

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 Influenzae, 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
- 政府醫療卡
- 法院文件
- 伊利諾州公共援助卡
- 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。

Rev. 06/2020

Chicago Public Schools
School Enrollment Form

School Name

<p>Student Information</p> <p>Student's siblings' names if currently enrolled in CPS:</p> <p>_____</p>	<p>_____ Student ID#</p> <p>_____</p>	<p>School Use Only:</p> <p>Prevent duplicate student records. Search in SIS for an existing Student ID before creating a new one.</p>
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<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Legal Last Name Legal First Name Legal Middle Name Generation (Jr., etc)</p> <p>_____</p> <p>Legal Sex (F/M/X/N) Birth date (mm/dd/yyyy) Registration Grade Level (when first entering CPS)</p> <p>_____</p> <p>Affirmed Gender* (F/M/N) _____</p> <p>Affirmed First Name* Affirmed Middle Name*</p> <p>*Optional. For more information regarding affirmed gender and affirmed name, please visit: Supporting Gender Diversity Toolkit</p>
<p>Personal Information</p>	<p><u>Y / N</u></p> <p>Birth Certificate on File Birth Verification Type _____</p> <p>_____ *</p> <p>Birth Country Birth State Birth City _____</p> <p>* Complete if student was <u>not</u> born in the United States (US) or one of its Territories:</p> <p>Date of first enrollment in any US School: _____</p> <p>Full Years completed school in US: _____</p>
<p>School Use Only: Note that “<i>Date of first enrollment in any US School</i>” becomes a required field in SIS if “<i>Birth Country</i>” is <u>not</u> the US or one of its Territories.</p>	
<p>Student Address/Phone</p> <p>Physical (Home) Address</p> <p>Mailing Address (if different than Home)</p>	<p>Street Number and Name Apt. City State Zip Code _____</p> <p>Street Number and Name Apt. City State Zip Code _____</p> <p>Home Phone Number _____</p>
<p>Demographic, Home Language, Parent/Guardian Contacts, Emergency/Health Information</p>	<p>Federal Ethnic and Race Categories: <i>(Enter information into SIS from the Race and Ethnicity Survey form)</i> Home Language Survey: <i>(Enter information into SIS from the Home Language Survey form)</i></p> <p>Parent/Guardian Contacts: <i>(Enter information into SIS from the Request for Emergency and Health Information form)</i></p> <p>Emergency/Health Information: <i>(Enter information into SIS from the Request for Emergency and Health Information form)</i></p>
<p>Enrollment</p> <p>Enrollment Status Codes:</p> <p>01 – No Former School 02 – Chicago Public School (to incl. Charter/Contract) 03 – Chicago Private School 04 – IL Public Schl, not Chicago 05 – IL Private Schl, not Chicago 06 – US Public Schl, not Illinois 07 – US Private Schl, not Illinois 08 – Not in USA</p>	<p>_____ *School Transferring From <i>(if not a Chicago Public, Charter or Contract School)</i></p> <p>City and State _____</p> <p>*Is the student in good standing? <u>Y / N</u> <i>(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.)</i></p> <p>Last Chicago Public, Charter, or Contract School Attended _____</p> <p>Is the student receiving any type of Special Education services? <u>Y / N</u> <i>(Instructions to school: if yes, please notify the Case Manager.)</i></p> <p>Student Enrolled by _____ _____ <i>(Print Name and Relationship)</i></p> <p>Signature of Parent/Guardian Date of Enrollment _____</p> <p>School Use Only:</p> <p>Enrollment Status Code <i>(insert a # from the left)</i> _____ Grade Level _____ Homeroom/Division # _____</p>

Rev. 06/2020

Chicago Public Schools 芝加哥公立學校
School Enrollment Form 報名表格

<p>Student Information 學生資料</p>	<p>Student ID# 學生編號</p>	<p>School Use Only: Prevent duplicate student records. Search in SIS for an existing Student ID <u>before</u> creating a new one.</p>
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<p>Student's siblings' names if currently enrolled in CPS: 請列出於公立學校就讀兄弟姊妹的名字</p>	<p>Legal Last Name 姓氏 Legal First Name 名字 Legal Middle Name Generation (Jr., etc)</p> <p>Legal Sex (F/M/X/N)性別 Birth date (mm/dd/yyyy)出生日期 Registration Grade Level (when first entering CPS)登記年級</p> <p>Affirmed Gender* (F/M/N) Affirmed First Name* Affirmed Middle Name* *Optional. For more information regarding affirmed gender and affirmed name, please visit: Supporting Gender Diversity Toolkit 跨性別者請確定性別和名字</p>
<p>Personal Information 個人資本料</p>	<p><u>Yes 有 / No沒有</u> Birth Certificate on File 出生證明 Birth Verification Type 出生證明類別</p> <p>* Birth Country 出生國家 Birth State 出生州份 Birth City 出生城市</p> <p>* Complete if student was <u>not</u> born in the United States (US) or one of its Territories: 如果學生不在美國出生請填以下 Date of first enrollment in any US School 初來美國學校就讀日期 : _____</p> <p>Full Years completed school in US 在美國的學校全年完成 : _____</p> <p>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.</p>
<p>Student Address/Phone 學生地址/電話 Physical (Home) Address</p> <p>Mailing Address (if different than Home) 郵寄地址如果有不同</p>	<p>Street Number and Name 街道號碼和名稱 Apt.房號 City 城市 State 州立 Zip Code郵區</p> <p>Street Number and Name 街道號碼和名稱 Apt.房號 City 城市 State 州立 Zip Code郵區 Home Phone Number 電話號碼</p>
<p>Demographic, Home Language, Parent/Guardian Contacts, Emergency/Health Information 種族, 語言, 家長聯系, 緊急/健康資料另填表格</p>	<p>Federal Ethnic and Race Categories: (Enter information into SIS from the Race and Ethnicity Survey form)種族表格 Home Language Survey: (Enter information into SIS from the Home Language Survey form)語言表格 Parent/Guardian Contacts: (Enter information into SIS from the Request for Emergency and Health Information form) 緊急聯絡表格 Emergency/Health Information: (Enter information into SIS from the Request for Emergency and Health Information form) 健康表格</p>
<p>Enrollment</p> <p>Enrollment Status Codes: 01 – No Former School 02 – Chicago Public School (to incl. Charter/Contract) 03 – Chicago Private School 04 – IL Public Schl, not Chicago 05 – IL Private Schl, not Chicago 06 – US Public Schl, not Illinois 07 – US Private Schl, not Illinois 08 – Not in USA</p>	<p>*School Transferring From (if not a Chicago Public, Charter or Contract School) City and State 城市和州份 從那一學校轉來 (如非芝加哥公立或津貼學校)</p> <p>*Is the student in good standing?學生有良好的信譽嗎 <u>Y / N</u> (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 最後就讀芝加哥公立或津貼學校的名字 _____</p> <p>Is the student receiving any type of Special Education services? <u>Y / N</u> (Instructions to school: if yes, please notify the Case Manager.)</p> <p>Student Enrolled by (Print Name and Relationship) 報名人姓名及和學生的關係</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>

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

Rev. 07/2017 Chicago Public Schools **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 #

Confidential Information Box 1

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:

in a car/park/other public place

doubled-up in a hotel/motel in a shelter in transitional housing

School Note: If any box is checked, see the CPS Policy 702.5.

Confidential Information Box 2

Is there a current Order of Protection or No Contact Order which concerns this student? Yes No

School Note: If "Yes," follow CPS Policy 704.4 procedures. Enter information in Legal Alert field and update contact information, as needed, in SIM.

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>	Lives With Gets Mailings Emergency Permission to Pick Up	Lives With Gets Mailings Emergency Permission to Pick Up
Home Address, if different from student's		
Home Phone Number, if different from student's		
Cell Phone Number		
Email Address		
Name and Address of Employer		
Work Phone Number		
* Communication Language		
* CPS communicates via phone calls. Select the language that should be used to communicate with you. Languages available for mass communication at this time are English and Spanish (note: other languages upon availability).		

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

_ Name Home Address Telephone # Relationship

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

Rev. 07/2017 Chicago Public Schools **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剔選)</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>in a car/park/other public place 住在汽車/公園/公共地方</p> <p>doubled-up in a hotel/motel in a shelter in transitional housing</p> <p>流動地點 酒店/旅館 庇護中心 轉置房屋</p> <p style="text-align: right;">School Note: If any box is checked, see the CPS Policy 702.5.</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? Yes No</p> <p>學生沒有沒有法庭保護令?</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		
Check all that apply: 剔選事項	Lives With 和孩子居住 Gets Mailings 取得郵件 Emergency 緊急通知 Permission to Pick Up 可以接送	Lives With 和孩子居住 Gets Mailings 取得郵件 Emergency 緊急通知 Permission to Pick Up 可以接送
Home Address, if different 地址 from student's 如果和以上不同		
Home Phone Number, if 家中 different from student's 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

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 (剔選其中之一)

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r) 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



ENGLISH / CHINESE **Race and Ethnicity Survey** 種族問券

學生姓名

Student's Name: _____ School Name 學校: John C. Haines 興氏學校 性別
男 女

Gender: Male Female School ID: _____

出生日期

Birth Date: ____/____/____
Month 月 Date 日期 Year 年

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.

說明: 請回答以下問題, 這兩個問題都必須回答。A部分詢問學生的種族地區, B部分詢問學生的種族。如果您拒絕回答任何一個問題, 學校唯有靠觀察來識別這些資料。

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.) A 部分: 這位學生是西班牙裔/拉丁美洲裔嗎? (古巴人, 墨西哥人, 波多黎各人, 南美或中美洲人或其他西班牙文化或血統的人, 無論種族如何。)

Choose only one. 請選擇其中之一

- No, not Hispanic/Latino 不是西班牙裔/拉丁美洲裔
- Yes, Hispanic/Latino 是西班牙裔/拉丁美洲裔

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question 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.

B 部分: 學生是什麼的種族? 請選擇其中之一

- American Indian or Alaska Native** 印第安人或阿拉斯加原住民
(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.) 起源於北美和南美的任何原始民族, 包括中美洲, 並保持部落隸屬關係或社區依附關係的人。)
- Asian** 亞洲人 (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.)

(起源於遠東, 東南亞或印度次大陸的任何原始民族的人, 包括例如柬埔寨, 中國, 印度, 日本, 韓國, 馬來西亞, 巴基斯坦, 菲律賓群島, 泰國, 和越南。)

- Black or African American** 黑人或非裔美國人 (起源於非洲任何黑人種族的人。)
(A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** 夏威夷原住民或其他太平洋島民 (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) (起源於夏威夷, 關島, 薩摩亞或其他太平洋島嶼的任何原住民。)
- White** 白人 (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.) (起源於歐洲, 中東或北非的任何原住民。)



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

Media Consent Form and Release

Consent/Release

I hereby consent to have my child photographed, digitally recorded, video taped, audio taped and/or interviewed by the Board of Education of the City of Chicago (the "Board") or the news media when school is in session, either in person or hosted remotely, or when my child is under the supervision of the Board. Further, I consent for these photos, digital recordings, video tapes, audio tapes and/or interviews to be shared with third parties who have received written approval from the Office of Communications. I understand in the course of the above described activities that the Board might like to celebrate my child's accomplishments and work. Therefore, I further consent for the Board's release of information on my child's name, academic/non-academic awards and information concerning my child's participation in school-sponsored activities, organizations and athletics.

I also consent to the Board's use of my child's name, photograph or likeness, voice or creative work(s) on the Internet or on a CD or any other electronic/digital media or print media electronic which may include honorary banners/signs displayed in, near, or around the school building or community.

As the child's parent or legal guardian, I agree to release, indemnify and hold harmless the Board, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's name, photograph or likeness, voice or creative work(s), on television, radio or motion pictures, or on the Internet, or on a CD, or any other electronic/digital media or print media or in connection with my child's participation in virtual school events and/or celebratory activities.

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

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

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.

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

Student's Name Student ID #

Date School

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.



Media Consent Form and Release

Consent/Release

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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.

As the child's parent or legal guardian, I agree to release and hold harmless the Board, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's name, photograph or likeness, voice or creative work(s), on television, radio or motion pictures, or on the Internet, or on a CD, or any other electronic/digital media or print media.

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 to have my child photographed, digitally recorded, video taped, audio taped and/or interviewed by the Board or the news media when school is in session or when my child is under the supervision of the Board 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.

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

Student's Name Student ID #

Date School

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.



CHICAGO PUBLIC SCHOOLS 芝加哥公立學校
John C. Haines School 興氏學校

MEDIA CONSENT FORM AND RELEASE
媒體拍攝/錄音家長同意書

本人允許我的孩子 在學校內上 課時讓教育署或在教育處督導下讓公共傳媒拍照，錄影，錄音或，和採訪， 本人同意這些照片，錄音，錄像和採訪給與那些已經取得教育署公共通訊部門批准的機構分享，本人進一步同意教育署發放有關孩子參與學校，團體和運動活動時候的姓名，學術/非學術獎項資料。

本人亦同意讓教育署用孩子的姓名，照片，錄音或錄像創作放在互聯網，CD磁碟，或其他電子傳媒。

我身為家長或合法監護人同意授權芝加哥教育處，它的成員，董事，代理，職員，合約人，義工 和雇員在冒傷害下發放，並不會因為孩子在電視，收音機，影片，互聯網或其他印刷媒介出現而向他們追討，要求，行動，投訴，訴訟或其他形式的責任追究。

本人進一步明白和同意不牽涉金錢或其他形式的考慮，本人，我的孩子，我們的繼承人或代理人不會追究包括我或孩子因為參加以上的活動而所需要支出的任何費用或使用孩子的照片，錄音和錄像。

本人明白我可以書面通知校長取消這同意書，本人亦明白我的同意的孩子 在學校內上 課時讓教育署或在教育處督導下讓公共傳媒拍照，錄影，錄音或，和採訪 有效期為一個學年，包括暑假在內。

請挑選以下其中之一的方格1或方格2

1 本人同意以上的同意/發放環節

2 本人不同意以上的同意/發放環節

_____ 家
長\監護人簽署 家長\監護人姓名

_____ 學生姓名
學生編號 課室

_____ 日期

本人明白我有權利檢查我孩子的記錄, 質疑記錄內容或限制我的同意在下關記錄或當中的部份。

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



42 W. Madison Street • Chicago, Illinois 60602
Telephone: 773/553-1600

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 the 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 by 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 the phone numbers, including cellular numbers, listed on the student's record. Please make sure these numbers are updated with the 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.

Instructions: Check Box for Consent or Do Not Consent

- I CONSENT as outlined in the above section.
- I DO NOT CONSENT as outlined in the above section.

Signature of Parent/Guardian/Student if age 18 or

older Printed Name of Parent/Guardian/Student if age 18 or older Student's Name Student ID #

Date School

Phone Number 1 for Messages: (____) _____ - _____

Phone Number 2 for Messages: (____) _____ - _____

E-mail Address: _____

學校訊息發佈同意書

表 親愛的家長 / 監護人 / 學生 (如果年滿 18 歲) :

您的學校和學區將定期發送有關學校或學區活動、更新或倡議的信息, 我們將利用電話信息系統提醒您有關這些事件、更新和舉措; 包括派發成績表、旅行、社區活動、家長會、公告、疫情信息和檢測等。為確保您定期收到學校或學區相關的通知和提醒, 以下需要您的同意。

在緊急情況下, 無論是否同意存檔, 您都會收到提供的所有聯繫信息。緊急電話包括天氣惡劣學校關閉、健康風險、威脅、學生無故曠課以及其他影響學生和教職員工健康或安全的情況。緊急電話將被發送到學生記錄中列出的所有電話號碼, 包括手機號碼, 請確保這些號碼與學校的記錄同步更新。

****請填寫並交回此表格以確保您收到信息電話和短信****

通過簽署此表格, 您授權芝加哥公立學校使用自動化系統定期向你們的電話號碼發送自動訊息電話或短訊。如果您更改電話號碼或不再希望接收自動電話和短信, 請立即通知學校。通過在下面簽名, 您同意此同意書將繼續有效, 並且您將繼續收到自動電話和短信, 除非或直到您撤銷同意書。電訊公司可能會收取短訊的費用。

說明: 請別選同意或不同意

我同意如上述內容。

我不同意以上述內容。

_____ 家長
/監護人/年滿 18 歲的學生的簽名 家長/監護人/年滿 18 歲的學生的姓名

_____ 學生的姓名 學生編號

_____ 日期 興氏學校

可以接收訊息的電話號碼 1: (_____) _____ - _____

可以接收訊息的電話號碼 2: (_____) _____ - _____

電郵地址: _____

please print or type:

SCHOOL NAME

DOES YOUR FAMILY HAVE INTERNET SERVICES AT HOME? YES NO

PART 1: Household Information— List all members of your household living with you. *Foster Children (legal responsibility of welfare agency or court)

PART 2: SNAP/TANF number of any

Parents—Please return to school by **October 29, 2022**. **Schools**—Please enter into ODA member of your household (go to part 6)

CPS STUDENT?	ALL HOUSEHOLD MEMBER NAMES Last First M.I.	DATE OF BIRTH					SEX				

FOSTER CHILD?

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

HOMELESS

MIGRANT

RUNAWAY

HEAD START Homeless, Migrant, Runaway or Head Start Liaison Signature Date

PART 4: List Household Members With Income (SKIP THIS if you answered any of parts 2 or 3) Enter the amount of income and how often it is received for each household member.

\$
\$
\$

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

GROSS INCOME (before deductions)	Twice Monthly ^Y
	Week ^Y Every 2 Week ^S
\$	Month ^Y Annually ^Y

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

Twice Monthly^Y

HOUSEHOLD MEMBER NAMES WITH INCOME OTHER INCOME First \$

Last M.I. \$

\$

\$

\$

YES! I am interested in applying for a waiver of instructional fees.

Week^Y Every 2 Week^S
Month^Y Annually^Y

PART 5: Opt in for information about other benefits

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.*

PART 6

Signature

YES! I am interested in applying for the Supplemental

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. 31

PART 7: Children's Racial and Ethnic Identities (Optional)

MARK ONE OR MORE RACIAL IDENTITIES:

MARK ONE ETHNIC IDENTITY:

- | | | | |
|----------------------------------|-------------|--------------------------|--|
| Hispanic / Latino Not Hispanic / | Latino | Black / African American | American Indian / Alaska Native |
| | Asian White | | Native Hawaiian / Other Pacific Islander |

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List Students name, date of birth and check the box for "Foster Child" to the left of your foster child's name.

Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

Part 6: Sign the Form.

Instructions For Completing Family Income Information Form

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP/TANF, FOLLOW THESE INSTRUCTIONS:

Part 1: List all of the household members and date of birth (for students). (Attach another application if necessary.)

Part 2: List the DHS case number (SNAP or TANF) of any household member that corresponds with their name in Part 1. Do not use your Medicare card number.

Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

Part 6: Sign the Form.

Part 7: Check the appropriate box to indicate your racial and ethnic identities.

IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT, RUNAWAY, OR HEAD START CHILD, FOLLOW THESE INSTRUCTIONS:

Part 1: List all of the household members and date of birth (for students).

Skip to Part 3: Check the appropriate box; obtain date and signature of Homeless, Migrant, or Runaway Liaison/Coordinator.

Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

Part 7: Check the appropriate box to indicate your racial and ethnic identities.

SCHOOL USE ONLY

If some children in the household are foster children:

Part 1: List Students name, date of birth and check the box for "Foster Child" to the left of your foster child's name.

Skip to Part 4: Follow the instructions under ALL OTHER HOUSEHOLDS INSTRUCTIONS (Part 4) below.

Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

Part 6: Sign the Form.

Part 7: Check the appropriate box to indicate your racial and ethnic identities.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all of the household members and date of birth (for students).

Skip to Part 4: Follow these instructions to report total household income:

Column 1: Name

List the first and last name of each person in your household who receives income, related or not (such as grandparents, other relatives, or friends. Attach another sheet of paper if necessary).

Columns 2 & 3: Gross Income Amounts and Frequency

The Gross Income is the amount earned before taxes and other deductions. It should be noted on pay stubs. This is not the same as take-home pay. List the amount each person receives from these sources. Round to the nearest dollar. All other sources of income should

also be noted on this application. Next to each amount fill in the circle that indicates how often the person receives their stated income (weekly, every other week, twice a month, monthly, or annually). If you do not wish to disclose your income, please note "decline to answer" in this section. Be aware that if you are low-income, failure to share household income information could reduce the funds your school may otherwise receive.

Part 5: If you are interested in sharing application information with Medicaid or SNAP agencies, check the box and sign.

Part 6: Sign the Form.

Part 7: Check the appropriate box to indicate your racial and ethnic identities.

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

CPS FAMILY INCOME INFORMATION FORM 2022-2023 (John C. Haines School 興氏學校) 教育署學生免費或減費膳食申請表 這是教育署的表格，家庭成員收入的資料是用於決定對學校的資助，學校是否得到教育署額外資助取決於低收入家庭的數目。

Part 1 第一部份 家庭成員資料																			
請填寫你們所有家庭成員的姓名																			
請填寫所有家庭成員		姓名 別名		出生日期															
如果是領養孩子 <input type="checkbox"/>	如果是學生請 <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"/>	<input type="checkbox"/>																		

Part 3 第三部份

家庭情況

無家可歸 流浪者 難民 幼兒園

_____ 聯絡人簽名

_____ 日期

Part 4 第四部份 列出有收入的家庭成員(如果填寫了第二和第三部份, 這部份不用填寫)填寫有收入家庭成員的數額和多久											Part 5 第五			
有收入家庭成員姓名	一般收入(報稅額)	每星期	兩星期	一月兩次	每月	每年	其他收入 包括退休金, 失業金等等	每星期	兩星期	一月兩次	每月	每年	<input type="checkbox"/> 是, 本人 <input type="checkbox"/> 是, 本人	
													_____ 家長簽名	
	\$						\$							
	\$						\$							
	\$						\$							
	\$						\$							
	\$						\$							

社會保障咭(工人咭)最後4個號碼 本人沒有社會保障咭(工人咭)號碼

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Part 6 第六部份 簽名和聯絡資料

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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--

家長或監護人簽署 家長名字 家長姓氏

地址 _____ 郵區 _____ 日期 _____

需資



Minimum Health Requirements 2021-2022

“Evidence shows that healthy students have better attendance patterns and perform better academically. The following health requirements apply to all children enrolled in a Chicago Public School. **Children must provide proof of required immunizations and health exams before October 15, 2020, or they will face exclusion from school.**

Dental Examination requirements due 5/15/22 for kindergarten, 2nd, 6th grade and 9th grade.

IMMUNIZATION REQUIREMENTS

Diphtheria, Pertussis (Whooping Cough), Tetanus (DTP, DTaP & Tdap) • Four (4) or more doses. The first 3 doses with intervals of 4 weeks apart. The interval between the 3rd and 4th dose is at least 6 months.

• The last dose qualifying as a booster and received on or after the 4th birthday • One (1) dose of the Tdap vaccine for 6th to 12th grades.

Polio

• Four (4) or more doses. The first 3 doses with intervals of 4 weeks apart. The interval between the 3rd and 4th dose is at least 6 months.

• The last dose qualifying as a booster and received on or after the 4th birthday. • A 4th dose is not needed if the 3rd dose was administered at age 4 or older and 6 months after the previous dose.

Measles, Mumps, and Rubella (MMR)

• One (1) dose required for preschool, & a second dose required for all students kindergarten to 12th grade.

• 1st dose received at 12 months or later

• 2nd dose must be administered at least four weeks (28 days) after 1st dose

Hepatitis B

• Three (3) doses required for all students.

• 1st dose at birth.

• 2nd dose received no less than 28 days or 4 weeks after 1st dose.

• 3rd dose received no less than 2 months after the 2nd dose and 4 months after the 1st dose.

Varicella (Chicken Pox)

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

• One (1) dose required on or after the first birthday for Prek, 3rd, 4th, 5th, grades.

Haemophilus Influenzae, Type B (HIB)

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

www.cdc.gov/vaccines/vpd/hpv/public/index.html

EXAMINATION REQUIREMENTS

Physical Examination requirements due upon enrollment, or by 10/15/21 Physical Examination must be completed within one year prior to entry to:

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

Vision Examination requirements due upon enrollment, **no later than 10/15/21** • Entering the State of Illinois for the first time at any grade level.

- Entering kindergarten

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

Meningitis Conjugate (MCV4)

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

Pneumococcal Conjugate (PCV)

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



State of Illinois Certificate of Child Health Examination

Student's Name Last First Middle	Birth Date Month/Day/Year	Sex	Race/Ethnicity	School /Grade Level/ID#
--	-------------------------------------	------------	-----------------------	--------------------------------

Address Street City Zip Code Parent/Guardian Telephone # Home Work **IMMUNIZATIONS: To be completed by a healthcare 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 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR
DTP or DTaP						
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV
Hib Haemophilus influenza type b						
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 providers (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 a 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 a 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
3. Laboratory Evidence of Immunity (check one) <input type="checkbox"/>Measles* <input type="checkbox"/>Mumps** <input type="checkbox"/>Rubella <input type="checkbox"/>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.

11/2015 (COMPLETE BOTH SIDES) Printed by Authority of the State of Illinois
Birth Date Sex School Grade Level/ ID

Last First Middle Month/Day/ Year #

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

ALLERGIES

(Food, drug, insect, other)

Yes

List: **MEDICATION** (Prescribed or Yes

List:

No

No

taken on a regular basis.)

Diagnosis of asthma?

Child wakes during night coughing? Birth defects?

Developmental delay?

Blood disorders? Hemophilia, Sickle Cell. Other? Explain.

Diabetes?

Yes No	
Yes No	
Yes No	
Yes No	

Yes No		Surgery? (List all.) When? What for?
Yes No		Serious injury or illness?
Yes No		TB skin test positive (past/p
Yes No		TB disease (past or present)
Yes No		Tobacco use (type, frequenc
Yes No		Alcohol/Drug use?
Yes No		Family history of sudden de before age 50? (Cause?)

Head injury/Concussion/Passed out? *If yes, refer to the local health department. Seizures? What are they like?

Heart problem/Shortness of breath?

Heart murmur/High blood pressure?

Dizziness or chest pain with exercise?

Eye/Vision problems? _____ Glasses Contacts Last exam by eye

doctor _____ Other concerns? (crossed eye, drooping lids, squinting,

difficulty reading)

Yes No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate Other
Yes No		

Ear/Hearing problems? Information may be shared with appropriate personnel for health and educational purposes. **Parent/Guardian**

Signature Date Bone/Joint problem/injury/scoliosis?

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA HEAD CIRCUMFERENCE if <

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 you reside 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**

Date	Results			Date
		Sickle Cell (when indicated)		
		Developmental Screening Tool		
	Normal Comments/Follow-up/Needs			Normal Comments/Follow-up/Needs
		Endocrine		
	Screening Result:	Gastrointestinal		
	Screening Result:	Genito-Urinary		
		Neurological		
		Musculoskeletal		
		Spinal Exam		
		Nutritional status		
	<input type="checkbox"/> Diagnosis of Asthma	Mental Health		
	ion (e.g. Short Acting medication (e.g. inhaled	Other		

LAB TESTS (Recommended) Results Hemoglobin or Hematocrit

Urinalysis **Skin**

Ears

Eyes LMP Nose

Throat

Mouth/Dental

Cardiovascular/HTN

Respiratory

Currently Prescribed Asthma Medication:

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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 a 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**



**School Based Oral Health Program
Dental Consent, Release of Liability and Authorization Form**

Student Name: Student's Date of Birth € Male € Female

School Name: Student ID# Grade: Room# Parent/Guardian Name: Home Address:

Phone Number: Zip Code: Medicaid/ALL KIDS - 9 Digit Recipient #

As the parent/guardian of the above named student, I understand that through the City of Chicago Department of Public Health and the Chicago Public School's **SCHOOL-BASED ORAL HEALTH PROGRAM** (the "**PROGRAM**"), licensed dentists will be coming to my child's/ward's school in the near future to provide a **DENTAL EXAM/SCREENING** and as needed a **DENTAL CLEANING, FLUORIDE TREATMENT** and **DENTAL SEALANT(S)** at **NO COST** to students or their families in the school. Dental sealants, in addition to regular brushing and flossing, protect your child's/ward's teeth from **DECAY**. Dental Sealants are thin, plastic coatings put on the tops of the back-teeth to **SEAL OUT** food and germs. Sealants are applied on teeth that appear not decayed, and they don't hurt. **PROGRAM SERVICES DO NOT INCLUDE DRILLING OR SHOTS.**

I understand that in consideration for my child's/ward's participation in the **PROGRAM**, and as evidenced by my signature below, I hereby release and hold harmless the **CITY OF CHICAGO**, its departments, including the Department of Public Health, and its employees, officers, volunteers, agents and representatives, and **THE BOARD OF EDUCATION OF THE CITY OF CHICAGO**, its members, trustees, agents, officers, contractors, volunteers and employees from any liability which may accrue to me or to my child/ward, for any and all losses, injuries, damages to me or my child/ward, both known and unknown, foreseen and unforeseen, arising in connection with my child's/ward's participation in the **PROGRAM** whether or not said losses, injuries, damages, or liabilities result in whole or part from the negligence of the **CITY OF CHICAGO**, its departments, including the Department of Public Health, its employees, officers, contractors, volunteers, agents, or representatives, or from the negligence of the **BOARD OF EDUCATION OF THE CITY OF CHICAGO**, its members, trustees, employees, officers, contractors, volunteers, agents, or representatives.

I further understand that as evidenced by my signature below, I acknowledge that a licensed dentist providing medical or dental care, treatment, diagnosis, or advice without charge on behalf of the City of Chicago Department of Public Health is not liable for civil damages resulting from his or her acts or omissions in providing such medical or dental care, treatment, diagnosis, or advice under the Program except for willful or wanton misconduct. To authorize dental providers and the Chicago Department of Public Health to share information relating to PROGRAM dental services provided to your child/ward, please sign the Authorization Form that is on the other side of this page. This signed consent form is valid for **365** days from the date that it is signed by the child's/ward's parent or guardian.

Race: (Please check one) White Black Asian / Pacific Islander American Indian/ Native Alaskan **Hispanic** (Please check one) Yes No **MEDICAL**

INFORMATION: Has your child/ward ever had any of the following: **YES** or **NO** If YES: Please check the appropriate condition below: **Asthma Diabetes**

Currently has Heart Murmur Rheumatic Fever or Rheumatic Heart Disease Epilepsy Blood Disorder / Disease Hepatitis Is your child/ward taking any medication? If YES, Please list medication:

Does your child/ward have any Allergies? If YES, Please list Allergies:

Any other medical related conditions? If YES, Please list the conditions:

As the parent or guardian of the above - named child or ward, I consent for my child or ward to participate in the SCHOOL-BASED ORAL HEALTH PROGRAM, which includes a dental exam/screening and as needed a dental cleaning, fluoride treatment and dental sealant(s) and the receiving of Quality Assurance exams. I authorize the dental provider to use my child's or ward's Medicaid, ALL KIDS number for billing purposes only. **I understand that if I fail to sign this Dental Consent Form and Release of Liability, my child or ward will not receive any services under this program. Please sign both sides:**

Parent/Guardian Date:



School - Based Oral Health Program Authorization
Form – HIPAA

Student Name: Student Date of Birth:

School Name: Parent/Guardian Name:

By signing below, I understand that I am giving my authorization to the dental provider and the City of Chicago Department of Public Health to use and/or disclose my child's/ward's protected health information, to the following person(s) or organization(s) for the purposes of reports, documentation of oral health trends, and Medicaid and grant billing: City of Chicago, Department of Public Health, 333 S. State Street, 2nd Floor, Chicago, IL 60604; Individual School Principal; Illinois Department of Healthcare and Family Services, 201 So. Grand Avenue East, Springfield, IL, 62763; Illinois Department of Public Health - Oral Health Division, 535 W. Jefferson Street, 2nd Floor, Springfield, IL, 62761, Chicago Public Schools, Office of Student Health and Wellness, 42 West Madison, Garden Level, Chicago Illinois 60602. Federally Qualified Health Centers (FQHC), Oral Health Forum (OHF), 1100 West Cermak Road, Suite 518, Chicago, IL 60608. Infant Welfare Society of Chicago (IWS), 3600 W Fullerton Ave, Chicago, Oak Park-River Forest Infant Welfare Clinic, 320 Lake Street, Oak Park, IL 60302 and Chicago Public School approved Dental Vans.

CDPH and dental providers may not condition treatment, payment, or eligibility for benefits on this authorization or my refusal to sign such authorization. This Authorization is voluntary, and I may refuse to sign it. I understand that there is a potential that the information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and will no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA) and federal privacy regulations. I may revoke this Authorization in writing by sending notice to the HIPAA Privacy Officer, City of Chicago, Department of Public Health, 333 S. State Street, 2nd Floor, Chicago, IL 60604. Revocation is not effective with respect to actions taken prior to the revocation. This authorization is valid for **365** days from the date that it is signed by the child's/ward's parent or guardian.

Please sign both sides

Parent/Guardian Date

Office of Language and Cultural Education

**Complete this Home Language Survey at the student's initial enrollment in a Chicago Public School.
This form must be kept in the student's folder.**

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

please print or type:

FIRST NAME

STUDENT LAST NAME MIDDLE NAME SCHOOL NAME

NETWORK

STUDENT ID # 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 Language**

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

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

Lenguaje

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

Chinese / ||

Arabic / ||

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 Nie Język

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

Parent/Guardian Signature Signature of School Official Date Date *Must have an original signature; an electronic signature is not acceptable.*

OFFICE USE ONLY

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

If the language spoken by the parent/guardian is not included on either page of this form, please visit the OLCE Employee Intranet Page, Forms, and click on "Home Language Survey in Additional Languages" which will take you to ISBE's HLS page.

If the parent/guardian does not speak English and the school does not have staff who speaks the parent/guardian's language, identify the language spoken by the parent/guardian through any assistance available in the school, i.e. using interpretation services from a vendor.

ASPEN REGISTRATION PROCESS

All five fields have to be entered on Aspen: date, answer to question 1, Home language, answer to question 2, and Native

language.

When a language other than English is reported for only one of the questions on the form, that Non-English language has to be listed as both Home and Native Language in Aspen.

If there are two different languages other than English listed, enter the language identified in question 2 as both Home and Native language. If there is more than one language listed in question 2, check with the family, since only one of the languages can be entered on Aspen.

English can be entered as the Home language ONLY if both questions are answered No and English is listed for both questions.

If the language is not included on the list of languages available on Aspen, enter "Other" temporarily, but contact OLCE as soon as possible so that the district can ask ISBE to add the new language. An SRR will have to be submitted to OLCE to correct the language at a later date.

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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.

please print or type:

FIRST NAME

STUDENT LAST NAME MIDDLE NAME SCHOOL NAME

NETWORK

STUDENT ID # 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 (različitom od engleskog)? **Da Ne** Jezik

2. Da li učenik govori neki drugim jezikom (različit od engleskog)? Da Ne Jezik

Romanian/Română Dacă ați răspuns afirmativ la oricare dintre întrebări, prin lege, instituția de învățământ trebuie să evalueze cunoștințele de limbă engleză ale copilului dvs. **1. In familia dvs. se vorbește și altă limbă**

decât engleza? **Da Nu** Limba

2. Studentul vorbește și altă limbă decât engleza? Da Nu Limba

Urdu /

Assyrian

Gujarati /

Yoruba / Yorùbá

Korean /

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? Oo Hindi Lengguwahe

2. May ginagamit ba na ibang lengguwahe ang mag-aaral bukod sa Ingles? Oo Hindi Lengguwahe

Signature of School Official Date Parent/Guardian Signature Date