

Chicago Public Schools School Enrollment Form

School Name _____

O.A. Thorp Scholastic Academy

<p style="text-align: center;">Student Information</p> <p>Student's siblings' names if currently enrolled in CPS:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Student ID# _____</p>	<p>School Use Only: Prevent duplicate student records. Search in SIM for an existing Student ID before creating a new one.</p>
<p style="text-align: center;">School Use Only: Prevent duplicate student records. Search in SIM for an existing Student ID before creating a new one.</p>		
<p>_____</p> <p style="text-align: center;">Last Name First Name Middle Name Generation (Jr., etc)</p> <p>_____</p> <p style="text-align: center;">Gender Birth date (mm/dd/yyyy) Registration Grade Level (when first entering CPS)</p>		
<p style="text-align: center;">Personal, Immigrant, and Refugee Information</p> <p>To Parent/Guardian:</p> <p><i>CPS is required to keep a count of immigrant students for Federal and State Guidelines in order to determine if additional resources and services for students are needed.</i></p> <p><i>Note that this is not an inquiry on citizenship status, and all information will be kept confidential.</i></p>	<p style="text-align: center;">Y / N</p> <p>Birth Certificate on File Birth Verification Type</p> <p>_____</p> <p style="text-align: center;">* Birth Country Birth State Birth City</p> <p style="text-align: center;">* Complete if student was <u>not</u> born in the United States (US) or one of its Territories:</p> <p style="text-align: center;">Date of first enrollment in any US School: _____</p> <p style="text-align: center;">Full Years completed school in US: _____</p> <p>Student has refugee status: Y / N Country of refugee: _____</p>	
<p style="text-align: center;">School Use Only: Note that "Date of first enrollment in any US School" becomes a required field in SIM if "Birth Country" is <u>not</u> the US or one of its Territories.</p>		
<p style="text-align: center;">Student Address/Phone</p> <p>Physical (Home) Address</p> <p>_____</p> <p style="text-align: center;">Street Number and Name Apt. City State Zip Code</p> <p>Mailing Address (if different than Home)</p> <p>_____</p> <p style="text-align: center;">Street Number and Name Apt. City State Zip Code</p> <p>Home Phone Number _____</p>	<p>_____</p> <p style="text-align: center;">Street Number and Name Apt. City State Zip Code</p> <p>_____</p> <p style="text-align: center;">Street Number and Name Apt. City State Zip Code</p> <p>Home Phone Number _____</p>	
<p style="text-align: center;">Demographic, Home Language, Parent/Guardian Contacts, Emergency/Health Information</p>	<p>Federal Ethnic and Race Categories: <i>(Enter information into SIM from the Race and Ethnicity Survey form)</i></p> <p>Home Language Survey: <i>(Enter information into SIM from the Home Language Survey form)</i></p> <p>Parent/Guardian Contacts: <i>(Enter information into SIM from the Request for Emergency and Health Information form)</i></p> <p>Emergency/Health Information: <i>(Enter information into SIM from the Request for Emergency and Health Information form)</i></p>	
<p style="text-align: center;">Enrollment</p> <p>Enrollment Status Codes:</p> <p>01 – No Former School</p> <p>02 – Chicago Public School (to incl. Charter/Contract)</p> <p>03 – Chicago Private School</p> <p>04 – IL Public Schl, not Chicago</p> <p>05 – IL Private Schl, not Chicago</p> <p>06 – US Public Schl, not Illinois</p> <p>07 – US Private Schl, not Illinois</p> <p>08 – Not in USA</p>	<p>*School Transferring From (if not a Chicago Public, Charter or Contract School) _____ City and State</p> <p>*Is the student in good standing? Y / N <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? Y / N <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>_____</p> <p style="text-align: center;">Signature of Parent/Guardian Date of Enrollment</p>	
<p>School Use Only:</p> <p>Enrollment Status Code (insert a # from the left) _____ Grade Level _____ Homeroom/Division # _____</p>		

Request for Emergency and Health Information

School Name: O.A. Thorp Scholastic Academy

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

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

<p style="text-align: center;">Confidential Information Box 1</p> <p>Complete this box only if (1) it reflects your child's current living situation; OR (2) it reflects your living situation if you are a youth not living with a Parent or Guardian. (Your answer will help school staff with enrollment and may enable the student to receive additional services.) Check one box:</p> <p> <input type="checkbox"/> awaiting foster care placement <input type="checkbox"/> in a car/park/other public place <input type="checkbox"/> doubled-up <input type="checkbox"/> in a hotel/motel <input type="checkbox"/> in a shelter <input type="checkbox"/> in transitional housing </p> <p>School Note: If any box is checked, see the CPS Policy 702.5.</p>	<p style="text-align: center;">Confidential Information Box 2</p> <p>Is there a current Order of Protection or No Contact Order which concerns this student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="background-color: #e0e0e0; padding: 5px;">School Note: If "Yes," follow CPS Policy 704.4 procedures. Enter information in <i>Legal Alert</i> field and update contact information, as needed, in SIM.</p>
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Parent/Guardian and Emergency Contact Information: Add extra contacts on the back of this form, if needed.

	Parent/Guardian Contact	Parent/Guardian Contact
Contact Name		
Relationship to Student		
<i>Check all that apply:</i>	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup
Home Address, <i>if different from student's</i>		
Home Phone Number, <i>if different from student's</i>		
Cell Phone Number		
Email Address		
Name and Address of Employer		
Work Phone Number		
* Communication Language		
* 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
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Family Doctor's Name, Address, and Phone Number: I authorize you to call my family doctor, if necessary, in an emergency.

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

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

Children of Military Personnel (optional)

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

I certify that the information on this form is correct:

_____ (Parent/Guardian Signature) _____ (Date)



Reviewed by: _____
Follow up: _____
Documents received: _____

Student Medical Information 2020/21 School Year

INFORMATION MUST BE UPDATED AND SUBMITTED **ANNUALLY** AT THE BEGINNING OF THE SCHOOL YEAR

PLEASE PRINT ALL INFORMATION and RETURN FORM TO SCHOOL
OA THORP SCHOLASTIC ACADEMY

Student Name: _____ Date of Birth: _____ Grade: _____

Student ID: _____ Medicaid Number: _____

To ensure the safety of your child during the school day, extracurricular activities, on any field trip, and when being transported by CPS it is important that the school is aware of any health conditions that may impact your child. We are asking you to please complete this form. For confidentiality purposes, this information will only be shared with relevant CPS staff. Thank you for your cooperation in this important matter.

Please check below if applicable:

- Food Allergies: (Type) _____
 - Other Allergies: (Type) _____
 - Asthma
 - Diabetes: Type 1 Type 2
 - Seizures
 - Other Medical Condition _____
-
- My child has **NO** allergies, medical conditions and/or does not take any medications during school hours
 - My child has a primary healthcare provider (e.g., Doctor, Nurse Practitioner, Physician Assistant, etc.)

For the medical condition identified above which requires prescribed medication during school hours, please provide written verification from your healthcare provider with diagnosis, type of medication, dosage, and time to be given. An Emergency Action Plan (Allergy, Asthma, or Diabetes) can also be requested from your healthcare provider. Your child may qualify for a **504 Accommodation Plan** due to his/her condition. Please make sure you follow up with your school nurse and/or case manager once you have submitted this form.

Parent Name: (Please Print): _____ Date: _____

Parent Signature: _____

Phone Number: _____ Email: _____



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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.

School: O.A. Thorp Scholastic Academy Room: _____ Unit: 29301 Area: ISP

Student Name: _____ Student ID No.: _____

English

1. Is a language other than English spoken in your home?
 No Yes _____ (Language)
2. Does the student speak a language other than English?
 No Yes _____ (Language)

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

IMPACT REGISTRATION PROCESS

(For Office use only)

- The Non-English language identified on either question is the Home Language.
- If two different non-English languages are identified, enter the language identified in question 2 as the Home Language.
- Enter ENGLISH as a Home Language ONLY when both questions are answered no.

Spanish

1. ¿Se habla algún otro lenguaje que no sea inglés en su hogar?
 No Sí _____ (Lenguaje)
2. ¿Habla el estudiante un lenguaje que no sea el inglés?
 No Sí _____ (Lenguaje)

Si la respuesta a cualquiera de las preguntas es "Sí", la ley requiere que la escuela evalúe la fluidez de su niño en el idioma inglés.

Polish

1. Czy językiem innym niż angielski mówi się w domu?
 Nie Tak _____ (język)
2. Czyt uczeń mówi innym językiem niż angielski?
 Nie Tak _____ (język)

Jeśli udzielił Państwo twierdzącej odpowiedzi na którekolwiek z powyższych pytań, przepisy wymagają, aby szkoła sprawdziła poziom znajomości języka angielskiego waszego dziecka.

Chinese

1. 在家中是否說英語之外的一種語言
 否 是 _____ (語言)
2. 該學生是否會說英語之外的一種語言
 否 是 _____ (語言)

如果你在兩個問題中之任一項的答案是“是”，則法律規定校方要測試貴子女的英語通悉度。

Arabic

- 1 - هل تتكلم في بيتك بلغة أخرى غير اللغة الإنجليزية؟
 لا نعم _____ اللغة
- 2 - هل يتكلم طفلك بلغة أخرى غير اللغة الإنجليزية؟
 لا نعم _____ اللغة

إذا كانت الإجابة نعم على أي من السؤالين فإن القانون يحتم على المدرسة تقييم ابنكم للكفاءة في استخدام اللغة الإنجليزية.

Bosnian/Croatian/Serbian

1. Da li se u kući govori na stranom jeziku (različitom od engleskog)?
 NE DA _____ (jezik)
2. Da li učenik govori neki strani jezik (različit od engleskog)?
 NE DA _____ (jezik)

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

Urdu

- 1 کیا گھر پر انگریزی کے علاوہ کوئی اور زبان بولی جاتی ہے؟
 () نہیں () ہاں
- 2 کیا طلب علم گھر پر انگریزی کے علاوہ کوئی اور زبان بولتا ہے؟
 () نہیں () ہاں

اگر دونوں سوالوں میں سے ہر سوال کا جواب ہاں میں ہے تو قانون کے مطابق سکول کیلئے آپ کے بچے کو انگریزی میں مہارت کا اندازہ لگانے کا سہارا ملائی ہے۔

Signature of School Official _____ Date _____ Signature of Parent/Guardian _____ Date _____

Notes:

- If the parent/guardian does not speak English and the school does not have staff who speaks the parent/guardian's language, identify the language spoken by the parent/guardian through any assistance available in the school.
- If exact name of the language cannot be determined, enter "Other" as a temporary entry. The exact language must be determined within two weeks after the enrollment. Assistance from Area Compliance Facilitators is available.
- Questions or concerns, contact your Area Compliance Facilitator.



O.A. Thorp Scholastic Academy - 29301

Race and Ethnicity Survey

Student's Name:

Gender:

Birth Date:

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.

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.) Choose only one.

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

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.

- American Indian or Alaska Native** (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.)
- Asian** (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.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)



OA Thorp Scholastic Academy Media Consent Form and Release 2020-21

Student Name: _____ Rm#: _____

Dear Parent/Guardians,

At OA Thorp Academy, we make extensive use of our website, tv monitors and thorp tv to communicate events, news and school activities. Please give us your **consent** in order for us to use pictures of your child and their classrooms. We will never publish an identifying photos of children on our website. If you have any questions, or concerns please feel free to call the office.

Thank you—Mr. Toledo

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 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.

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 release by providing written notice to the principal. I also understand that this release 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

Date

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.

Notification Letter to Parents
“Application for School Bus Service”

Dear Parent:

RE: Student Transportation Procedures – School Year **2020-2021**

School bus service is provided to eligible students enrolled in specified programs and schools that meet the transportation eligibility standards approved by the Board of Education of the City of Chicago. This letter is provided as a reminder that the Application for School Bus Service – White Form" must be returned to the school office so the school can enter the request by **June 19, 2020**. If you complete any of the optional transportation forms below, please return them to the school with the White Form. After review and approval, the school will forward the forms to Student Transportation Services (STS) for final review and approval in conjunction with routes that will be developed during the summer for the beginning of the new school year.

Mandated Form:

“Application for School Bus Service – White Form”: Parents of students currently enrolled and receiving bus service as well as students enrolling for next school year and desiring bus service are required to complete the form annually. The form must be submitted to the school **by June 19, 2020**, if bus service is desired for the start of the next school year.

Optional Forms

Parents may also complete and submit the following transportation request forms, if applicable, to the schools along with the “Application for School Bus Service – White Form”. Any optional transportation forms received by schools after the **June 19, 2020** deadline may still be forwarded to our office; however, we do not guarantee the requests will be processed and approved changes made by the first day of the school year.

- **“Sibling Transportation Request – Yellow Form”**: Parents/guardians may use this form to request transportation for their children who are not eligible for bus service but who attend the same school as a sibling who is eligible for bus service. Siblings must also have the same parents/guardians and live at the same address to qualify.

REMINDER: once siblings have been approved for transportation, this form *no longer needs to be submitted each school year* - as long as the eligible student and the approved siblings are still enrolled at the same school, live at the same address, and have the same guardian. If the students are new to the school, the parent/guardian should complete a new Sibling Transportation Request form and submit it to the school for processing. The request does not follow the students if they transfer to a new school.

- **“Chicago Park District – Park Kids Program Request – Green Form”**: Parents/guardians may request bus service in the afternoon to an approved Chicago Park District-Park Kids Program. Please be aware that service to a Park Kids Program is not funded by the Chicago Public Schools, therefore, approval is limited to the policies outlined at the top half of the form. Parents are responsible to make other arrangements for their children to get to the Park Kids Program until they are notified their request has been approved.

REMINDER: In order to expedite the review process of Park District requests, we have “Pre-Approved” some parks for schools that traditionally have students participating in Park Programs. Please ask the school which parks have been pre-approved for your school. The service to the “Early Start” parks will begin Monday, **September 21, 2020**. Families may still opt to apply for bus service to Chicago Park District programs that are not on the Pre-Approved list. Those forms will be processed after the first day of school and service to those parks will begin on Monday, **September 28, 2020**.

- **“Day/Child Care Bus Stop Change Request – Blue Form”**
This form can be completed by parents/guardians of Diverse Learner students eligible for bus service who are requesting a change from home pickup and drop-off to a day/child care location.
- **“School Bus Stop Change Request – Gray Form”**: Students are generally assigned to their neighborhood elementary school as their bus stop. Parents may request a change in the assigned **bus stop location to another CPS school site location**. Parents/guardians of regular education students are to use this form to request a stop change to a CPS school site that is close to a day/child care provider.

Please contact the school or our office to see if the following form is applicable for your child:

- *Application for Determination of a Serious Safety Hazard*
- *Prior-approved Safety Hazards are reviewed yearly and may be reversed if no longer appropriate*

Completed forms should be returned to the school office (do not send forms directly to our office). Please contact the school office for additional information concerning bus service. All student transportation eligibility standards, forms, policies and procedures are available at the school office or on the CPS web site:

<http://www.cps.edu/Programs/Pages/Transportation.aspx>

Thank you.

“WHITE FORM”
 Chicago Public Schools –Student Transportation Services
Application for School Bus Service
 School Year **2020-2021** Designated Programs

TRANSPORTATION IS NOT GUARANTEED, IN ORDER TO QUALIFY YOU MUST LIVE A RADIUS OF 1.6 MILES FROM THE SCHOOL AND NOT BEYOND 6 MILES.

Notice: Students participating in specified programs at identified Chicago Public School sites are eligible for school bus service in accordance with published policies. The parent and/or legal guardian of each student attending the Chicago Public Schools and requesting school bus service to a school with bus service for the next school year and/or completing any transportation request form must complete this application by **June 19, 2020**. Forms received after this date will be processed, but transportation on the first day of school is not guaranteed. Parents may request bus service at any time during the school year **but only those programs authorized to receive bus service by the Board of Education shall be approved**. This form is not applicable for summer school bus service.

Responsibility: It is the parent’s/guardian’s responsibility to provide adult supervision during a child’s walk to and from the assigned pickup/drop off location and until the bus arrives. Generally, school bus service is provided to selected programs and when the student lives between 1.5 and 6 miles from their attending school. Neighborhood schools are normally assigned as pickup/drop off locations for most students. Students with special needs who are eligible for bus service will receive home pick up if required by their Individualized Education Program (IEP); parents/guardians of such students are to meet the bus at the curb for pick-up/drop-off. Additionally, parents/guardians are responsible to have the child ready and at the assigned stop location 10 minutes prior to the scheduled pickup time.

Parents must acknowledge that they have reviewed the eligibility standards for bus service and that their child/children will use the bus service on a regular basis. **Lack of regular use can cause the assigned school site stop location to be removed from the route for the remainder of the school year.**

Schools and programs approved for school bus service in addition to the current student eligibility policies are available at all Chicago Public School locations and on the CPS web site: <http://www.cps.edu/Programs/Pages/Transportation.aspx>

(Please Print or Type – All Fields Must Be Completed)

School of Attendance (Name):	O.A. Thorp Scholastic Academy			Unit No.:	29301
Student Name		Student ID		Grade	
Current Legal Home Address:					
Home Phone:		Cell Phone:		Other Phone:	
Home Address (after 07/01/18 if moving):					
Home Phone:		Cell Phone:		Other Phone:	
Name of Parent or Legal Guardian:				Email Address:	
Request for Bus Service: As a parent and/or legal guardian of the above noted child/children, I request school bus service for the 2020-2021 school year and have read and agree to the eligibility policies for bus service.					
Parent/Guardian Signature (MANDATORY):					Date of Request:

Check selection that applies: () New Enrollee () New Address for SY 20-21 () No Change for SY 20-21

School Action:

- If the student is presently enrolled at the school, receiving bus service, and there is no change in the bus service, **no action is required**. **Do not change or enter a new transportation request in ASPEN**. *Note:* half-day students with transportation must be verified each school year and updated if the homeroom has changed.
- If the student is newly enrolling, enter the student transportation request in ASPEN. For students who will have a new home address for school year 2020-2021, the new address cannot be entered into ASPEN until after July 1. No new request is required if the student has an active transportation request.
- Keep this form at the school. **Do not send a copy to Student Transportation Services unless specifically requested.**