



**Chicago Public Schools
School Enrollment Form
South Loop Elementary School - 609990**



<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 Asian Black or African American Hispanic Native American Nat. Hawaiian/Pac. Islander White</p>	<p 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</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 Has custody of Gets mailings for Emergency Has permission to pickup</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 Has custody of Gets mailings for Emergency Has permission to pickup</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 align="center">To add extra contacts, please use the Request for Emergency Information form.</p>
<p>Enrollment</p> <p>Entered From School Type 1- No Prior 2- Chicago Public School 3- Chicago Private 4- IL Public, not Chi. 5- IL Private, not Chi. 6- U.S. Public, not IL 7- U.S. Private, not IL 8- Outside U.S.</p>	<p>School Transferring From..... (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 _____ (insert a number from the left)</p> <p>Pupil Enrolled by _____ Grade Level _____ Room/Div # _____ (Print Name and Relationship)</p> <p>Date of Enrollment _____ Signature of Guardian/Parent _____</p>