

Prussing Elementary School Enrollment Checklist Rev. 5/21/2025

Student Name:

1. Before beginning paperwork, check address, ask if child has IEP, Special Education, ESL or Bilingual Services in Last School

2. Ask for CPS Transfer or ISBE Transfer Form if coming from out-of-state (not out of country)

_____ Release of Records (If previously enrolled elsewhere)

3. Proof of Current Address (Any 2 documents – check those provided.) Due at Time of Enrollment

- _____ Current Utility Bill
- _____ Current Driver's License
- _____ Current State ID Card
- _____ Deed
- _____ Employee ID Card
- _____ MediPlan or Medicaid Card
- _____ Voter Registration Card
- _____ Court Documents
- _____ Illinois Department of Public Aid Card
- _____ Stamped US Post Office Change of Address Card
- _____ Illinois State Aid Check/Social Security Check
- _____ Other _____ (Must be approved by Principal.)

For Office Use Only:

Office Staff Initials _____

Principal Signature _____

Date _____

4. Proof of Age (Check 1) Due at Time of Enrollment

- _____ Birth Certificate (with seal-MUST BE PROVIDED WITHIN 30 DAYS)
- _____ Baptism Record, Passport, Court Document, Medical Record
- _____ Other _____ (Must be approved by Principal.)

5. _____ CPS School Enrollment Form Due at Time of Enrollment

6. _____ Request for Emergency & Health Info Form Due at Time of Enrollment

7. _____ Report Card Waiver of Home Language Due at Time of Enrollment

8. _____ Home Language Survey (For K-8 students NEW TO CPS only. Submit to Principal.) Due at Time of Enrollment

9. _____ CPS Race & Ethnicity Survey Due at Time of Enrollment

10. _____ Physical Exam & Immunization Records (Due no later than Oct 15th)

11. _____ Dental Exam (Due no later than Oct 15th)

12. _____ Vision Exam (Due no later than Oct 15th)

13. _____ Give School Supply List

14. _____ Give CPS Calendar

(Request or give the following items ONLY for enrollments during the school year. DO NOT request them when enrolling in the summer or in the spring for the upcoming school year)

1. _____ CPS Family Income Information

2. _____ Media Consent Form & Release

3. _____ School Messaging Consent

4. _____ Yearly Student Medical Info Form

5. _____ Cell Phone Permission

6. _____ Give CPS Student Code of Conduct

7. _____ Give Prussing Parent-Student Handbook

8. _____ Give Grades 2-5-8 Promotion Policy

9. _____ Give Student Planner during School Year

10. _____ Student Fee (\$50/student or \$100/family)



School Enrollment Form



Please print or type:

Student Information

SCHOOL NAME

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

Personal Information

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

Enrollment

LAST CHICAGO PUBLIC, OPTIONS, CHARTER, OR CONTRACT SCHOOL ATTENDED

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

Included Information

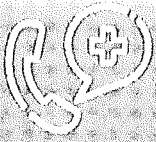
- FEDERAL ETHNIC AND RACE CATEGORIES: (Enter information into SIS from the current Race and Ethnicity Survey form)
- HOME LANGUAGE SURVEY: (Enter information into SIS from the current Home Language Survey form)
- PARENT/GUARDIAN CONTACTS: (Enter information into SIS from the current Request for Emergency and Health Information form)
- EMERGENCY/HEALTH INFORMATION: (Enter information into SIS from the current Request for Emergency and Health Information form)

Enrollment Status Codes:

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

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

CUMULATIVE FOLDER



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 #	

<p>CONFIDENTIAL INFORMATION BOX 1</p> <p>Complete this box only if (1) it reflects your child's current living situation; OR (2) it reflects your living situation if you are a youth not living with a Parent or Guardian. (Your answer will help school staff with enrollment and may enable the student to receive additional services.) Check one box:</p> <p><input type="checkbox"/> In a car/park/other public place/abandoned building/substandard housing</p> <p><input type="checkbox"/> doubled-up</p> <p><input type="checkbox"/> In a hotel/motel/trailer park/camping ground</p> <p><input type="checkbox"/> In a shelter</p> <p><input type="checkbox"/> In transitional housing</p> <p>School Note: If any box is checked, see the CPS Policy 702.5.</p>	<p>CONFIDENTIAL INFORMATION BOX 2</p> <p>Is there a current Order of Protection or Civil No Contact Order which concerns this student? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is there a current Temporary Restraining Order or Injunction which concerns this student? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>School Note: If "Yes," follow CPS Policy 704.4 procedures. Enter information in <i>Legal Alert</i> field and update contact information, as needed, in SIS.</p>
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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			
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	<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 <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Permission to Pick up
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 #				

<p>STUDENT HEALTH INSURANCE: (select only one of the three)</p> <p><input type="checkbox"/> Illinois Medical Card/All Kids: provide student's medical ID # _____ (9-digit number located on back of card).</p> <p><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</p> <p><input type="checkbox"/> Private/Employer Health Insurance: no additional information needed.</p>	<p>CHILDREN OF MILITARY PERSONNEL (optional)</p> <p>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</p> <p>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</p>
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Parent/Guardian Signature _____

Date _____

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



Home Language Survey

Office of Multilingual-Multicultural Education (OMME)



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

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

please print or type:

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME
SCHOOL NAME		
STUDENT ID #	NETWORK	ROOM #

English

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

1. Is a language other than English spoken in your home? Yes No Which language? _____

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

Spanish/Español

Si la respuesta a cualquiera de las preguntas es "Sí", la ley requiere que la escuela evalúe la competencia de su niño en Inglés.

1. ¿Se habla algún otro idioma que no sea Inglés en su hogar? Sí (yes) No (no) ¿Cuál idioma? _____

2. ¿Hable el estudiante algún otro idioma que no sea Inglés? Sí (yes) No (no) ¿Cuál idioma? _____

Chinese / 中文

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

英語之外的其他語言? 是的 (yes) 不是 (no) 什麼語言? _____

女是否說英語之外的其他語言? 是的 (yes) 不是 (no) 什麼語言? _____

Arabic / العربية

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

هل تُستخدم لغة أخرى غير اللغة الإنجليزية في منزلك؟ نعم (yes) لا (no) أي لغة? _____

هل يتحدث الطالب لغة أخرى غير اللغة الإنجليزية؟ نعم (yes) لا (no) أي لغة? _____

Polish/Polski

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

1. Czy mówią w domu językiem innym niż angielski? Tak (yes) Nie (no) Jakim językiem? _____

2. Czy uczeń mówi innym językiem niż angielski? Tak (yes) Nie (no) Jakim językiem? _____

Ukrainian / Українська

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

1. Чи розмовляєте Ви вдома іншою мовою окрім англійської? Так (yes) Ні (no) Якою мовою? _____

2. Чи розмовляє Ваша дитина іншою мовою окрім англійської? Так (yes) Ні (no) Якою мовою? _____

Signature of School Official	Date	Parent/Guardian Signature	Date
		<i>Must have an original signature; an electronic signature is not acceptable</i>	

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 OMME 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 OMME as soon as possible so that the district can ask ISBE to add the new language. An [Student Reclassification Recommendation \(SRR\)](#) will have to be submitted to OMME to correct the language at a later date.

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



Home Language Survey

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please print or type:

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME
SCHOOL NAME		
STUDENT ID #	NETWORK	ROOM #

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

1. Da li se u kući govori na stranom jeziku (različito od engleskog)? Da (yes) Ne (no) Koje jezike?

2. Da li učenik govori neki drugim jezikom (različito od engleskog)? Da (yes) Ne (no) Koje jezike?

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

1. Ngôn ngữ khác tiếng Anh có được sử dụng trong nhà quý vị không? Có (yes) Không (no) Ngôn ngữ gì?

2. Con quý vị có nói một ngôn ngữ khác ngoài tiếng Anh không? Có (yes) Không (no) Ngôn ngữ gì?

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

کیا آپ کے گھر میں انگریزی کے علاوہ کوئی دوسری زبان بولی جاتی ہے؟ ہاں (yes) نہیں (no) کون سی زبان؟

کیا طالب علم انگریزی کے علاوہ کوئی دوسری زبان بول سکتا ہے؟ ہاں (yes) نہیں (no) کون سی زبان؟

Pashto / انګلیسي که د هرې پوښتنې ځواب هو وي، قانونه مخنيويونځي اړتيا لري چېستاسو د ماشوم د انګليسي ژبې مهارت ارزوله وکړي.

ایاستاسو په کور کېد انګلیسي پرته بله ژبه ولکیري؟ هو (yes) نه (no) کومه ژبه؟

ایا ستاسو ماشوم د انګلیسي پرته بله ژبه خبرې کړي؟ هو (yes) نه (no) کومه ژبه؟

Gujarati / ગુજરાતી તમારા બાળકના અંગ્રેજી ભાષાના કૌશલ્ય માટે ચાકરણી કરાવવા માંગો છે. જો બંનેમાંથી કોઈ એક પ્રશ્નો જવાબ પણ હા માં જોય તો, કાયદે શાળા પાસે

1. શું આપના ઘરમાં અંગ્રેજી સિવાયની ભાષા અન્ય કોઈ ભાષા બોલે આટે છે? હા (yes) નહીં (no) કયું ભાષા?

2. શું વિદ્યાર્થીઓ અંગ્રેજી સિવાયની કોઈ ભાષા બોલે છે? હા (yes) નહીં (no) કયું ભાષા?

Yoruba / Yorùbá Tí ló dàhùn sí ibéèrè nàá bá jé Bèḗni, òfin bèèrè pé kí ilá-èkú nàá ṣe lgbélówùn bí ómọ ẹ̀ẹ́ ṣe gbọ̀ èdè Gẹ̀ẹ́sì sí.

1. Njẹ ẹ n sọ èdè miran yatọ sí Èdè-Gẹ̀ẹ́sì nínú idile yin bí? Bèḗni (yes) Bèḗkọ (no) Edè wo?

2. Ẹ se akẹ̀kọ̀ọ̀ nàá n sọ èdè miran yatọ sí èdè-Gẹ̀ẹ́sì bí? Bèḗni (yes) Bèḗkọ (no) Edè wo?

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

1. Вы говорите у себя дома на ином языке, нежели на английском? Да (yes) Нет (no) На каком языке?

2. Ваш ребёнок говорит на ином языке, нежели на английском? Да (yes) Нет (no) На каком языке?

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

1. May iba pa bang lengguwahe bukod sa Ingles na ginagamit sa iyong tahanan? Mayroon (yes) Wala (no) Anong wika?

2. May ginagamit ba na ibang lengguwahe ang mag-aaral bukod sa Ingles? Mayroon (yes) Wala (no) Anong wika?

Signature of School Official _____ Date _____ Parent/Guardian Signature _____ Date _____

Maintain Home Language Survey in the Student Cumulative Folder. If the student is an English Learner (EL), maintain the original survey in the Cumulative Folder and also maintain copy of the survey in the student's English Learner Folder. *Must have an original signature; an electronic signature is not acceptable*



Race and Ethnicity Survey



please print or type:

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

Instructions

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

PART A

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

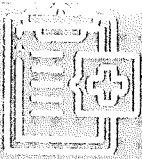
- No, not Hispanic/Latino
- Yes, Hispanic/Latino

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

PART B

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

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



Student Medical Information 2025 - 2026



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 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



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 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)

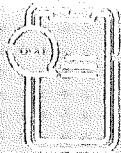
Name of Parent/Guardian / Student if age 18 or older

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:

Your school and the district will periodically want to send information regarding school or district events, updates or initiatives. We will utilize a phone messaging system to remind you about these events, updates, and initiatives; including report card distribution, field trips, community events, parent-teacher conferences, announcements, COVID-19 information and screenings, and more. To ensure you receive periodic school- or district-related notifications and reminders, your consent is needed below.

In the event of an emergency, whether or not consent is on file, you will be informed through all contact information provided. Emergency calls include weather closures, health risks, threats, unexcused absences, and other situations affecting the health or safety of students and faculty. Emergency calls will be sent to all phone numbers, including cellular numbers, listed on the student's record. Please make sure these numbers are updated with your school.

Please fill out and return this form to ensure you receive informational calls and texts.

By signing this form, you are authorizing Chicago Public Schools to use an automated system to periodically deliver automated informational calls or text messages to the phone number(s) provided below. If you change your phone number or no longer wish to receive automated calls and texts, you agree to inform Chicago Public Schools immediately. By signing below, you agree that this consent will remain valid and you will continue to receive automated phone calls and text messages unless or until you revoke your consent. Standard messaging rates and data may apply.

I CONSENT as outlined in the above section.

I DO NOT CONSENT as outlined in the above 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.

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



CPS Family Income Information Form 2025-2026



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, 2025. Schools—Please enter into ODA by November 20, 2025.

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? <input type="checkbox"/> YES <input type="checkbox"/> 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, Runaway Child, or child enrolled in Head Start

- HOMELESS
- RUNAWAY
- HEAD START

Homeless, 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.

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.

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

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 2025-2026



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, 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 _____

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

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:

Student Last Name _____ First Name _____ Middle Name _____ Student ID Number (8 digits):
This is required

School Name _____ Date _____

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.

Last Name _____ First Name _____ Middle Name _____

Relationship to Student: Select one

SELF PARENT/GUARDIAN

Signature _____

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