



NEW STUDENT

# REGISTRATION PACKET

Please email Julie Pienta at [jaschwarz@cps.edu](mailto:jaschwarz@cps.edu) to schedule a time to drop off the completed packet

OR

see the school clerk at  
Back to School Registration at Cassell on

**THURSDAY, AUGUST 10TH**

9:00am – 12:00pm

or

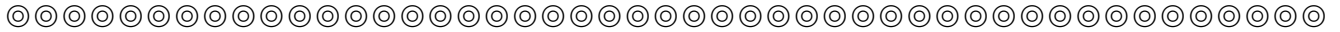
1:00pm – 3:00pm

***NEW student registration packets will also need 3 proofs of current address, an original birth certificate, school fee, and transfer from previous school (if applicable). It will take a few moments for the office to copy your originals and return them to you before you can leave. Please plan accordingly.***



# CASSELL SCHOOL UNIFORMS

## 2023 – 2024



### **Uniform Shirts & Sweaters/Sweatshirts (No Hoodies):**

**K-5:** White or Navy Cassell Polo, Collared shirt or Turtleneck

**6-8:** Maroon Cassell Polo Shirt, Collared Shirt or Turtleneck

### **Uniform Pants; Jumpers or Skirts:**

**K-8:** Navy blue

### **Uniform Shoes:**

**K-8:** Dress or Gym Shoes.

*Due to safety concerns open toed or open heeled shoes are not permitted*

### **Examples of items that are NOT allowed as part of the school uniform:**

Heeled Shoes, flip-flops, crocs, clogs, sandals, stretch pants, leggings, mid length shirts/sweaters, t-shirts or undershirts (unless they match the uniform colors and worn under the uniform shirt and no logos), navy pants with stripes, cargo pants, windbreaker athletic sportswear, jeans, bib overalls, any clothing with holes or tears.. No makeup is allowed. No writing or coloring on the child's body.

### **Gym Uniform:**

#### **Gym Shirt**

**K-5:** White or Navy Cassell T-Shirt

**6-8:** Maroon Cassell T-Shirt

#### **Gym Bottoms**

**K-8:** Navy Cassell Shorts or plain sweatpants

**\*Shorts are to only be worn under sweatpants on gym days and worn during gym time between October 1 and April 30\***

### **Hot Weather Uniform:**

The Cassell Gym Uniform may be worn during the months of May 1<sup>st</sup> - September 30<sup>th</sup>. Navy blue uniform shorts may also be worn. This Hot Weather Uniform is not mandatory. The building is air conditioned.

### **Dress Down Days**

*Examples of clothing not allowed:* Torn clothing or clothing with holes, words or pictures that are not appropriate or disruptive to the school setting, etc.

### **~ SCHOOL UNIFORMS ARE MANDATORY ~**

Should your child have sensory needs, please contact administration for individual accommodations. Students who do not regularly comply with the uniform policy will not be allowed to participate in extra-curricular activities/events: ie: sports, dances, etc.



# George F. Cassell Elementary School



**Dr. Eileen Scanlan**  
Principal

**11314 S. Spaulding Avenue**  
Chicago, Illinois 60655  
Tel. (773) 535-2640

**Mrs. Julie Pienta**  
Assistant Principal

## School Fees 2023 - 2024

Dear Parents/Guardians;

The school fee is \$125 per child and should be submitted with registration.

- Please submit payment through **ePay** on our school website, **CASH or a MONEY ORDER** made out to **CASELL SCHOOL**
  - If a school fee is not submitted 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.
- 

### School Fee Outline:

- **Workbooks/Consumables**
- **Online Programs & Material Supports to Classroom**
- **Copy Machine Lease/Copy Paper**
- **Classroom Supplies**
- **Classroom and Student Technology**
- **Student Incentives** (Positively Cassell, Attendance, Honor Roll, Lawn Signs, Cassell Spirit Items, etc)



# 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 (mm/dd/yyyy)	HOMEROOM #	STUDENT HOME PHONE #	
<b>CONFIDENTIAL INFORMATION BOX 1</b> 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.) <b>Check one box:</b> <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 <b>School Note:</b> If any box is checked, see the CPS Policy 702.5.		<b>CONFIDENTIAL INFORMATION BOX 2</b> Is there a current Order of Protection or No Contact Order which concerns this student? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>School Note:</b> 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 (include unit number if applicable)		
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 #				
STUDENT HEALTH INSURANCE: (select only one of the three) <input type="checkbox"/> Illinois Medical Card/All Kids: provide student's medical ID # _____ (9-digit number located on back of card). <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.		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? <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		

Parent/Guardian Signature

Date

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



# School Enrollment Form



Please print or type:

## Student Information

SCHOOL NAME

STUDENT ID#	School Use Only: Prevent duplicate student records. Search in 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/X/N)
*AFFIRMED GENDER (F/M/N)	*AFFIRMED FIRST NAME	STUDENT'S SIBLINGS' NAMES IF CURRENTLY ENROLLED IN CPS:
*Optional. For more information regarding affirmed gender and affirmed name, please visit: <a href="#">Supporting Gender Diversity Toolkit</a>	*AFFIRMED MIDDLE NAME	
	*AFFIRMED LAST NAME	

## Personal Information

BIRTH CERTIFICATE ON FILE <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTH VERIFICATION TYPE	
*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.
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## 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

## 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

*SCHOOL TRANSFERRING FROM ((if not a Chicago Public, Charter or Contract School)	CITY AND STATE
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*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 10-0623-P01 for more information.)
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LAST CHICAGO PUBLIC, CHARTER, OR CONTRACT SCHOOL ATTENDED

IS THE STUDENT RECEIVING ANY TYPE OF SPECIAL EDUCATION SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	(Instructions to school: if yes, please notify the Case Manager.)
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STUDENT ENROLLED BY (Print Name and Relationship)

### Enrollment Status Codes:

- |   |                                    |
|---|------------------------------------|
| 01 - No Former School                                     | 05 - IL Private Schl, not Chicago  |
| 02 - Chicago Public School<br>(to incl. Charter/Contract) | 06 - US Public Schl, not Illinois  |
| 03 - Chicago Private School                               | 07 - US Private Schl, not Illinois |
| 04 - IL Public Schl, not Chicago                          | 08 - Not in USA                    |

Signature of Parent/Guardian

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

Date of Enrollment

School Use Only:	ENROLLMENT STATUS CODE (insert a # from the left)	GRADE LEVEL	HOMEROOM/DIVISION #
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# 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.

*please print or type:*

### 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.

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

*please print or type:*

School

Date

Student's Name

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

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

Student ID #

School

Date

Phone Number 1 for Messages

Phone Number 2 for Messages

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

Student ID #

E-mail Address

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 with the records.

*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#		

## 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.)



# 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 #

**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	Language
2. Does the student speak a language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Sí <input type="checkbox"/> No	Lenguaje
2. ¿Habla el estudiante algún otro idioma que no sea inglés?	<input type="checkbox"/> Sí <input type="checkbox"/> 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？	<input type="checkbox"/> 否 <input type="checkbox"/> 是	語言
2. 您的子女是否說英語之外的其他語言？	<input type="checkbox"/> 否 <input type="checkbox"/> 是	語言

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

اللغة	<input type="checkbox"/> لا <input type="checkbox"/> نعم	هل تُستخدم لغة أخرى غير اللغة الإنجليزية في منزلك؟
اللغة	<input type="checkbox"/> لا <input type="checkbox"/> 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?	<input type="checkbox"/> Tak <input type="checkbox"/> Nie	Język
2. Czy uczeń mówi innym językiem niż angielski?	<input type="checkbox"/> Tak <input type="checkbox"/> 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.



Date \_\_\_\_\_



**Evidence shows that healthy students have better attendance patterns and perform better academically. The following health requirements apply to all children enrolled in a Chicago Public School. Children must provide proof of required immunizations and school physical exam before October 15, 2022, or they will face exclusion from school.**

Health insurance can provide children and their families with comprehensive health care coverage that can be used for doctor's visits, immunizations, prescription medications, dental care, eye exams, glasses and more!

If you would like help enrolling your child in health insurance, call the Healthy CPS Hotline: **773 553-KIDS (5437)** or visit [www.cps.edu/cfbu](http://www.cps.edu/cfbu).

All Kids Health Insurance provides coverage for children in Illinois, regardless of immigration status.

If you need help finding a health center near you please call: **773 553-KIDS (5437)** or visit <https://findahealthcenter.hrsa.gov>.

## Recommended Vaccine

To prevent HPV cancers HPV (human papillomavirus) vaccination is recommended for preteen girls and boys at age 11 to 12 years. Preteens need HPV vaccinations for protection from HPV infections that cause cancer. CDC recommends that 11 to 12 year olds receive two doses of HPV vaccine at least six months apart. Teens and young adults who start the series later, at ages 15 through 26 years, need three doses of HPV vaccine to protect against cancer-causing HPV infection. For more information: [www.cdc.gov/vaccines/vpd/hpv/public/index.html](http://www.cdc.gov/vaccines/vpd/hpv/public/index.html).

For more information about CPS health requirements, contact your School Nurse.

## Examination Requirements

### Physical Examination

#### Requirements due upon enrollment, or by 10/15/22

Physical Examination must be completed within one year prior to entry to:

- Preschool and kindergarten (physical exam and lead screening through age 6).
- 6th grade and 9th grade (ages 5, 11, 15 for un-graded programs).
- Any student entering CPS for the first time.

### Vision Examination

#### Requirements due upon enrollment, no later than 10/15/22

- Entering the State of Illinois for the first time at any grade level.
- Entering kindergarten.

### Dental Examination

#### Requirements due 5/15/23 for kindergarten, 2nd, 6th grade and 9th grade.

## Immunization Requirements

### Diphtheria, Pertussis (Whooping Cough) & Tetanus (DTP, DTaP & Tdap)

- Four (4) or more doses. The first 3 doses with intervals of 4 weeks apart. The interval between the 3rd and 4th dose is at least 6 months.
- The last dose qualifying as a booster and received on or after the 4th birthday.
- One (1) dose of the Tdap vaccine for 6th to 12th grades.

### Polio

- Four (4) or more doses. The first 3 doses with intervals of 4 weeks apart. The interval between the 3rd and 4th dose is at least 6 months.
- The last dose qualifying as a booster and received on or after the 4th birthday.
- A 4th dose is not needed if the 3rd dose was administered at age 4 or older and 6 months after the previous dose.

### Measles, Mumps, & Rubella (MMR)

- One (1) dose required for preschool, & a second dose required for all students kindergarten to 12th grade.
- 1st dose received at 12 months or later.
- 2nd dose must be administered at least four weeks (28 days) after 1st dose.

### Hepatitis B

- Three (3) doses required for all students.
- 1st dose at birth.
- 2nd dose received no less than 28 days or 4 weeks after 1st dose.
- 3rd dose received no less than 2 months after the 2nd dose and 4 months after the 1st dose.

### Varicella (Chicken Pox)

- Two (2) doses of varicella are required for kindergarten, 1st, 2nd, 3rd, 6th, 7th, 8th, 9th, 10th, 11th, & 12th grades. The first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose.
- One (1) dose required on or after the first birthday for Prek, 3rd, 4th, 5th, grades.

### Haemophilus Influenzae, Type B (HIB)

- Three (3) doses required for primary series.
- If none received before age 15 months, only one (1) dose required from age 15 months to 59 months of age. Not required age 5 years or older.

### Pneumococcal Conjugate (PCV)

- Four (4) doses required for primary series.
- If none received before age 24 months, only one (1) dose required from age 24 to 59 months of age. Not required age 5 years or older.

### Meningitis Conjugate (MCV4)

- One (1) dose of the meningitis vaccine for 6th, 7th and 8th grades.
- Two (2) doses of the meningitis vaccine for 12th grade.
- 2nd dose must be administered at least 8 weeks after 1st dose.
- If the 1st dose was given at age 16 or older; only one (1) dose will be required for 12th grade.



# Student Medical Information 2022–2023



**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

☐ Sickle Cell Disease

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

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.*



# 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																	
Address				Street		City		Zip Code		Parent/Guardian		Telephone # Home											
												Work											
<b>IMMUNIZATIONS:</b> To be completed by health care provider. Note the mo/da/yr for <i>every</i> dose administered. The day and month is required if you cannot determine if the vaccine was given <i>after</i> the minimum interval or age. <b>If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.</b>																							
<b>Vaccine / Dose</b>	<b>1</b> MO DA YR			<b>2</b> MO DA YR			<b>3</b> MO DA YR			<b>4</b> MO DA YR			<b>5</b> MO DA YR			<b>6</b> 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</b> (HB)													<b>COMMENTS:</b>										
<b>Varicella</b> (Chickenpox)																							
<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																							
<b>Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.</b> 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>											
<b>ALTERNATIVE PROOF OF IMMUNITY</b>																							
<b>1. Clinical diagnosis is acceptable if verified by physician.</b> *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)																							
<b>*MEASLES (Rubeola)</b> MO DA YR <b>MUMPS</b> MO DA YR <b>VARICELLA</b> MO DA YR <b>Physician's Signature</b>																							
<b>2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.</b> 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>											
<b>3. Laboratory confirmation (check one)</b>				<input type="checkbox"/> Measles				<input type="checkbox"/> Mumps				<input type="checkbox"/> Rubella				<input type="checkbox"/> Hepatitis B				<input type="checkbox"/> Varicella			
<b>Lab Results</b>				<b>Date</b> MO DA YR												<b>(Attach copy of lab result)</b>							

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	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
<b>HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER</b>							
<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	*If yes, refer to local health department.
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>			
Ear/Hearing problems?	Yes	No		<b>Date</b>			
Bone/Joint problem/injury/scoliosis?	Yes	No					
<b>PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA</b>							
HEAD CIRCUMFERENCE if < 2-3 years old		HEIGHT		WEIGHT		BMI B/P	
<b>DIABETES SCREENING (NOT REQUIRED FOR DAY CARE)</b> BMI>85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: <b>Family History</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Ethnic Minority</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Signs of Insulin Resistance</b> (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>At Risk</b> Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>LEAD RISK QUESTIONNAIRE</b> 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.)							
<b>Questionnaire Administered ?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Blood Test Indicated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Blood Test Date</b>		<b>Result</b>	
<b>TB SKIN OR BLOOD TEST</b> 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. <b>No test needed</b> <input type="checkbox"/> <b>Test performed</b> <input type="checkbox"/> <b>Skin Test:</b> Date Read / / <b>Result:</b> Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ <b>Blood Test:</b> Date Reported / / <b>Result:</b> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____							
<b>LAB TESTS (Recommended)</b>	Date	Results			Date	Results	
Hemoglobin or Hematocrit				Sickle Cell (when indicated)			
Urinalysis				Developmental Screening Tool			
<b>SYSTEM REVIEW</b>	Normal	<b>Comments/Follow-up/Needs</b>			Normal	<b>Comments/Follow-up/Needs</b>	
<b>Skin</b>				<b>Endocrine</b>			
<b>Ears</b>				<b>Gastrointestinal</b>			
<b>Eyes</b>		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Genito-Urinary</b>		LMP	
<b>Nose</b>				<b>Neurological</b>			
<b>Throat</b>				<b>Musculoskeletal</b>			
<b>Mouth/Dental</b>				<b>Spinal Exam</b>			
<b>Cardiovascular/HTN</b>				<b>Nutritional status</b>			
<b>Respiratory</b>		<input type="checkbox"/> Diagnosis of Asthma		<b>Mental Health</b>			
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)				<b>Other</b>			
<b>NEEDS/MODIFICATIONS</b> required in the school setting				<b>DIETARY</b> Needs/Restrictions			
<b>SPECIAL INSTRUCTIONS/DEVICES</b> e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup							
<b>MENTAL HEALTH/OTHER</b> 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: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal							
<b>EMERGENCY ACTION</b> 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 <input type="checkbox"/> No <input type="checkbox"/> 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.)							
<b>PHYSICAL EDUCATION</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>				<b>INTERSCHOLASTIC SPORTS</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>			
Print Name		(MD,DO, APN, PA)		Signature		Date	
Address				Phone			

(Complete Both Sides)

Doctor must complete report,  
parents please return report  
to your child's school or

**State of Illinois  
Eye Examination Report**

send report to Katheryn Hudson,  
healthforms@cps.edu or  
fax 773-535-8677

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

<p><b>Consent of Parent or Guardian</b></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: \_\_\_\_\_



## 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 \_\_\_\_\_



# 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

<input type="checkbox"/> HOMELESS <input type="checkbox"/> MIGRANT <input type="checkbox"/> RUNAWAY <input type="checkbox"/> HEAD START	<hr/> 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.

**OTHER INCOME** can be but not limited to Welfare, Child Support, Retirement, Social Security, Worker's Comp. and Unemployment.

**Frequency:** Weekly, Every 2 Weeks, Twice Monthly, Monthly, Annually

HOUSEHOLD MEMBER NAMES WITH INCOME			GROSS INCOME (before deductions)						OTHER INCOME					
First	Last	M.I.		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually
			\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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
- ☐ **YES!** This student/these students have a parent who is a veteran or active military member. Students with a parent who is a veteran or active military may qualify for a fee waiver.

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. I consent to the district sharing eligibility status in order to receive benefits based on eligibility status.

Signature of adult household member

Parer

Name

Address

Zip C

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

# 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  $\frac{1}{2}$  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.* .....

the Principal of: \_\_\_\_\_ School. As the parent or  
ardian of the below listed student, I acknowledge receipt of the "CPS Attendance Policies and Procedures".

ident's Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

ent's or Guardian's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_



# 2023–2024 CPS CALENDAR ELEMENTARY AND HIGH SCHOOLS



AUGUST					NOVEMBER					FEBRUARY					MAY				
	1	2	3	4			1	2	3			1	2			1	2	3	
7	8	9 +	10	11	6	7	8	9	10 *	5	6	7	8	9 ♦	6	7	8	9	10
14 ♦	15 +	16 +	17 +	18 +	13	14	15	16	17	12	13	14	15	16	13	14	15	16	17
21	22	23	24	25	(20)	(21)	(22)	23 *	24 *	19 *	20	21	22	23	20	21	22	23	24
28	29	30	31		27	28	29	30		26	27	28	29		27 *	28	29	30	31

SEPTEMBER					DECEMBER					MARCH					JUNE				
				1					1					1	3	4	5	6 Q	7 #
4 *	5	6	7	8	4	5	6	7	8	4	5	6	7	8	10 ♦	11 E	12 E	13 E	14 E
11	12	13	14	15	11	12	13	14	15	11	12	13	14	15	17 E	18	19 *	20	21
18	19	20	21	22 ♦	18	19	20	21 Q	22 #	18	19	20	21	22 Q	24	25	26	27	28
25	26	27	28	29	/ 25 /	/ 26 /	/ 27 /	/ 28 /	/ 29 /	/ 25 /	/ 26 /	/ 27 /	/ 28 /	/ 29 /					

OCTOBER					JANUARY					APRIL					JULY				
2	3	4	5	6	(1)	(2)	(3)	(4)	(5)	1 #	2	3	4	5	1	2	3	4 *	5
9 *	10	11	12	13	8	9	10	11	12	8	9	10 ESPT	11 HSPT	12	8	9	10	11	12
16	17	18	19	20 Q	15 *	16	17	18	19	15	16	17	18	19	15	16	17	18	19
23	24	25	26 PT	27 #	22	23	24	25	26	22	23	24	25	26	22	23	24	25	26
30	31				29	30	31			29	30				29	30	31		

## LEGEND

- Q** End of Quarter  
**+** Teacher Institute Days  
**#** School Improvement Days  
**\*** Holiday  
 Day of non-attendance for students  
 Anticipated Window for Summer Programs  
 No students or teachers in school  
**()** Schools closed — no salary paid  
**//** Schools closed — salary paid except as provided by budgetary action  
**PT** Elementary and High School Parent-Teacher Conference Day  
**ESPT** Elementary Parent-Teacher Conference Day  
**HSPT** High School Parent-Teacher Conference Day  
**E** Emergency day-school in session if student days fall below state requirement  
**♦** Each school is provided 4 professional development days  
**▲** School clerks begin working on Wednesday, August 9, 2023

## \* HOLIDAYS

September 4 ..... Labor Day  
 October 9 ..... Indigenous Peoples' Day  
 November 10 ..... Veterans Day  
 November 23, 24 ..... Thanksgiving Holiday  
 January 15 ..... M. L. King Day  
 February 19 ..... Presidents' Day  
 May 27 ..... Memorial Day

Please note: December 25–January 1, June 19, and July 4 are observed holidays for the district offices.

Quarter	1	2	3	4	Total
Weeks	9	8	11	10	38
Days	42	36	52	46	176

- SCHOOL CALENDAR** — School clerks begin on August 9, 2023. Teachers and Chicago Teachers Union (CTU) — represented Paraprofessionals and School-Related Personnel (PSRPs) begin on August 14, 2023.  
 Other school-based employees begin between August 14, 2023 and August 21, 2023.  
 Students begin classes on Monday, August 21, 2023 and end on Thursday, June 6, 2024. Both days are full days of school for students.
- QUARTERS** — Each quarter ends on the following day:  
 Q1 ends October 20, 2023                      Q3 ends March 22, 2024  
 Q2 ends December 21, 2023                  Q4 ends June 6, 2024
- PROGRESS REPORT DISTRIBUTION DAYS** — Schools will distribute progress reports on the following dates:  
 Q1 on September 21, 2023                      Q3 on February 8, 2024  
 Q2 on November 17, 2023                    Q4 on May 3, 2024
- PARENT-TEACHER CONFERENCE DAYS** — Parents are asked to pick up report cards and conference with teachers after the first and third quarters. Parent-Teacher conference days are non-attendance days for students. Elementary and High schools are expected to run a Parent-Teacher Conference Day:  
 (ES + HS) Q1 on Thursday, October 26, 2023    (ES) Wednesday, April 10, 2024 (HS) Thursday, April 11, 2024
- REPORT CARD DISTRIBUTION DAYS** — Please note that report cards for the second and fourth quarters will be sent home:  
 Q2 on December 21, 2023                      Q4 on June 6, 2024
- TEACHER INSTITUTE DAYS** — Teacher institute days are non-attendance days for students. These days are approved by the State Superintendent of Instruction for teacher professional development. Teacher institute days are principal-directed for August 15–August 18, 2023; August 18, 2023 is teacher-directed. August 15 can be scheduled flexibly throughout the year.  
 Days include: August 15, 2023, August 16, 2023, August 17, 2023 and August 18, 2023.
- SCHOOL IMPROVEMENT DAYS** — School Improvement Days are non-attendance days for students and are for teachers and staff to review student data, plan instruction, and engage in development aligned to school priorities. They are principal-directed, except April 1, 2024 and June 7, 2024, which are teacher-directed.  
 Days include: October 27, 2023, December 22, 2023, April 1, 2024 and June 7, 2024.
- PROFESSIONAL DEVELOPMENT DAYS** — Each school is provided 4 Professional Development Days: August 14, 2023, September 22, 2023, February 9, 2024, and June 10, 2024. Professional development days are principal directed. August 14, 2023 and June 10, 2024 can be scheduled flexibly throughout the year.
- VACATIONS** — Schools are closed for the following breaks:  
 Winter vacation — Schools are closed from December 25, 2023 to January 5, 2024.  
 Spring vacation — Schools are closed from March 25, 2024 to March 29, 2024.
- GRADUATION DATES** — High school graduation ceremonies cannot be held prior to Thursday, May 23, 2024. Elementary graduation ceremonies cannot be held prior to Friday, May 31, 2024.
- ANTICIPATED SUMMER PROGRAMS** — Anticipated Summer Programs include Summer Bridge (including Bilingual Bridge), English Language Summer Support, Extended School Year, Summer Acceleration and High School Summer Credit Recovery. The earliest anticipated start date for summer programs is June 18, 2024 and may extend into August 2024.



## '23-24 School Year Popcorn & Capri Sun Incentive Permission



Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

There are times throughout the school year in which we “celebrate” different achievements or activities with popcorn and/or capri sun. The ingredients for both items are listed below. Please sign consent to be able to offer your child either of these items on special celebratory days to eat/drink. If your child is allergic to an item or not able to consume these items, please indicate below and we will notify the homeroom teacher.

- ☐ YES, my child can be served popcorn to eat.
- ☐ YES, my child can be served capri sun to drink.
  
- ☐ NO, my child is not allowed to eat popcorn.
- ☐ NO, my child is not allowed to drink capri sun.

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Parent/Guardian Signature

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### Ingredient List

#### Capri Sun:

WATER, HIGH FRUCTOSE CORN SYRUP, APPLE AND GRAPE JUICE CONCENTRATES, CITRIC ACID, WATER EXTRACTED ORANGE AND PINEAPPLE JUICE CONCENTRATES, NATURAL FLAVOR, VITAMIN E ACETATE

**Popcorn:** Gourmet popcorn, salt, artificial flavor, Yellow #5, Lake (E102), Yellow #6 (E110), coconut oil, high oleic canola oil, artificial flavor, beta carotene (color), TBHQ and citric acid  
Contains: Soy ingredient