

## Request for Emergency and Health Information

School Name: **Cassell Fine Arts Elementary School**

**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**

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 SIM.

**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		
Check all that apply:	<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, if different from student's		
Home Phone Number, if different from student's		
Cell Phone Number		
Email Address		
Name and Address of Employer		
Work Phone Number		
* Communication Language		
* 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: (Type Full Name In Lieu of Signature)

(Parent/Guardian Signature) \_\_\_\_\_ (Date) \_\_\_\_\_



## Chicago Public Schools Media Consent Form and Release

### Consent/Release

I hereby consent to have my student photographed, video taped, audio taped and/or interviewed by the Board or the news media when school is in session or when my child is under the supervision of the Board. I understand that during the school year, the Board might like to celebrate my child's accomplishments and work. Therefore, I further consent to allow the Board to release my student'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 student's name, photograph or likeness, voice or creative work(s) on the Internet or on a CD or any other electronic/digital media or print media.

As the child's parent or legal guardian, I agree to release and hold harmless the Board, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's name, photograph or likeness, voice or creative work(s), on television, radio or motion pictures, or on the Internet, or on a CD, or any other electronic/digital media or print media.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's name, photograph or likeness, voice or creative work(s).

I understand that I may cancel this release by providing written notice to the principal. I also understand that this release 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 to my child being photographed, video taped, audio taped and/or interviewed by the Board or the news media when school is in session or when my child is under the supervision of the Board. Furthermore, I do not consent for the Board to release my student's name, academic/non-academic awards, and information concerning my child's participation in school-sponsored activities, organizations and athletics. I do not consent for the Board to use my student'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.

\_\_\_\_\_  
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

\_\_\_\_\_  
Cassell Fine Arts Elementary School  
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.

### 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, 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\*\****

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, texts or e-mails, 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 unless or until you revoke your consent. Please return this completed form to your school no later than **December 1, 2017**. Standard messaging rates and data charges 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

\_\_\_\_\_  
Cassell Fine Arts Elementary School  
\_\_\_\_\_  
School

**Phone Number 1 for Messages:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Phone Number 2 for Messages:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**E-mail Address:** \_\_\_\_\_



## Student Medical Information 2020 - 2021

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

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 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Cassell Fine Arts Elementary School \_\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_

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) – please specify: \_\_\_\_\_

☐ Asthma \_\_\_\_\_ Year Diagnosed \_\_\_\_\_

☐ Diabetes – please circle one:      Type 1      Type 2      Year Diagnosed \_\_\_\_\_

☐ Seizures/Epilepsy \_\_\_\_\_ Year Diagnosed \_\_\_\_\_

☐ Sickle Cell Disease \_\_\_\_\_ Year Diagnosed \_\_\_\_\_

☐ Other: \_\_\_\_\_ Year Diagnosed \_\_\_\_\_

2. My child has a primary doctor.	YES	NO
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*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
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**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.**

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE RETURN THE FORM TO THE SCHOOL NURSE  
IF THE STUDENT HAS A HEALTH CONDITION PARENTS MUST  
SCHEDULE A MEETING WITH THE SCHOOL NURSE**

<b>Nurses Use Only</b> Reviewed by: Date and Initial
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**CPS FAMILY INCOME INFORMATION FORM 2020-2021**

Parents - Please return form to school by September 30, 2020

Schools – Please enter into ODA by October 18, 2020

School Name (*Nombre de Escuela*): **CASELL FINE ARTS ELEMENTARY SCHOOL**

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)				Part 2: SNAP / TANF number of any member of your household (go to step 6) (N° de SNAP / TANF de cualquier integrante de su hogar (pase al n°6))												Part 3 – Homeless, Migrant, Runaway Child, or child enrolled in Head Start (Niño sin Hogar, Emigrante, Fugitivo o Niño en el programa Head Start)			
List names of all members of your household living with you. (Escriba los nombres de todas las personas que viven en su hogar.) *Foster Children (legal responsibility of welfare agency or court)				DHS Case Number (Numero del Caso del DHS)												<input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/> Head Start			
Foster Child? (¿Hijo de Crianza?)	CPS Student? (¿Estudiante de CPS?)	All Household Member Names Last (Apellido)    First (Nombre)    MI (Inicial)			Date of Birth (Fecha de Nacimiento)														
<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 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			Gross Income (before deductions) (Ingresos Brutos)				Other Income (Todos Otros Ingresos)																	
First (Nombre)	MI (Inicial)	Last (Apellido)	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually												
			\$					\$																
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			\$					\$																

**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)	Parent / Guardian First Name (Nombre del adulto del hogar)	Parent / Guardian Last Name (Apellido del adulto del hogar)
Address (Dirección postal o de domicilio)	Zip Code (Código Postal)	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: Sigla 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:** Sigla 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.

# Chicago Public Schools School Enrollment Form

*School Name* \_\_\_\_\_

<b>Student Information</b>  Student's siblings' names if currently enrolled in CPS:  _____  _____  _____	Student ID# _____	<b>School Use Only:</b> <b>Prevent duplicate student records. Search in SIM for an existing Student ID <u>before</u> creating a new one.</b>
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Last Name _____</div> <div style="width: 20%;">First Name _____</div> <div style="width: 20%;">Middle Name _____</div> <div style="width: 30%;">Generation (Jr., etc) _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 25%;">Gender _____</div> <div style="width: 30%;">Birth date (mm/dd/yyyy) _____</div> <div style="width: 45%;">Registration Grade Level (when first entering CPS) _____</div> </div>		
<b>Personal and Immigrant Information</b>  <b>Note to Parent/Guardian:</b> <i>Your student may be eligible for additional resources and services if identified as born outside the United States (US) and/or has refugee status. Please complete this information.</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Y / N _____</div> <div style="width: 70%;">Birth Certificate on File _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Birth Verification Type _____</div> <div style="width: 70%;">_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">* Birth Country _____</div> <div style="width: 30%;">Birth State _____</div> <div style="width: 40%;">Birth City _____</div> </div> <p>* Complete if student was <u>not</u> born in the United States (US) or one of its Territories:</p> <p style="margin-left: 40px;"><b>Date of first enrollment in any US School:</b> _____</p> <p style="margin-left: 40px;"><b>Full Years completed school in US:</b> _____</p> <p style="margin-left: 40px;"><b>Date first entered US:</b> _____</p> <p style="margin-left: 40px;">Student has refugee status: Y / N _____ Country of refugee: _____</p>	
<b>School Use Only: Note that "Date of first enrollment in any US School" becomes a required field in SIM if "Birth Country" is <u>not</u> the US or one of its Territories.</b>		
<b>Student Address/Phone</b>  Physical (Home) Address   Mailing Address <i>(if different than Home)</i>	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 45%;">Street Number and Name _____</div> <div style="width: 10%;">Apt. _____</div> <div style="width: 15%;">City _____</div> <div style="width: 15%;">State _____</div> <div style="width: 15%;">Zip Code _____</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 45%;">Street Number and Name _____</div> <div style="width: 10%;">Apt. _____</div> <div style="width: 15%;">City _____</div> <div style="width: 15%;">State _____</div> <div style="width: 15%;">Zip Code _____</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 80%;">Home Phone Number _____</div> <div style="width: 20%;">_____</div> </div>	
<b>Demographic, Home Language, Parent/Guardian Contacts, Emergency/Health Information</b>	Federal Ethnic and Race Categories: <i>(Enter information into SIM from the Race and Ethnicity Survey form)</i> Home Language Survey: <i>(Enter information into SIM from the Home Language Survey form)</i> Parent/Guardian Contacts: <i>(Enter information into SIM from the Request for Emergency and Health Information form)</i> Emergency/Health Information: <i>(Enter information into SIM from the Request for Emergency and Health Information form)</i>	
<b>Enrollment</b>  <b>Enrollment Status Codes:</b> 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	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="width: 65%;">*School Transferring From <i>(if not a Chicago Public, Charter or Contract School)</i> _____</div> <div style="width: 30%;">City and State _____</div> </div> <p>*Is the student in good standing? Y / N _____  <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-POI 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? Y / N _____  <i>(Instructions to school: if yes, please notify the Case Manager.)</i></p> <p>Student Enrolled by _____  <i>(Print Name and Relationship)</i></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">Signature of Parent/Guardian <i>(Type Name in Lieu of Signature)</i> _____</div> <div style="width: 40%;">Date of Enrollment _____</div> </div>	
<b>School Use Only:</b> Enrollment Status Code <i>(insert a # from the left)</i> _____ Grade Level _____ Homeroom/Division # _____		



# HOME LANGUAGE SURVEY

Complete this Home Language Survey at the student's initial enrollment in Chicago Public Schools.  
(This form must be kept in the student's folder.)

School: Cassell Fine Arts Elementary School Room: \_\_\_\_\_ Unit: \_\_\_\_\_ Area: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID No.: \_\_\_\_\_

## English

1. Is a language other than English spoken at home?

☐ No ☐ Yes \_\_\_\_\_ (Language)

2. Does the student speak a language other than English?

☐ No ☐ Yes \_\_\_\_\_ (Language)

### Home Language Code

Enter the appropriate language code  
(from the back of this form) on this  
line and in to IMPACT.

## Spanish

1. ¿Se habla algún otro lenguaje que no sea inglés en el hogar?

☐ No ☐ Sí \_\_\_\_\_ (Lenguaje)

2. ¿Habla el estudiante un lenguaje que no sea el inglés?

☐ No ☐ Sí \_\_\_\_\_ (Lenguaje)

## Polish

1. Czy językiem innym niż angielski mówi się w domu?

☐ Nie ☐ Tak \_\_\_\_\_ (język)

2. Czy uczeń mówi innym językiem niż angielski?

☐ Nie ☐ Tak \_\_\_\_\_ (język)

## Chinese

1. 在家中是否說英語之外的一種語言  
[ ] 否 [ ] 是 \_\_\_\_\_ (語言)

2. 該學生是否會說英語之外的一種語言  
[ ] 否 [ ] 是 \_\_\_\_\_ (語言)

## Arabic

1 - هل تتكلم في بيتك بلغة أخرى غير اللغة الإنجليزية ؟  
اللغة \_\_\_\_\_ نعم ( ) لا ( )

2 - هل يتكلم قاصداً لغة أخرى غير اللغة الإنجليزية ؟  
اللغة \_\_\_\_\_ نعم ( ) لا ( )

## Bosnian/Croatian/Serbian

1. Da li se u kući govori na stranom jeziku (različito od engleskog)?

[ ] NE [ ] DA \_\_\_\_\_ (jezik)

2. Da li učenik govori neki strani jezik (različit od engleskog)?

[ ] NE [ ] DA \_\_\_\_\_ (jezik)

## Urdu

1 کیا گھر پر انگریزی کے علاوہ کوئی اور زبان بولی جاتی ہے؟

(زبان) \_\_\_\_\_ ( ) نہیں ( ) ہاں

2 کیا طالب علم گھر پر انگریزی کے علاوہ کوئی اور زبان بولتا ہے؟

(زبان) \_\_\_\_\_ ( ) نہیں ( ) ہاں

(TYPE FULL NAME)

Signature of Parent/Guardian

Date

Signature of School Official

Date

### Notes:

- The school staff who enrolls the student is required to obtain answers from the parent/legal guardian
- 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 (including students).
- If exact name of the language cannot be determined, enter the code for "Other" (099) as a temporary entry. The exact language must be determined within two weeks after the enrollment. Assistance from Area Compliance Facilitators is available.
- If multiple languages are specified in response to either of the two questions, ask the parent/guardian for the language of his/her choice.

\*\*\*For Language Code Lists, see back.





ENGLISH

## Race and Ethnicity Survey

Student's Name:  
Gender:  
Birth Date:

School Name: Cassell Fine Arts Elementary School  
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.)