



# Cassell Fine Arts Elementary School



**Dr. Eileen Scanlan**  
Principal

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

**Mrs. Julie Pienta**  
Assistant Principal

## School Fees 2026-2027

Incoming Kindergarten  
Fees will be due the 1<sup>st</sup>  
week of Class  
Week of August 24<sup>th</sup>

Dear Parents/Guardians;

The school fee is \$175 per child and should be submitted with registration.

- **Please submit payment on your child’s account through Parent Portal/ePay**
- *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.*
- *Any fees paid to the school will be applied to the school fee balance first before fees are applied for graduation events and materials, field trips, material replacements, etc.*



### School Fee Outline:

- **Workbooks/Consumables/Instructional Programs** (Wonders, Envision Math, My Perspectives, Pearson My World Social Studies, Spelling, Inspire Science, Candor Health)
- **Online Programs & Material Supports to Classroom**
- **Copy Machine Maintenance/Copy Paper & Supplies**
- **Classroom Supplies**
- **Classroom and Student Technology**
- **Classroom Furniture and Equipment**
- **Student Incentives & Events** (Attendance, Honor Roll, Lawn Signs, Positively Cassell Prizes, Cassell Spirit Items, Family Nights, 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 #	HOME/PRIMARY 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>		<b>CONFIDENTIAL INFORMATION BOX 2</b> Is there a current Order of Protection or Civil No Contact Order which concerns this student? <input type="checkbox"/> YES <input type="checkbox"/> NO Is there a current Temporary Restraining Order or Injunction which concerns this student? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> in a car/park/other public place/abandoned building/substandard housing <input type="checkbox"/> doubled-up <input type="checkbox"/> in a hotel/motel/trailer park/camping ground <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>School Note:</b> If "Yes," follow CPS Policy 704.4 procedures. Enter information in <i>Legal Alert</i> field and update contact information, as needed, in SIS.	

## PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION: Add extra contacts on additional page, if needed.

	PRIMARY PARENT/GUARDIAN CONTACT	PARENT/GUARDIAN CONTACT	PARENT/GUARDIAN CONTACT
	<input type="checkbox"/> DCFS Contact	<input type="checkbox"/> DCFS Contact	<input type="checkbox"/> DCFS Contact
Contact First Name, Last Name			
Relationship to Student			
<b>Check all that apply:</b>	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency	<input type="checkbox"/> Gets Mailings <input type="checkbox"/> Permission to Pick up	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency
Home Address, if different from student's (include unit number if applicable)			
Primary Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Secondary Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Third Phone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
E-mail Address			
* Communication Language			
Requires Translator	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

\* 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, neighbor, family friend, or trusted adult 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:  YES  NO

NAME	ADDRESS (include unit number if applicable)	City	State	Zip
TELEPHONE #				

<b>STUDENT HEALTH INSURANCE: (select only one of the three)</b> <input type="checkbox"/> Illinois Medical Card/All Kids: provide student's medical ID # _____ (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.	<b>CHILDREN OF MILITARY PERSONNEL (optional)</b> As the Parent or Guardian, are you a member of a branch of the armed forces of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Parent/Guardian Signature

Date



# 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: [Supporting Gender Diversity Toolkit](#)

\*AFFIRMED MIDDLE NAME

\*AFFIRMED LAST NAME

## Personal Information

BIRTH CERTIFICATE ON FILE  YES  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 not the US or one of its Territories.

## Student Address/Phone

PHYSICAL (HOME) ADDRESS (include unit number if applicable)

City

State

Zip

HOME PHONE #

MAILING ADDRESS (include unit number if applicable) (if different than Home)

City

State

Zip

## 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

\*IS THE STUDENT IN GOOD STANDING?  YES  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 21-0728-P01 for more information.)*

LAST CHICAGO PUBLIC, CHARTER, OR CONTRACT SCHOOL ATTENDED

IS THE STUDENT RECEIVING ANY TYPE OF SPECIAL EDUCATION SERVICES?  YES  NO

*(Instructions to school: if yes, please notify the Case Manager.)*

STUDENT ENROLLED BY (Print Name and Relationship)

### Enrollment Status Codes:

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

Signature of Parent/Guardian

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

Date of Enrollment

<i>School Use Only:</i>	ENROLLMENT STATUS CODE <i>(insert a # from the left)</i>	GRADE LEVEL	HOMEROOM/DIVISION #
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# Student Medical Information Form 2026 - 2027



**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).

*please print or type:*

STUDENT LAST NAME		FIRST NAME	MIDDLE NAME
GENDER (F / M / X / N)	STUDENT DATE OF BIRTH		SCHOOL NAME
STUDENT ID #	GRADE	ROOM #	

### 1. DOES YOUR CHILD HAVE ANY KNOWN HEALTH CONDITIONS?

YES      NO

If your child has a health condition, please schedule an appointment with your school nurse. Please check all that apply:

Allergies (food or other)

List Allergies: \_\_\_\_\_

Asthma

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

Seizures/Epilepsy

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

Diabetes (please select one)    Type 1    Type 2    Other

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

Sickle Cell Disease

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

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

### 2. MY CHILD HAS A PRIMARY CARE PROVIDER    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 medical order, action plan, or plan of care. If your student has a health condition listed above, please visit [cps.edu/oshw](https://cps.edu/oshw) to view the CPS Health Forms required for that particular health condition. CPS Health Forms must be completed by a medical provider and submitted to the school nurse in order to keep your student healthy and safe at school. If you have any questions about required medical forms, please schedule a call or meeting with your 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 \_\_\_\_\_

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

Revised February 2025



# Home Language Survey

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 #

<b>English</b>	If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.
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1. Is a language other than English spoken in your home?  Yes  No Language

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

<b>Spanish/Español</b>	Si la respuesta a cualquiera de las preguntas es "Sí", la ley requiere que la escuela evalúe la competencia de su niño en inglés.
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1. ¿Se habla algún otro idioma que no sea inglés en su hogar?  Sí  No Lenguaje

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

<b>Chinese / 中文</b>	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。
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1. 您的家庭是否說英語之外的其他語言?  否  是 語言

2. 您的子女是否說英語之外的其他語言?  否  是 語言

<b>Arabic / العربية</b>	إذا كانت الإجابة على أي من السؤالين نعم، فإن القانون تطلب من المدرسة تقييم إتقان طفلك للغة الإنجليزية.
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اللغة لا  نعم  هل تُستخدم لغة أخرى غير اللغة الإنجليزية في منزلك؟

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

<b>Polish/Polski</b>	Jeśli udzielił Państwo twierdzącej odpowiedzi na którekolwiek z pytań, przepisy wymagają aby szkoła sprawdziła poziom znajomości języka angielskiego waszego dziecka.
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1. Czy mówi się w domu językiem innym niż angielski?  Tak  Nie Język

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

Signature of School Official	Date	Parent/Guardian Signature	Date
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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.



# 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.)



# Media Consent and Release Form



## 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 which may include honorary banners/signs displayed in, near, or around the school building or community. I understand and agree that the Board and/or its authorized representatives retain the right to use any digital or print capture (including video, audio, photographs or likeness) for any purposes stated or related to the above and may be used by the District in subsequent years.

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 any digital file, or any other electronic/digital media or print media or in connection with my child's participation in virtual school events and/or celebratory activities.

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

I understand that I may cancel this consent by providing written notice to the principal. I also understand that my consent is valid for one school year, including the following summer.

### Instructions: Check Box #1 or Box #2

1. I consent as outlined in the above consent/release section.
2. I DO NOT consent as outlined in the above consent/release section.

Please print or type:

\_\_\_\_\_  
Student Last Name                      First Name                      Middle Name                      Birth Date (mm/dd/yyyy)

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

\_\_\_\_\_  
School Name                      Grade                      Student ID #

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

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

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. Department of Education Policy and Procedures 06.01.20.



# School Messaging Consent Form



Dear Parent/Guardian/Student if age 18 or older:

Chicago Public Schools is committed to providing families with clear, accurate, and relevant information. Please fill out this form with the most up-to-date contact information for you and emergency/secondary contacts.

## Emergency Notifications

In the event of an emergency, your school and the District will inform you and your emergency contacts via phone call and/or text messages. Emergency notifications include weather closures, health risks, threats, unexcused absences, and other situations affecting the health or safety of students and faculty. Emergency calls or texts will be sent to all phone numbers listed on the student's record.

## Informational Notifications

In addition to emergency notifications, your school and the District will want to send information via phone call or text message regarding school or district events, updates and initiatives — including report card distribution, field trips, community events, parent-teacher conferences, announcements, resources and activities for families, and much more.

**By signing this form, you are authorizing Chicago Public Schools to send you these informational notifications. If you change your phone number or no longer wish to receive automated calls and texts, you agree to inform Chicago Public Schools immediately. By signing below, you agree that this consent will remain valid and you will continue to receive automated phone calls and text messages unless or until you revoke your consent. Standard messaging and data rates may apply.**

**Check this box if you DO NOT want to receive informational notifications from your school or the district.**

*please print or type:*

\_\_\_\_\_  
Student Last Name                      First Name                      Middle Name                      Birth Date (mm/dd/yyyy)

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

\_\_\_\_\_  
School Name                                              Grade                                              Student ID #

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

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

### PRIORITY #1

\_\_\_\_\_  
Last Name                                              First Name

\_\_\_\_\_  
Primary Phone    Cell    Home    Work                      Secondary Phone    Cell    Home    Work                      Third Phone    Cell    Home    Work

### PRIORITY #2

\_\_\_\_\_  
Last Name                                              First Name

\_\_\_\_\_  
Primary Phone    Cell    Home    Work                      Secondary Phone    Cell    Home    Work                      Third Phone    Cell    Home    Work

### PRIORITY #3

\_\_\_\_\_  
Last Name                                              First Name

\_\_\_\_\_  
Primary Phone    Cell    Home    Work                      Secondary Phone    Cell    Home    Work                      Third Phone    Cell    Home    Work



# Directory and Recruiter Opt-Out Information Sheet

Department of Policy and Procedures



**This Information Sheet for Students and Parents provides instructions on how you can use the “Directory and Recruiter Information Opt-Out Form” to prevent the release of your child’s student directory information. An Opt-Out Form is enclosed for your convenience.**

*The Family Educational Rights and Privacy Act (FERPA), Illinois School Student Records (ISSRA), and Chicago Board of Education Policy 706.3 Parent and Student Rights of Access to and Confidentiality of Student Records* require that Chicago Public Schools (CPS) obtain your written consent before disclosing personally identifiable information from your child’s education records, with certain exceptions. **The Chicago Public Schools may disclose “directory information” without written consent, unless you have advised the District that you do not want the information shared by using the form attached.** This form is to be turned in at time of enrollment and by December 1st.

## Who will have access to this directory information?

CPS may share directory information with third parties (such as city agencies or educational service providers) who have an educational interest in the information and request it. All requests from external parties related to research are reviewed by the CPS School Quality Measurement & Research or the CPS Office of College and Career Success to ensure the request is in the interest of students.

## What is directory information?

Directory information is information that is generally not considered harmful or an invasion of privacy if released. CPS has designated the following as directory information: student’s name; parents’ names; home address; home telephone number; date of birth; grade level; dates of attendance; school photographs; and most recent CPS school attended.

## How do I complete the CPS Directory Information Opt-Out Program Process?

A parent/guardian or student age 18 or older **must complete this form and return it to the school clerk annually at time of enrollment/registration.** The completed opt-out form must be returned to the school no later than December 1 annually. If you have more than one child attending CPS, you must submit a separate request for each child. The Opt-Out Form requires a student identification number. Please make sure you record the 8-digit ID number on the form accurately.

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## For parents/guardians of JUNIORS and SENIORS ONLY:

By law, if military recruiters request contact information (name, address, phone number) for 11th- or 12th-grade students, CPS is required to provide that information unless you choose to block it. Colleges and universities also may request student information. Using the Chicago Public Schools Opt-Out form, you may block the release of your contact information to military recruiters, or to colleges and universities, or to both.

Having your name placed on the Opt-Out list does not in any way limit your ability to request your school to send a transcript or any other material on your behalf to a college or university, a military recruiter, or others, upon request.

## Questions or Concerns?

If you have questions about CPS policy related to the release of student information to third parties, recruiters, or universities please contact [policy@cps.edu](mailto:policy@cps.edu).



# Directory and Recruiter Information Opt-Out Form

Department of Policy and Procedures



Complete this form only if you are opting out of any of the choices provided.

Dear Student, Parent or Guardian:

You have the right to inspect and copy your student's records, challenge the contents of such records, and limit your consent to the designated records or designated portions of information within the records.

If you DO NOT want directory information disclosed, complete this form and return it to the school clerk at time of enrollment/registration. If you do not submit a completed Opt-Out Form, your child's directory information may be provided to recruiters and external parties by CPS upon their request. If you submit this form but do not check at least one box, your child's directory information may be provided to recruiters and external parties upon their request. If you have more than one child attending CPS, you must submit a separate request for each child.

*please print or type:*

_____	_____	_____	_____
<b>Student Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Student ID Number (8 digits): This is required</b>
_____		_____	
<b>School Name</b>		<b>Date</b>	

## FOR ALL ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS

DO NOT disclose my child's directory information to any external party without my prior consent.

## FOR HIGH SCHOOL JUNIOR AND SENIOR STUDENTS ONLY

You may block the release of your contact information specifically to military recruiters, colleges and universities, or both by checking the boxes below.

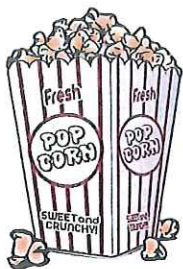
DO NOT disclose my child's directory information to military recruiters without my prior consent.

DO NOT disclose my child's directory information to colleges and universities without my prior consent.

_____	_____	_____	
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Relationship to Student: Select one</b>
_____			<input type="checkbox"/> SELF <input type="checkbox"/> PARENT / GUARDIAN

**Signature**

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



# '26-27 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.

\_\_\_\_\_  
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



# CPS Family Income Information Form 2026 - 2027



The purpose of this form is for CPS to obtain information about families' incomes 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.

Parents: Please return form to school by October 30.

Schools: Please enter into ODA by November 20.

please print or type:

STUDENT LAST NAME		STUDENT FIRST NAME		STUDENT MIDDLE NAME	
SCHOOL NAME		STUDENT ID		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: Medicaid/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.		

### PART 3: Homeless, Runaway Child, or child enrolled in Head Start

HOMELESS RUNAWAY HEAD START	Homeless, Runaway or Head Start Liaison Signature	Date
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### PART 4: List Household Members With Income (SKIP THIS if you answered any of parts 2 or 3)

Enter the amount of income and how often it is received for each household member.

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

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

HOUSEHOLD MEMBER NAMES WITH INCOME			GROSS INCOME (before deductions)	OTHER INCOME				
First	Last	M.I.		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually
			\$					
			\$					
			\$					
			\$					
			\$					

### 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

Parent / Guardian First Name

Parent / Guardian Last Name

Address

Zip Code

Date

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



# CPS Family Income Information Form 2026 - 2027



## 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 | Middle East and North Africa (MENA)      |

## Instructions For Completing Family Income Information Form

### If your household receives benefits from Medicaid/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 Recipient ID Number (Medicaid, 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 (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.

### If you are applying for a homeless, 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, 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 student's 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 student's 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 \_\_\_\_\_



## SCHOOL UNIFORMS 2026-2027

### **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:*

*Heely 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, jeans, bib overalls, any clothing with holes or tears. No makeup is allowed. No writing or coloring on the child's body.*

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### **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.

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**Dress Down Days ~ Examples of clothing not allowed:** Torn or clothing with holes, words or pictures that are not appropriate 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.

# CASSELL FINE ARTS SCHOOL

## 2026-2027 KINDERGARTEN SUPPLY LIST

### KINDERGARTEN

- Backpack (labeled w/ your child's name & no wheels)
- Lunch bag (labeled w/name)
- 10 Elmer's glue sticks
- 1 box of sharpened Ticonderoga pencils
- 1 pointed Fiskars scissors
- 2 bottles of liquid Elmer's glue
- 2 pink erasers (rectangle shape-not pencil toppers)
- 2 PLASTIC Folders
- 1 pack of 24 Crayola Crayons
- 1 boxes of Crayola Washable Markers (10)
- 1 large containers of Clorox Wipes (for cleaning tables)
- 2 boxes of Kleenex
- 1 box of baby wipes (for cleaning hands)
- 2 rolls of Bounty paper towels
- 2 - 4 pack of playdough containers (8 total packs)
- 1 pack of Crayola watercolor paints
- 2 packs of Expo Dry Erase Markers
- 1 pack of cardstock (white)
- Headphones

\*\*\*A few classroom supplies will be asked to be replenished after Christmas Break.\*\*\*  
Art supplies will need to be replenished throughout the school year for art class.





Doctor must complete the form. Parents, please return the form to your child's school or send to [healthforms@cps.edu](mailto:healthforms@cps.edu)

# State of Illinois Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician (such as an ophthalmologist) who provides eye examinations be submitted to the school no later than October 15 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 first day of the school year the child enters the Illinois school system for the first time. The parent of any child who is unable to obtain an examination must submit a waiver form to the school.

Student Name \_\_\_\_\_  
 (Last) (First) (Middle Initial)

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
 (Month/Day/Year)

Parent or Guardian \_\_\_\_\_  
 (Last) (First)

Phone \_\_\_\_\_  
 (Area Code)

Address \_\_\_\_\_  
 (Number) (Street) (City) (ZIP Code)

County \_\_\_\_\_

### 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

	Distance			Near
	Right	Left	Both	Both
Uncorrected visual acuity	20/	20/	20/	20/
Best corrected visual acuity	20/	20/	20/	20/

Was refraction performed with dilation?  Yes  No

	Normal	Abnormal	Not Able to Assess	Comments
External exam (lids, lashes, cornea, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal exam (vitreous, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pupillary reflex (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"/>	_____
Glaucoma evaluation	<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"/>	_____

NOTE: "Not Able to Assess" refers to the inability of the child to complete the test, not the inability of the doctor to provide the test.

#### Diagnosis

Normal  Myopia  Hyperopia  Astigmatism  Strabismus  Amblyopia

Other \_\_\_\_\_



Doctor must complete the form. Parents, please return the form to your child's school or send to [healthforms@cps.edu](mailto:healthforms@cps.edu)

# State of Illinois Eye Examination Report

### Recommendations

1. Corrective lenses:  No  Yes, glasses or contacts 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 \_\_\_\_\_

License Number \_\_\_\_\_

Optometrist or physician (such as an ophthalmologist) who provided the eye examination  MD  OD  DO

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

**Consent of Parent or Guardian**

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

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
(Date)

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Source: Amended at 32 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



## Proof of School Dental Examination Form

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten and the second, sixth, and ninth grades of any public, private, or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination and sign and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that need attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy, and be ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

### To be completed by the parent or guardian (please print):

Student's Name: <i>Last</i> _____ <i>First</i> _____ <i>Middle</i> _____			Birth Date (Month/Day/Year): _____
Address: <i>Street</i> _____		<i>City</i> _____	<i>ZIP Code</i> _____
School: <i>Name</i> _____	<i>ZIP Code</i> _____	Grade Level: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian: <i>Last Name</i> _____		<i>First Name</i> _____	
Student's Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Two or More Races <input type="checkbox"/> Unknown			

### To be completed by the dentist:

Date of Most Recent Examination: \_\_\_\_\_ (Check all services provided at this examination date)

- Dental Cleaning     Sealant     Fluoride treatment     Silver Diamine Fluoride     Restoration of teeth due to caries

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

- Dental Sealants Present on Permanent Molars
- 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 first molars.
- 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.
- Urgent Treatment — Abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.

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

For Head Start Agencies, please also list the appointment date or date of the most recent treatment.

- Restorative Care — amalgams, composites, crowns, etc.      Appointment Date: \_\_\_\_\_
- Preventive Care — sealants, fluoride treatment, prophylaxis      Appointment Date: \_\_\_\_\_
- Pediatric Dentist Referral Recommended      Treatment Completion Date: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Signature of Dentist: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_

Illinois Department of Public Health, Oral Health Section  
217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • [www.dph.illinois.gov](http://www.dph.illinois.gov)



**State of Illinois**  
**Certificate of Child Health Examination**

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



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

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

Vaccine / Dose	1 MO DA YR	2 MO DA YR	3 MO DA YR	4 MO DA YR	5 MO DA YR	6 MO DA YR
DTP or DTaP						
Tdap; Td or Pediatric DT (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
Polio (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
Hib Haemophilus influenza type b						
Hepatitis B (HB)						
Varicella (Chickenpox)						
MMR Combined Measles Mumps Rubella						
Single Antigen Vaccines	Measles	Rubella	Mumps			
Pneumococcal Conjugate						
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza						

**COMMENTS:**

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

Signature	Title	Date
Signature	Title	Date

**ALTERNATIVE PROOF OF IMMUNITY**

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

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

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

Date of Disease	Signature	Title	Date
-----------------	-----------	-------	------

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

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

Last <span style="margin-left: 100px;">First</span> <span style="margin-left: 100px;">Middle</span>	Birth Date <small>Month/Day/Year</small>	Sex	School	Grade Level/ID
-----------------------------------------------------------------------------------------------------	---------------------------------------------	-----	--------	----------------

**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

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

**PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA**

HEAD CIRCUMFERENCE if < 2-3 years old	HEIGHT	WEIGHT	BMI	B/P
DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI > 85% age/sex Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/>				
Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>				
LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)				
Questionnaire Administered ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Blood Test Indicated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Blood Test Date
Result				
TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines.				
No test needed <input type="checkbox"/> Test performed <input type="checkbox"/>				
Skin Test: Date Read	/ /	Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>	mm	
Blood Test: Date Reported	/ /	Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>	Value	

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

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

NEEDS/MODIFICATIONS required in the school setting	DIETARY Needs/Restrictions
SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup	

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

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

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

Print Name	(MD, DO, APN, PA) Signature	Date
Address	Phone	



# kindergarten



Information below can also be found in the Cassell Parent & Student Handbook, which is subject to change. For more information, it is posted on our website!

## What is Cassell's Entry & Dismissal Procedure?

**Morning Entry** Students should arrive to school by 7:45am. Students should not arrive on school grounds before 7:35am. Students who wish to receive a free breakfast must enter through the rotunda doors. Breakfast is served at 7:35am

**Dismissal:** Kindergarten students will begin lining up at the primary door (closest to the playground) between 2:35-2:40, before the rest of the school dismisses. Students will wait near the wall until a parent picks them up. If a child is not picked up after 2:45 the office will call home. Staff is unable to deliver children to waiting cars or a parent meeting spot.

## What does a typical school day look like?

Students receive instruction in Reading/Language Arts, Math, Science, and Social Studies in a small group setting. 1-2 times a week they will have Theater class, Art class, or P.E. class. Every day students have 25 minutes of recess time and 20 minutes for lunch. There are also many brain/motor breaks given throughout the day.

**ASPEN Parent Portal:** The Aspen platform provides students and families with convenient access to attendance, progress, and the procedure for paying any fees. <https://www.cps.edu/services-and-supports/parent-and-student-portal/>

You will receive an email invitation to set up an account between August and September. Please follow the steps to set up an account as soon as possible so the invitation does not expire.

## What if my child is absent?

**Attendance:** ALL Cassell Students should have 95% or BETTER attendance to assure long term academic success!

**Procedure:** If a child is not at school, he/she misses lessons presented on that school day. In the event of a student's absence:

- ❖ A telephone call should be made by the parent or guardian to the school office 773-535-2640. The student's name, homeroom, and grade should be relayed to the clerk or you may leave a message on the voice mail. Call in the morning before entry time.
- ❖ Once your child is registered, you will have access to the Aspen Parent Portal where you can also report an absence. You will receive an email invitation to set up an account between August and September.
- ❖ Please consider emailing your children(s)' teacher(s) to let them know of the absence as well; the office is unable to communicate the entire school's absences to classroom teachers

**Commitment:** Everyone at Cassell understands there are family emergencies, epidemics of illnesses, repeated sicknesses, and a multitude of other reasons students need to be absent. However, we are all committed to encouraging all of our students to be at school every day so students can achieve the best educational experience and grow their learning.

## The Cassell PTA

The Cassell Parent Teacher Association (PTA) is a parent volunteer group designed to establish a close relationship between Cassell Families and the Cassell Teachers & Staff. The PTA works to facilitate communication & interaction through meetings, special events & activities throughout the school year for all. Please contact [nicolebeauchamp83@yahoo.com](mailto:nicolebeauchamp83@yahoo.com) for membership and general questions

## Can I bring treats to celebrate my child's birthday?

Students may not bring any food treats to school. You may purchase a birthday gift (i.e. game/puzzle) for the homeroom in honor of your child instead of bringing treats.

## What food services are provided?

Under the Community Eligibility Provision (CEP) all students are provided breakfast and hot lunch free of charge every day.

**Breakfast Program:** Breakfast is served between 7:45 – 7:55am. Students must arrive by 7:45am to have breakfast. Students who eat breakfast may not wander through the school unescorted, or visit teachers. All students are invited to have hot or cold breakfast.

**Lunch:** Students may bring a lunch and/or they may get a free lunch. The menu is sent home our weekly email of updates. If students want a chocolate milk to go with their lunch brought from home, they must get a full school lunch

## Mornings can be a little hectic in my house. What if my child forgets something?

We understand that at times students may forget something at home. In order to eliminate interruption to instruction, deliveries of materials, messages, and/or lunches will not be made to the classrooms. Reach out to your child's teacher to let them know if you are concerned. If a student forgets their lunch at home, a school lunch will be provided. Special exceptions may be made for students with medical requirements or food allergies previously documented at the school.

## Where can I purchase a Cassell Gym Uniform?

Schools R Us at 3146 W 111th Street, starting this summer. We also do school spirit wear fundraising events throughout the year

## What are some important dates?

- Please drop off completed registration paperwork to the main office before June 5<sup>th</sup>, anytime between 8:30 and 2:30. We cannot guarantee when anyone will be in the office to collect paperwork over the summer. *We will also have Registration Day on August 13<sup>th</sup>*
- We will have an Open House/Supply Drop Off & Fun Fair on August 20<sup>th</sup> 5:00PM – 7:00PM
- The first day of school is on Monday, August 24<sup>th</sup>
- Once we receive your information and you are on our email list, we will email updates over the summer, and usually on Mondays during the school year.

## I still have more questions!

We know there are so many questions before sending your child to their first day of school! Please do not hesitate to email Principal Dr. Scanlan at [emscanlan@cps.edu](mailto:emscanlan@cps.edu) or Assistant Principal Julie Pienta at [jaschwarz@cps.edu](mailto:jaschwarz@cps.edu)

**Website:** <https://cassell.cps.edu/>

**School Facebook Page:** <https://www.facebook.com/cassellfineartsschool>

**Parent Facebook Page:** <https://www.facebook.com/groups/595388617162422>

**We are looking forward to having your child as a Cassell Student next year!**



## KINDERGARTEN READINESS: FINE MOTOR SKILLS

Research suggests that fine motor development in the early years is extremely important as it is highly predictive of children's academic success in reading and mathematics at the end of elementary school.

Fine motor skills involve the coordination of small muscles in the hands and fingers. Strong fine motor skills are essential for independence in tasks such as writing, cutting, using utensils, zipping, buttoning, and tying shoe laces.

The following are activities and tips to help your kindergartener facilitate his/her fine motor skills and develop good habits in preparation for school:

### Hand strengthening, grasping, and in-hand manipulation skills

- Hide small objects (e.g., pegs/coins) in play-dough/putty
- Use play-dough to roll balls/snakes; form shapes and letters
- Use an eye dropper or turkey baster to transfer liquids from one container to another
- Tear up old magazines or junk mail into small pieces of paper
- Pick up small objects from a tabletop and place them into "slot" containers (e.g., bingo chips/coins into piggybank or cut a small slot into an old container)
- Place clothespins onto the rim of a container
- String beads or use lacing cards
- Place a small object into the palm of your child's hand and have him/her roll it into the fingertips
- Snip paper with scissors, cut out shapes or pictures in magazines
- Color in the lines (present larger pictures with extra-wide boundaries at first and gradually get smaller)
- Break crayons in half (regular, not "fat" crayons) since a small writing tool forces a child to use a more appropriate grasp or use golf pencils

### Visual motor integration and printing skills

- Present both capital and lower-cased letters in various ways (upside-down, backwards) and have him/her orient them correctly
- Play games that develop quick eye movements: tear a page out of a magazine and scan for particular letters (i.e., "circle as many 'A's as you can in 1 minute!")
- Copy simple designs/letters with popsicle sticks, pipe cleaners, bingo chips, etc...
- Use various tactile media to make letters (crayons, chalk, fingerpaint, shaving cream, sand)
- Cut up a sponge into small pieces (1/2"), wet the sponge with water or paint and have your child use this to draw on a chalkboard or on paper
- Have child draw/color on an easel, a paper taped to the wall, or lying on his/her stomach; this helps strengthen the upper arm and shoulders and supports isolation of the hand and wrist for writing
- Remember to teach children to make letters from top-bottom and left-right (when children learn to form letters incorrectly, it is a difficult habit to break and results in decreased quality of printing as their writing gets lengthier!)