

# Hamilton

FINE & PERFORMING ARTS SCHOOL

## **SY25/26 Returning Student Registration Checklist**

### **School Forms**

- Media Consent Form
- Emergency and Health Information Form
- School Messaging Consent Form
- Directory and Recruiter Opt-Out Form
- 2022-2023 Family Income Verification Form (one per family)

### **Medical Forms Due by August 5th, 2025**

- Student Medical Information Form

### **School Use**

Student Name: \_\_\_\_\_

Received By: \_\_\_\_\_



# School Enrollment Form



Please print or type:

## Student Information

SCHOOL NAME

STUDENT ID#

**School Use Only:** Prevent duplicate student records. Search in Student Information System (SIS) for an existing Student ID before creating a new one.

REGISTRATION GRADE LEVEL  
(when first entering CPS)

LEGAL LAST NAME

LEGAL FIRST NAME

LEGAL MIDDLE NAME

GENERATION  
(Jr., etc)

BIRTH DATE  
(mm/dd/yyyy)

LEGAL SEX  
(F/M/N)

\*AFFIRMED GENDER  
(F/M/N/U)

\*AFFIRMED FIRST NAME

STUDENT'S SIBLINGS' NAMES IF CURRENTLY ENROLLED IN CPS:

\*Optional. For more information regarding affirmed gender and affirmed name, please visit: [Supporting Gender Diversity Toolkit](#)

\*AFFIRMED MIDDLE NAME

\*AFFIRMED LAST NAME

## Personal Information

BIRTH CERTIFICATE ON FILE  YES  NO

BIRTH VERIFICATION TYPE (BIRTH CERTIFICATE, PASSPORT, MEDICAL CARD ETC.)

\*BIRTH COUNTRY

BIRTH STATE

BIRTH CITY

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

DATE OF FIRST ENROLLMENT  
IN ANY US SCHOOL:

FULL YEARS COMPLETED  
SCHOOL IN US:

**School Use Only:** Note that "Date of first enrollment in any US School" becomes a required field in SIS if "Birth Country" is 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

HOMELESS/TEMPORARY  
LIVING CONDITIONS

## Enrollment

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

\*SCHOOL TRANSFERRING FROM (if not a Chicago Public, Options, Charter, or Contract School)

CITY, STATE, ZIP

\*IS THE STUDENT IN GOOD STANDING?  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 702.1 for more information.)

IS THE STUDENT RECEIVING ANY TYPE OF SPECIAL EDUCATION SERVICES?  YES  NO IF YES, PROVIDE DETAILS

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

STUDENT ENROLLED BY (Print Last Name, First Name and Middle Name and Relationship)

## Included Information

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

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

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

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

### Enrollment Status Codes:

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

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

Signature of Parent/Guardian

Date of Enrollment

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

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



# 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.)



# 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. ¿Habla 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 mówi się w domu językiem innym niż angielski?  Tak (yes)  Nie (no) Jakim językiem?

2. Czy uczeń mówi w 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 Offici

Date

Parent/Guardian Signature

Date

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

## OFFICE USE ONLY

Please make sure both questions are answered completely and that the parents/guardians sign and date the form.

If the language spoken by the parent/guardian is not included on either page of this form, please visit the 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

Office of Multilingual-Multicultural Education (OMME)



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

please print or type:

STUDENT LAST NAME	FIRST NAME	MIDDLE NAME
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SCHOOL NAME
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STUDENT ID #	NETWORK	ROOM #
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**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 (različitom od engleskog)?  Da (yes)  Ne (no) Koje jezike? \_\_\_\_\_

2. Da li učenik govori neki drugim jezikom (različitim 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/انگلیسی** که د هرې پوښتنې ځواب هو وي، قانون له مخې پوښتونځي اړتيا لري چې ستاسو د ماشوم د انگلیسی ژبې مهارت ارزونه وکړي.

آیا ستاسو په کور کېد انگلیسی پرته بله ژبه وپلکیري؟  هو (yes)  نه (no) کومه ژبه؟ \_\_\_\_\_

آیا ستاسو ماشوم د انگلیسی پرته په بله ژبه خبرې کوي؟  هو (yes)  نه (no) کومه ژبه؟ \_\_\_\_\_

**Gujarati / ગુજરાતી** તમારા બાળકના અંગ્રેજી ભાષાના કૌશલ્ય માટે આકારણી કરाववा मांगे છે. જો બન્નેમાંથી કોઈ એક પુસ્ત્રનો જવાબ પણ હા માં હોય તો, કાયદો શાળા પાસે

1. શું આપના ઘરમાં અંગ્રેજી સિવાયની ભાષા અન્ય કોઈ ભાષા બોલ આવે છે?  હા (yes)  નહીં (no) કઈ ભાષા? \_\_\_\_\_

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

**Yoruba / Yorùbá** Tí idáhùn sí ibèèrè nàá bá jẹ̀ Bẹ̀ẹ̀ni, òfin bèèrè pé kí ilé-ẹ̀kọ́ nàá ẹ̀e igbéléwọ̀n bí ọmọ ẹ̀ẹ̀ Gẹ̀ẹ̀si sí.

1. Njẹ ẹ n sọ èdè miran yatọ si Èdè-Gẹ̀ẹ̀si ninu idile yin bí?  Bẹ̀ẹ̀ni (yes)  Bẹ̀ẹ̀ko (no) Edè wo? \_\_\_\_\_

2. Ẹ akẹkọ̀ọ́ nàá n sọ èdè miran yatọ sí èdè-Gẹ̀ẹ̀si bí?  Bẹ̀ẹ̀ni (yes)  Bẹ̀ẹ̀ko (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 kakayahan 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 Offici	Date	Parent/Guardian Signature	Date
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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*



# 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			
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 #				

<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

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



# 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



# 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:

<b>Student Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Birth Date (mm/dd/yyyy)</b>

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

<b>School Name</b>	<b>Grade</b>	<b>Student ID #</b>

<b>Signature of Parent/Guardian / Student if age 18 or older</b>	<b>Date</b>

*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.





# 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.

HOUSEHOLD MEMBER NAMES WITH INCOME			GROSS INCOME (before deductions)	OTHER INCOME				
First	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"/>

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



# 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 Act (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 or 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 Department of 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:*

\_\_\_\_\_  
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.*