="checkbox"/> Mayroon (yes) <input type="checkbox"/> Wala (no) | Anong wika? |
|--|---|-------------|

| | | |
|--|---|-------------|
| 2. May ginagamit ba na ibang lengguwahe ang mag-aaral bukod sa Ingles? | <input type="checkbox"/> Mayroon (yes) <input type="checkbox"/> Wala (no) | Anong wika? |
|--|---|-------------|

| | | | |
|------------------------------|------|---------------------------|------|
| Signature of School Official | Date | Parent/Guardian Signature | Date |
|------------------------------|------|---------------------------|------|

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

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



Race and Ethnicity Survey



please print or type:

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

Instructions

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

PART A

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

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

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

PART B

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

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

State of Illinois Eye Examination Report

Doctor must complete the form, parents
please return to your child's school or
send it to healthforms@cps.edu.

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 15th 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

| |
|---|
| <p>Consent of Parent or Guardian</p> <p>I agree to release the above information on my child or ward to appropriate school or health authorities.</p> <p>_____</p> <p>(Parent or Guardian's Signature)</p> |
|---|

Phone: _____