

Elementary School Registration Checklist

Proof of Age

Includes, but is not limited to, any ONE of the documents listed below:

- Child's birth certificate
- Child's baptismal record
- Passport
- Court documents
- Medical records

Proof of Current Address

Includes, but is not limited to, any TWO of the documents listed below:

- Current utility bill
- Illinois driver's license or State of Illinois identification card
- Deed
- Employee identification number
- MediPlan/Medicaid card
- Court documents
- Illinois Department of Public Aid card
- Stamped United States Post Office change of address form
- Illinois state aid check/social security check

Health Requirements

Children are encouraged to submit their required immunizations and physicals prior to the start of the school year and no later than October 15 of the current school or they will face expulsion from school.

Physical Examination Requirements

All students must have a physical examination within one year of:

- entering schools in the State of Illinois for the first time, at any grade level
- entering kindergarten or 1st grade, 6th grade, and 9th grade (ages 5, 10, 15 for ungraded programs)
- entering preschool, up to age 6 (physical exam and lead screenings)

Immunization Requirements

- Diphtheria, Pertussis (Whooping Cough), Tetanus (DTP/Td)
- Inactivated Polio
- Measles
- Rubella
- Mumps
- Hepatitis B
- Varicella (Chicken Pox)
- Haemophilus Influenza, Type B (HIB)

Dental Requirements

All students in Kindergarten, 2nd, and 6th grade must have a dental exam completed by a licensed dentist prior to May 15th of the current school year.

If you want more details about the immunization requirements, or if you have questions, first call your local school nurse or the Office of Coordinated School Health (773) 553-1830.

芝加哥公立小學入學習註冊需知

年齡證明

包括但不限於以下所列的任何一種文件：

- 孩子的出生證明
- 兒童的洗禮記錄
- 護照
- 法院文件
- 病歷

目前地址證明

包括但不限於以下列出的任何兩種文件：

- 近期的水/電/煤氣費單據
- 伊利諾州駕駛執照或伊利諾州身份證
- 屋契
- 雇員證件
- 政府醫療咭
- 法院文件
- 伊利諾州公共援助咭
- 蓋了印的美國郵局的地址變更表
- 伊利諾州援助金/社會保障金的票據

健康要求

我們鼓勵兒童在學年開始之前且不遲於當前學校的 10 月 15 日之前提交所需的免疫接種和體檢，否則他們將被停止上學。

體檢要求

所有學生必須在以下一年內進行身體檢查：

- 首次進入伊利諾州任何年級的學校
- 進入幼兒園或一年級，六年級和九年級（未分級課程的年齡分別為 5、10、15 歲）
- 進入幼兒園，直至 6 歲（體格檢查和鉛檢查）

免疫注射要求

- 白喉，百日咳（咳嗽），破傷風（DTP / Td）
- 滅活脊髓灰質炎
- 麻疹
- 風疹
- 腮腺炎
- 乙型肝炎
- 水痘（水痘）
- B 型流感嗜血桿菌（HIB）

牙齒檢查要求

幼兒園，二年級和六年級的所有學生都必須在本學年的 5 月 15 日之前，由持牌牙醫完成牙齒檢查。

如果您想了解有關免疫注射要求的更多詳細信息，或者有任何疑問，請首先致電學校的學校護士或教育署衛生協調辦公室（773）553-1830。

Chicago Public Schools 芝加哥公立學校
School Enrollment Form 學校招收表格

School Name: **John C. Haines 興氏學校**

<p>Student Information 學生資料</p> <p>Student's siblings' names if currently enrolled in CPS: 如果學生另有兄弟姊妹在芝加哥公立學校就讀，請填寫他們的姓名</p> <p>_____</p> <p>_____</p>	<p>Student ID# 學生編號</p>	<p>School Use Only 學校使用: Prevent duplicate student records. Search in SIM for an existing Student ID before creating a new one.</p>			
		<p>_____</p> <p>Last Name 姓</p>	<p>_____</p> <p>First Name 名</p>	<p>_____</p> <p>Middle Name 別名</p>	<p>_____</p> <p>Generation (Jr., etc)</p>
<p>Personal, Immigrant, and Refugee Information 個人，移民和難民資料</p> <p>To Parent/Guardian: 家長或監護人</p> <p>CPS is required to keep a count of immigrant students for Federal and State Guidelines in order to determine if additional resources and services for students are needed. Note that this is not an inquiry on citizenship status, and all information will be kept confidential. 根據聯邦和州政府指引芝加哥教育署需要移民學生的數據，用以多少教學，這些與學生有沒有公民身份無關。</p>		<p>_____</p> <p>Yes / No 有 / 沒有 <u>Birthdate Certificate</u> 出世紙 / <u>Passport</u> 護照 / <u>Other</u> 其他: Certificate on File 出生證明 Birth Verification Type 出生證明類別</p> <p>_____</p> <p>* Birth Country 出生國家 Birth State 出生州或省 Birth City 出生城市或鎮</p> <p>* Complete if student was <u>not</u> born in the United States (US) or one of its Territories: 如果孩子沒有是在美國出生，請填寫以下 Date of first enrollment in any US School 來美國第一次登記入學日期: _____ Full Years completed school in US 在我們完成多少個學年: _____</p> <p>Student has refugee status 是否難民身份: <u>Yes / No</u> 是 / 不是 Country of refugee 那國難民: _____</p> <p>School Use Only: Note that "Date of first enrollment in any US School" becomes a required field in SIM if "Birth Country" is not the US or one of its Territories.</p>			
<p>Student Address/Phone</p> <p>Physical (Home) Address 地址</p> <p>Mailing Address 郵寄地址 (if different than Home) 如和居住地址相同不用填寫</p>		<p>_____</p> <p>Street Number and Name 街道名和號碼 Apt. 房號 City <u>Chicago</u> 芝加哥 State <u>IL</u> 伊利諾州 Zip Code 郵區</p> <p>_____</p> <p>Street Number and Name 街道名和號碼 Apt. 房號 City _____ State _____ Zip Code 郵區</p> <p>Phone Number 電話號碼: _____</p>			
<p>Demographic, 個人資料 Home Language, Parent/Guardian Contacts, Emergency/Health Information 需要在另外的表格填寫</p>		<p>Federal Ethnic and Race Categories 種俗類別: (Enter information into SIM from the Race and Ethnicity Survey form)</p> <p>Home Language Survey 原來語言問卷: (Enter information into SIM from the Home Language Survey form)</p> <p>Parent/Guardian Contacts 家長聯絡資料: (Enter information into SIM from the Request for Emergency and Health Information form)</p> <p>Emergency/Health Information 緊急聯絡/健康資料: (Enter information into SIM from the Request for Emergency and Health Information form)</p>			
<p>Enrollment 入學情況</p> <p>Enrollment Status Codes: 01 No Former School 沒有就讀過任何學校 02 Chicago Public School 曾在芝加哥公立或津貼學校就讀過 (to incl. Charter/Contract) 03 Chicago Private School 曾在芝加哥私立學校就讀 04 IL Public Schl, not Chicago 曾在伊利諾州的公立學校就讀 05 IL Private Schl, not Chicago 曾在伊利諾州的私立學校就讀 06- US Public Schl, not Illinois 曾在美國公立學校就讀 07- US Private Schl, not Illinois 曾在美國私立學校就讀 08- Not in USA 曾在美國以外的學校就讀</p>		<p>_____</p> <p>*School Transferring From (if not a Chicago Public, Charter or Contract School) City and State 城市 / 州 從前學校名字 (如非芝加哥公立學校)</p> <p>*Is the student in good standing 學生有良好狀況嗎? <u>Y/N</u> 是 / 不是 (Instructions to school: for out-of-state public school or any private school students, a certification of "good standing" should be received from the Parent/Guardian. Refer to CPS Policy 10-0623-PO1 for more information.)</p> <p>Last Chicago Public, Charter, or Contract School Attended 從前就讀芝加哥學校的名字 _____</p> <p>Is the student receiving any type of Special Education services 孩子有否接受特殊教育? <u>Y / N</u> 有 / 沒有 (Instructions to school: if yes, please notify the Case Manager.)</p> <p>Student Enrolled by 辦理孩子入學家長的姓名和關係 _____ Print Name and Relationship) 姓名和關係</p> <p>_____</p> <p>Signature of Parent/Guardian 家長或監護人簽署 Date of Enrollment 日期</p> <p>School Use Only: Enrollment Status Code (insert a # from the left) _____ Grade Level _____ Homeroom/Division # _____</p>			

Request for Emergency and Health Information

School Name: _____

PARENTS/GUARDIANS: The school must have on file emergency information that can be used to contact you. **Please print clearly.** Whenever there is a change in this information, immediately notify the school in writing.

Student ID#	Last Name	First Name	Middle Name	Homeroom #
Birth Date (mm/dd/yyyy)	Student Home Address			Student Home Phone #

<p style="text-align: center;">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</p> <p><input type="checkbox"/> doubled-up <input type="checkbox"/> in a hotel/motel <input type="checkbox"/> in a shelter <input type="checkbox"/> in transitional housing</p> <p>School Note: If any box is checked, see the CPS Policy 702.5.</p>	<p style="text-align: center;">Confidential Information Box 2</p> <p>Is there a current Order of Protection or No Contact Order which concerns this student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="background-color: #e0e0e0; padding: 5px;">School Note: If "Yes," follow CPS Policy 704.4 procedures. Enter information in Legal Alert field and update contact information, as needed, in SIM.</p>
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Parent/Guardian and Emergency Contact Information: Add extra contacts on the back of this form, if needed.

	Parent/Guardian Contact	Parent/Guardian Contact
Contact Name		
Relationship to Student		
<i>Check all that apply:</i>	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup
Home Address, <i>if different from student's</i>		
Home Phone Number, <i>if different from student's</i>		
Cell Phone Number		
Email Address		
Name and Address of Employer		
Work Phone Number		
* Communication Language		
<p><small>* 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).</small></p>		

List the name of a relative or neighbor who can also be notified in an emergency and has permission to pick up the student:

Name	Home Address	Telephone #	Relationship
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Family Doctor's Name, Address, and Phone Number: I authorize you to call my family doctor, if necessary, in an emergency.

Student Health Insurance: (select only one of the three)

- Illinois Medical Card/All Kids: provide student's medical ID # _____ (9-digit number located on back of card)
- No Insurance: are you interested in applying for the Illinois Medical Card/All Kids? Yes No
- Private/Employer Health Insurance: no additional information needed

Children of Military Personnel (optional)

- As the Parent or Guardian, are you a member of a branch of the armed forces of the United States? Yes No
- If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? Yes No

I certify that the information on this form is correct:

_____(Parent/Guardian Signature)_____ (Date)



HOME LANGUAGE SURVEY

HLS 1 of 2

Spanish
Polish
Chinese
Arabic
Bosnian
Croatian
Serbian
Urdu

HLS 2 of 2

Romanian
Yoruba
Assyrian
Gujarati
Tagalog
Korean

Office of Language and Cultural Education

Revised May 2016

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.

芝加哥公立學校語言問卷表格，這表格填好後必須保傳在學生的文件夾

School: John C. Haines School 興氏學校		Room: _____	Unit: _____	Area: _____
Student Name 學生姓名: _____		Student ID No.: _____		
<p>English</p> <p>1. Is a language other than English spoken in your home? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ (Language)</p> <p>2. Does the student speak a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ (Language)</p> <p>If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.</p>		<p style="text-align: center;">IMPACT REGISTRATION PROCESS (For Office use only)</p> <ul style="list-style-type: none"> The Non-English language identified on either question is the Home Language. If two different non-English languages are identified, enter the language identified in question 2 as the Home Language. Enter ENGLISH as a Home Language ONLY when both questions are answered no. 		
<p>Spanish</p> <p>1. ¿Se habla algún otro lenguaje que no sea inglés en su hogar? <input type="checkbox"/> No <input type="checkbox"/> Sí _____ (Lenguaje)</p> <p>2. ¿Habla el estudiante un lenguaje que no sea el inglés? <input type="checkbox"/> No <input type="checkbox"/> Sí _____ (Lenguaje)</p> <p>Si la respuesta a cualquiera de las preguntas es "Sí", la ley requiere que la escuela evalúe la fluidez de su niño en el idioma inglés.</p>		<p>Polish</p> <p>1. Czy językiem innym niż angielski mówi się w domu? <input type="checkbox"/> Nie <input type="checkbox"/> Tak _____ (język)</p> <p>2. Czyt uczeń mówi innym językiem niż angielski? <input type="checkbox"/> Nie <input type="checkbox"/> Tak _____ (język)</p> <p>Jeśli udzielili Państwo twierdzącej odpowiedzi na którekolwiek z powyższych pytań, przepisy wymagają, aby szkoła sprawdziła poziom znajomości języka angielskiego waszego dziecka.</p>		
<p>Chinese 中文</p> <p>1. 在家中是否說英語之外的一種語言？ <input type="checkbox"/> 否 <input type="checkbox"/> 是，那一種方言？ <input type="checkbox"/> 廣東話 <input type="checkbox"/> 國語/普通話 <input type="checkbox"/> 福建話 <input type="checkbox"/> 海南話 <input type="checkbox"/> 上海話 <input type="checkbox"/> 客家話 <input type="checkbox"/> 其他</p> <p>2. 該學生是否會說英語之外的一種語言？ <input type="checkbox"/> 否 <input type="checkbox"/> 是，那一種方言？ <input type="checkbox"/> 廣東話 <input type="checkbox"/> 國語/普通話 <input type="checkbox"/> 福建話 <input type="checkbox"/> 海南話 <input type="checkbox"/> 上海話 <input type="checkbox"/> 客家話 <input type="checkbox"/> 其他</p> <p>如果以上兩問題你的答案是“是”，學校根據法例，有需要替你的孩子都個英語水平測試</p>				

Signature of School Official

Date

Signature of Parent/Guardian

Date

學校職員簽署

日期

家長或監護人簽署

日期

Notes:

- 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.
- If exact name of the language cannot be determined, enter "Other" as a temporary entry. If you entered "Other," the exact language must be determined within two weeks after enrollment.
- If the language spoken by the parent is not reflected in this HLS, please visit the OLCE Forms page on the Knowledge Center at bit.ly/OLCEforms and click on Home Language Survey in Additional Languages.



State of Illinois Certificate of Child Health Examination

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

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1			DOSE 2			DOSE 3			DOSE 4			DOSE 5			DOSE 6		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	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																		
Pneumococcal Conjugate																		
Hepatitis B																		
MMR Measles Mumps. Rubella										Comments:								
Varicella (Chickenpox)																		
Meningococcal conjugate (MCV4)																		
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose																		
Hepatitis A																		
HPV																		
Influenza																		
Other: Specify Immunization Administered/Dates																		

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 (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.

***MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR**

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies 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
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3. Laboratory Evidence of Immunity (check one) Measles* Mumps Rubella Varicella Attach copy of lab result.**

*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.

**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

Last	First	Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

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

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

HEAD CIRCUMFERENCE if < 2-3 years old	HEIGHT	WEIGHT	BMI	BMI PERCENTILE	B/P
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DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes No And any two of the following: **Family History** Yes No
Ethnic Minority Yes No **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes No **At Risk** Yes No

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 No **Blood Test Indicated?** Yes No **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. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

No test needed Test performed **Skin Test: Date Read** / / **Result: Positive** **Negative** **mm** _____
Blood Test: Date Reported / / **Result: Positive** **Negative** **Value** _____

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

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears		Screening Result:	Gastrointestinal	
Eyes		Screening Result:	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 **Modified**

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

Illinois Department of Public Health PROOF OF SCHOOL DENTAL EXAMINATION FORM



To be completed by the parent (please print):

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year)
				/ /
Address:	Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian:			Address (of parent/guardian):	

To be completed by dentist:

Oral Health Status (check all that apply)

Yes No **Dental Sealants Present**

Yes No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

Yes No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

Yes No **Soft Tissue Pathology**

Yes No **Malocclusion**

Treatment Needs (check all that apply)

Urgent Treatment — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

Restorative Care — amalgams, composites, crowns, etc.

Preventive Care — sealants, fluoride treatment, prophylaxis

Other — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date _____

Address _____
Street City ZIP Code

Telephone _____

Request for Emergency and Health Information 緊急通知和健康資料表格

School Name 學校名字 : **John C. Haines 興氏學校**

PARENTS/GUARDIANS: The school must have on file emergency information that can be used to contact you. Please print clearly. Whenever there is a change in this information, immediately notify the school in writing.

Student ID# 學生編號	Last Name 姓	First Name 名	Middle Name 別名	Homeroom # 課室
Birth Date (mm/dd/yyyy) 出生日期		Student Home Address 學生住址		Student Home Phone # 電話

<p>Confidential Information Box 1 機密資料 1 (如果有以下居住情況請別選)</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 住在汽車/公園/公共地方</p> <p><input type="checkbox"/> doubled-up <input type="checkbox"/> in a hotel/motel <input type="checkbox"/> in a shelter <input type="checkbox"/> in transitional housing</p> <p style="text-align: center;">流動地點 酒店/旅館 庇護中心 轉置房屋</p>	<p>Confidential Information Box 2 機密資料 2</p> <p>Is there a current Order of Protection or No Contact Order which concerns this student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>學生有沒有法庭保護令?</p> <p>School Note: If "Yes," follow CPS Policy 704.4 procedures. Enter information in Legal Alert field and update contact information, as needed, in SIM.</p>
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家長/監護人資料 Parent/Guardian and Emergency Contact Information: Add extra contacts on the back of this form, if needed.

	Parent/Guardian Contact 家長 1	Parent/Guardian Contact 家長 2
Contact Name 姓名		
Relationship to Student 關係		
<i>Check all that apply:</i> 別選事項	<input type="checkbox"/> Lives With 和孩子居住 <input type="checkbox"/> Gets Mailings 取得郵件 <input type="checkbox"/> Emergency 緊急通知 <input type="checkbox"/> Permission to Pickup 可以接送	<input type="checkbox"/> Lives With 和孩子居住 <input type="checkbox"/> Gets Mailings 取得郵件 <input type="checkbox"/> Emergency 緊急通知 <input type="checkbox"/> Permission to Pickup 可以接送
Home Address, if different from student's 地址 如果和以上不同		
Home Phone Number, if different from student's 家中 電話		
Cell Phone Number 手機號碼		
Email Address 電郵地址		
Name and Address of Employer 雇主名稱		
Work Phone Number 工作電話		
* Communication Language 語言		
* CPS communicates via phone calls. Select the language that should be used to communicate with you. Languages available for mass communication at this time are English and Spanish (note: other languages upon availability).		

List the name of a relative or neighbor who can also be notified in an emergency and has permission to pick up the student: 親友資料

Name 姓名	Home Address 地址	Telephone # 電話	Relationship 關係
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Family Doctor's Name, Address, and Phone Number: I authorize you to call my family doctor, if necessary, in an emergency.
 孩子的家庭醫生名字, 地址, 電話 – 當有緊急事件在有需要情況下本人允許學校致電話家庭醫生。

Student Health Insurance: (select only one of the three) 學生的醫療保險 (別選其中之一)

Illinois Medical Card/All Kids 伊利諾州兒童醫保: provide student's medical ID # 號碼 _____ (9-digit number 9個數字)

No Insurance 沒有醫療保險: are you interested in applying for the Illinois /All Kids? Yes No 有興趣申請伊利諾州的兒童醫療保險嗎?

Private/Employer Health Insurance: no additional information needed 雇主醫療保險: 無需額外資料

Children of Military Personnel (optional)

As the Parent or Guardian, are you a member of a branch of the armed forces of the United States? Yes No 家長或監護人有在美國參軍嗎?

If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? Yes No 如果有這學年需要服役嗎?

I certify that the information on this form is correct: 本人證明以上填寫屬實

(Parent/Guardian Signature) 家長簽署 _____

(Date) 日期 _____