



Chicago Public Schools School Enrollment Form

Kelvyn Park High School - 46191



<p>Student Information</p> <p>Student's siblings names currently enrolled in CPS:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Student ID # _____ Last _____ First _____ Middle _____ Generation (Jr., etc.) _____</p> <p>Gender _____ Birth Date (mm/dd/yyyy) _____ Registration Grade Level (when entering CPS) _____ Social Security Number _____ Home Phone _____</p>
<p>Demographics</p> <p>Ethnic Categories</p> <p>Asian <input type="checkbox"/></p> <p>Black or African American <input type="checkbox"/></p> <p>Hispanic <input type="checkbox"/></p> <p>Native American <input type="checkbox"/></p> <p>Nat. Hawaiian/Pac. Islander <input type="checkbox"/></p> <p>White <input type="checkbox"/></p>	<p style="text-align: center;">Please enter required information from the Home Language Survey into SIM</p> <p>Birth Cert. on File _____ Birth Verification Type _____ Birthplace _____</p> <p>Birth Country _____ Ethnic Category _____</p>
<p>Addresses</p> <p>Email</p> <p>Student's Home Address</p> <p>Mailing Address (if other than home)</p>	<p>Email Mother _____ Email Father _____</p> <p>Number _____ Street Name _____ Type _____ Direction _____ Apt. _____ City _____ State _____ Zip Code _____</p> <p>Number _____ Street Name _____ Type _____ Direction _____ Apt. _____ City _____ State _____ Zip Code _____</p>
<p>Medical/Miscellaneous Information</p> <p>Permission to: Call Doctor <input type="checkbox"/></p>	<p>Medical No. _____ Disability _____ Critical/Chronic Health Indicator _____ Medical Alert _____</p> <p>Doctor's Name _____ Home Number _____ Work Number _____ Legal Alert _____</p>
<p>Parent/Guardian Contact</p> <p>1st Contact</p> <p>Lives with <input type="checkbox"/></p> <p>Has custody of <input type="checkbox"/></p> <p>Gets mailings for <input type="checkbox"/></p> <p>Emergency <input type="checkbox"/></p> <p>Has permission to pickup <input type="checkbox"/></p>	<p>Title _____ Last Name _____ First Name _____ Middle _____ Relationship to Student _____</p> <p>Password _____ Phone Number _____ Cell Number _____ Work Number _____ Place of Employment _____</p> <p>Number _____ Street Name _____ Type _____ Direction _____ Apt. _____ City _____ State _____ Zip Code _____</p>
<p>Parent/Guardian Contact</p> <p>2nd Contact</p> <p>Lives with <input type="checkbox"/></p> <p>Has custody of <input type="checkbox"/></p> <p>Gets mailings for <input type="checkbox"/></p> <p>Emergency <input type="checkbox"/></p> <p>Has permission to pickup <input type="checkbox"/></p>	<p>Title _____ Last Name _____ First Name _____ Middle _____ Relationship to Student _____</p> <p>Password _____ Phone Number _____ Cell Number _____ Work Number _____ Place of Employment _____</p> <p>Number _____ Street Name _____ Type _____ Direction _____ Apt. _____ City _____ State _____ Zip Code _____</p> <p style="text-align: center;">To add extra contacts, please use the Request for Emergency Information form.</p>
<p>Enrollment</p> <p>Entered From School Type</p> <p>1- No Prior</p> <p>2- Chicago Public School</p> <p>3- Chicago Private</p> <p>4- IL Public, not Chi.</p> <p>5- IL Private, not Chi.</p> <p>6- U.S. Public, not IL</p> <p>7- U.S. Private, not IL</p> <p>8- Outside U.S.</p>	<p>School Transferring From..... _____</p> <p>(If not a Chicago Public School) Non-Chicago Public School (Name) _____ Non-CPS School (City -State) _____</p> <p>Last Chi. Pub. Sch. Attended _____ Entered From Following Type School _____</p> <p>(insert a number from the left)</p> <p>Pupil Enrolled by _____ Grade Level _____ Room/Div # _____</p> <p>(Print Name and Relationship)</p> <p>Date of Enrollment _____ Signature of Guardian/Parent _____</p>