



## **SY25 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, 2024**

- Student Medical Information Form

### **School Use**

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

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



# 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.

Please print or type:

Student Last Name	First Name	Middle Name	Birth Date (mm/dd/yyyy)
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Name of Parent/Guardian/Student if age 18 or older

School Name	Grade	Student ID #
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Signature of Parent/Guardian/Student if age 18 or older	Date
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*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.



# 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? <b>YES NO</b> Is there a current Temporary Restraining Order or Injunction which concerns this student? <b>YES NO</b>	
in a car/park/other public place/abandoned building/substandard housing doubled-up in a hotel/motel/trailer park/camping ground in a shelter 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		
	DCFS Contact			DCFS Contact			DCFS Contact		
Contact First Name, Last Name									
Relationship to Student									
<b>Check all that apply:</b>	Lives With Emergency	Gets Mailings Permission to Pick up		Lives With Emergency	Gets Mailings Permission to Pick up		Lives With Emergency	Gets Mailings Permission to Pick up	
Home Address, if different from student's (include unit number if applicable)									
Primary Phone Number	Cell	Home	Work	Cell	Home	Work	Cell	Home	Work
Secondary Phone Number	Cell	Home	Work	Cell	Home	Work	Cell	Home	Work
Third Phone Number	Cell	Home	Work	Cell	Home	Work	Cell	Home	Work
E-mail Address									
* Communication Language									
Requires Translator	YES	NO		YES	NO		YES	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> 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? <b>YES NO</b> 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? <b>YES NO</b> If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? <b>YES NO</b>	
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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													
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Primary Phone</td> <td style="width: 10%;">Cell</td> <td style="width: 10%;">Home</td> <td style="width: 10%;">Work</td> </tr> </table>	Primary Phone	Cell	Home	Work	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Secondary Phone</td> <td style="width: 10%;">Cell</td> <td style="width: 10%;">Home</td> <td style="width: 10%;">Work</td> </tr> </table>	Secondary Phone	Cell	Home	Work	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Third Phone</td> <td style="width: 10%;">Cell</td> <td style="width: 10%;">Home</td> <td style="width: 10%;">Work</td> </tr> </table>	Third Phone	Cell	Home	Work
Primary Phone	Cell	Home	Work											
Secondary Phone	Cell	Home	Work											
Third Phone	Cell	Home	Work											

**PRIORITY #2**

Last Name	First Name													
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Primary Phone</td> <td style="width: 10%;">Cell</td> <td style="width: 10%;">Home</td> <td style="width: 10%;">Work</td> </tr> </table>	Primary Phone	Cell	Home	Work	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Secondary Phone</td> <td style="width: 10%;">Cell</td> <td style="width: 10%;">Home</td> <td style="width: 10%;">Work</td> </tr> </table>	Secondary Phone	Cell	Home	Work	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Third Phone</td> <td style="width: 10%;">Cell</td> <td style="width: 10%;">Home</td> <td style="width: 10%;">Work</td> </tr> </table>	Third Phone	Cell	Home	Work
Primary Phone	Cell	Home	Work											
Secondary Phone	Cell	Home	Work											
Third Phone	Cell	Home	Work											

**PRIORITY #3**

Last Name	First Name													
<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Primary Phone</td> <td style="width: 10%;">Cell</td> <td style="width: 10%;">Home</td> <td style="width: 10%;">Work</td> </tr> </table>	Primary Phone	Cell	Home	Work	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Secondary Phone</td> <td style="width: 10%;">Cell</td> <td style="width: 10%;">Home</td> <td style="width: 10%;">Work</td> </tr> </table>	Secondary Phone	Cell	Home	Work	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;">Third Phone</td> <td style="width: 10%;">Cell</td> <td style="width: 10%;">Home</td> <td style="width: 10%;">Work</td> </tr> </table>	Third Phone	Cell	Home	Work
Primary Phone	Cell	Home	Work											
Secondary Phone	Cell	Home	Work											
Third Phone	Cell	Home	Work											



# Directory and Recruiter Opt-Out Information Sheet

Department of Policy and Procedures



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

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

## Who will have access to this directory information?

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

## What is directory information?

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

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

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

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

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

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

## Questions or Concerns?

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



# Directory and Recruiter Information Opt-Out Form

Department of Policy and Procedures



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

Dear Student, Parent or Guardian:

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

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

*please print or type:*

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

## FOR ALL ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS

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

## FOR HIGH SCHOOL JUNIOR AND SENIOR STUDENTS ONLY

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

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

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

_____	_____	_____		
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Relationship to Student: Select one</b>	
_____			<b>SELF</b>	<b>PARENT / GUARDIAN</b>
<b>Signature</b>				

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



# Student Medical Information 2024 - 2025



**This form must be updated and returned to school each school year.**

Please let your school know about your child's health and health care. This is a good way to keep your child safe. The information is CONFIDENTIAL and will be shared only with CPS staff who need to know (Nurse, Principal, Designee, or Clerk).

*please print or type:*

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

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

YES NO

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

Allergies (food or other)

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

Asthma

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

Diabetes (please select one)

Type 1

Type 2

Other

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

Seizures/Epilepsy

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

Sickle Cell Disease

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

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

### 2. MY CHILD HAS A PRIMARY DOCTOR YES NO

If yes, please provide the healthcare provider's name and phone number:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

I give permission for my child's school nurse or designee to talk to the doctor about my child's health.

### 3. MY CHILD IS COVERED BY HEALTH INSURANCE: YES NO

**If your child needs health insurance call  
Healthy CPS 773-553-KIDS (5437).**

This Form is **NOT** the same as a "Plan of Care" (detailed medical care instructions to keep your child safe). If your child has a health condition that may require action at school, please provide school with documentation from your physician and schedule an appointment with your school nurse. Complete a "Medical Plan of Care Form" at [cps.edu/oshw](https://cps.edu/oshw) (or get it from the school nurse), and return it to school. **If your child has a health condition, please schedule an appointment with the school nurse.**

**Please return the form to the school nurse. If the student has a health condition, parents must schedule a meeting with the school nurse.**

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Email \_\_\_\_\_

**Nurses Use Only** Reviewed by (Initials) \_\_\_\_\_ Date \_\_\_\_\_

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

Revised February 2024



# CPS Family Income Information Form 2024 - 2025



The purpose of this form is for CPS to obtain information about families' income 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, 2024**.

Schools—Please enter into ODA by **November 20, 2024**.

please print or type:

STUDENT LAST NAME		STUDENT FIRST NAME		STUDENT MIDDLE NAME	
SCHOOL NAME		STUDENT ID		DOES YOUR FAMILY HAVE INTERNET SERVICES AT HOME? YES NO	

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

**PART 2: SNAP/TANF number of any member of your household (go to part 6)**

FOSTER CHILD?	CPS STUDENT?	ALL HOUSEHOLD MEMBER NAMES			DATE OF BIRTH	DHS SNAP OR TANF CASE NUMBER (LAST 9 DIGITS)
		Last	First	M.I.		

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

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

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

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

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

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

**PART 5: Opt in for information about other benefits.**

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

YES! I am interested in applying for the Supplemental Nutrition Assistance Program (SNAP) and/or the Medicaid Program. Or call 773-553-5437

YES! This student/these students have a parent who is a veteran or active military member. Students with a parent who is a veteran or active military may qualify for a fee waiver.

Signature

**PART 6**

**Signature:** I certify that all above information is true and all income is reported. I understand that information gathered from this form will be used to calculate Federal funding and screen CPS students for eligibility for other benefits and that school officials may verify (check) the information as being accurate; and that if I purposely give false information, I may be prosecuted. I consent to the district sharing eligibility status in order to receive benefits based on eligibility status.

Signature of adult household member

Parent / Guardian First Name

Parent / Guardian Last Name

Address

Zip Code

Date

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





# CPS Family Income Information Form 2024 - 2025



## 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 /<br>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 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.

### 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.

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