



Sutherland Elementary School

Registration Checklist

On File	ITEM	NOTES
<input type="checkbox"/>	Birth Certificate	Documents
<input type="checkbox"/>	Physical and Shot Records	Documents
<input type="checkbox"/>	Transcripts as Needed	Documents
<input type="checkbox"/>	Photo ID w/ current address -Driver's Liscence -State Id	Residency Verification (1 item)
<input type="checkbox"/>	Copy of Utility Bills -Gas, Electric, Telphone, Voter's Registration Card	Residency Verification (1 item)
<input type="checkbox"/>	School Enrollment Form	School Items
<input type="checkbox"/>	Request for Emergency & Health Information	School Items
<input type="checkbox"/>	Home Language Survey	School Items
<input type="checkbox"/>	Media Consent Form	School Items
<input type="checkbox"/>	Cell Phone Policy	School Items
<input type="checkbox"/>	Technology Policy	School Items
<input type="checkbox"/>	School Messaging	School Items
<input type="checkbox"/>	Walking Field Trip	School Items
<input type="checkbox"/>	Student Fees	School Items
<input type="checkbox"/>	Residency Understanding	School Items
<input type="checkbox"/>	Income Form	School Items

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>_____</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>Last Name</p>	<p>First Name</p>	<p>Middle Name</p>	<p>Generation (Jr., etc)</p>
	<p>Gender</p>	<p>Birth date (mm/dd/yyyy)</p>	<p>Registration Grade Level (when first entering CPS)</p>	
<p>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>Y / N</p> <p>Birth Certificate on File</p>	<p>Birth Verification Type</p> <p>_____</p>		
	<p>* Birth Country</p>	<p>Birth State</p>	<p>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>Student has refugee status: Y / N Country of refugee: _____</p>			
<p>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>Student Address/Phone</p> <p>Physical (Home) Address</p>	<p>Street Number and Name Apt. City State Zip Code</p>			
<p>Mailing Address <i>(if different than Home)</i></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 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>Enrollment</p> <p>Enrollment Status Codes:</p> <p>01 – No Former School</p> <p>02 – Chicago Public School <i>(to incl. Charter/Contract)</i></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 <i>(if not a Chicago Public, Charter or Contract School)</i> 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>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>			

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 #

<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"/> in a car/park/other public place</p> <p><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>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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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"/> Emergency	<input type="checkbox"/> Gets Mailings <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		
<p>* 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).</p>		

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)



ENGLISH

Race and Ethnicity Survey

Student's Name:
Gender:
Birth Date:

School Name:
School ID:

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.)



HOME LANGUAGE SURVEY

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: _____ Room: _____ School ID #: _____ Network: _____
 Student Name: _____ Student IS #: _____

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?
 نعم لا ()
2. هل يتكلم الطالب لغة أخرى غير اللغة الإنجليزية?
 نعم لا ()

إذا كانت الإجابة نعم على أي من السؤالين فإن القانون يحتم على المدرسة تقييم أبنكم 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

کیا گھر پر انگریزی کے علاوہ کوئی اور زبان بولی جاتی ہے؟
 ہاں نہیں ()

کیا طالب علم گھر پر انگریزی کے علاوہ کوئی اور زبان بولتا ہے؟
 ہاں نہیں ()

الردول بالاسئلة من برجال الامانة ان تذكروا ان كل طالب من كل مدرسة في كل مكان في كل وقت يجب ان يجيب على هذا السؤال بلغة امه او لغة ابيه او لغة والديه او لغة اجدادهم بلغة الامم.

- HLS 1 of 2
 Spanish
 Polish
 Chinese
 Arabic
 Bosnian
 Croatian
 Serbian
 Urdu
- HLS 2 of 2
 Romanian
 Yoruba
 Assyan
 Gujarati
 Tagalog
 Korean

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. If you entered "Other," the exact language must be determined within two weeks after enrollment.
- If the language spoken by the parent is not reflected in this HLS, please visit the OLCE Forms page on the Knowledge Center at bit.ly/OLCEforms and click on Home Language Survey in Additional Languages.



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 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 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.



Sutherland Elementary School
10015 S. Leavitt Street
Chicago, IL 60643

Cell Phone Usage Agreement

I understand that:

- Cell phones must be powered off upon line up and stored in backpacks.
- 5th-8th grade students must turn their cell phones over to their homeroom teacher upon arrival to be locked up until the end of the school day.
- Students may not carry cell phones or electronics on their person at any time during the school day.
- Cell phones may not be turned on until students exit the building at dismissal
- All other electronics, MP3 players, iPods, video cameras, DS2s, etc., are not permitted on school grounds. Any such items will be confiscated from the student and held in the main office until a parent comes in to retrieve it.
- The school is not responsible for any lost, broken or stolen electronic devices.
- If you need to reach your child during the school day please call the office and we will give your child the message. If your child needs to call you in case of an emergency they will call you from an office or classroom phone.
- The consequences for having electronics visible or powered on during the school day including lunch and recess are:

Phone is confiscated and given to the an administrator for parent pick up

Teacher calls to inform student's parent

Student serves an after-school detention

Student Signature: _____

Parent Signature: _____

Date: _____

Sutherland Elementary School

Technology Expectations and Guidelines

Technology can be utilized in a way that expands our thinking and understanding of the world about us. Purposeful and measured use of technology in the classroom provides unlimited possibilities for differentiation, research, enrichment and global understanding. To that end, Sutherland promotes the use of technology to build knowledge and to extend learning. Access to technology within the school day is limited to educational purposes only and is never to be used to access social media, inappropriate material, non-educational games or other non-instructional resources.

Aligned with CPS guidelines, Sutherland enforces the following:

- No personal electronics are permitted. During school time, only school-owned devices are to be utilized (electronic books are discouraged but may be permitted on a case-by-case basis on read-only devices for L.O.L.).
- "Free Time" on computers is never permitted.
- No personal email or personal accounts are to be accessed on school or after-school time on any electronic device. Access to CPS email and resources only are permitted while on school or school-sponsored time.
- Students who access profane, indecent or inappropriate material on a school computer will be subject to consequences per the Student Code of Conduct as well as Sutherland expectations.
- Students are not to mistreat, rough-handle, deface or misuse any computer or electronic device that results in electronic or physical damage. Such actions will be the financial responsibility of the student should the device need repair or replaced. Current cost for a new Chromebook is \$250 per unit. Repair costs for existing units range from \$50 - \$250.

Off-Campus Technology Use

Sutherland cannot be responsible for student actions outside of school grounds. ***We ask parents to closely monitor your own child's web interactions and access to applications and software that allow them to post public comments regarding themselves or others while using social media or texting while outside of school.*** Since personal communication electronics are NOT allowed to be used on school grounds, your child should not be engaged in any cyber communication during the school day.

We are obligated to investigate any credible threat or identifiable persistent harassment of another Sutherland student, the SCC will apply. ***However, it is important that parents are aware and informed about their own student's internet use.***

Please note that most applications that are problematic are the applications that have a minimum age for use. This is normally age 13 or 17. We suggest that you review the applications your child is using as well as review your student's communications periodically with them to ensure that your child is using technology responsibly.

We suggest several safeguards that may prohibit challenges arising from social media use by under-aged students:

- Speak with your child about internet safety and the importance of using it responsibly.
- Eliminate or limit data use on portable devices that under-aged children have access to (cell phones, tablets, etc.).

- Review applications and content of communications with your child to ensure that you are aware of the people with whom your child is communicating. Be informed!
- Delete all applications that are problematic, causing conflict, or applications that your child is not authorized to use (under-aged).
- Please remember that when your child is under your supervision, you are responsible for their actions and use of social media.
- Make it your business to know who your child is communicating with and what types of communication he/she is having with others.

Student Signature: _____

Grade/Room: _____

I understand the rules and procedures for internet and technology use at Sutherland. I accept the responsibility to monitor my own child's use of the internet and their interactions with others while my child is under my care and supervision. I understand that damage to any technology as a result of misuse by my child will result in my financial responsibility to repair or replace the damaged unity.

Parent/Guardian Signature: _____

Date: _____



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, 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*****

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, texts or e-mails, 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 unless or until you revoke your consent. Please return this completed form to your school no later than **December 1, 2017**. Standard messaging rates and data charges 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: _____



Sutherland Elementary School

10015 S. Leavitt Street • Chicago, IL • 60643

Office: 773-535-2580 Fax: 773-535-2621

www.sutherland.cps.edu

Margaret Moore Burns, Principal

Anne Marie Gulley, Assistant Principal

Walking Field Trip Permission

Occasionally, our teachers choose to take a short neighborhood excursion with their classrooms given they have adequate adult supervision (at least 1 adult to every 10 children). This may include a science walk, outdoor physical education, or other possible expeditionary learning experiences. These opportunities never extend more than a few blocks, but we believe in not only exposing our children to understanding within the classroom but also out in our community and its surroundings.

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My child, \_\_\_\_\_, has permission to go on a walking field trip throughout the school year. The walks will be in the neighborhood and with adequate adult supervision.

Parent name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

BEVERLY  
PROUD

## Fraudulent Enrollment Statement of Understanding

- Sutherland is a neighborhood school with attendance boundaries specified through Chicago Public School. Enrollment as a neighborhood student MUST be substantiated by valid forms of identification as well as a residency check.
- Please be aware that simply having a property at an attendance area address does not constitute residency unless the child and guardian reside at that address. Addresses of relatives do not constitute residency should the child and guardian not reside there.
- Should the school be made aware that a child may not reside at the address claimed, CPS has instructed the schools to turn over fraud cases to the Inspector General's office for investigation.
- Should fraud be determined, the student may be immediately removed from the school and face a lifetime ban from enrolling in any CPS school.
- Students who do not live within the city limits cannot attend any CPS school. Findings by the Inspector General will be honored in residency determination and subsequent actions by the Board.
- Students who move out of the attendance area during their enrollment at Sutherland may be subject to transfer to their current local school.
- Students admitted through GoCPS must live within Chicago city limits.

I, \_\_\_\_\_ confirm that the address I have submitted is indeed the address of residence for me and my child. I confirm that I am a resident of the City of Chicago. I understand the consequences should this address be used fraudulently and confirm that what I have submitted is valid and true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CPS Family Income Information Form 2021-2022



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 29, 2021**.  
Schools— Please enter into ODA by **November 18, 2021**.

*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 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. |               |                                              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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: 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.

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

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

| HOUSEHOLD MEMBER NAMES WITH INCOME |      |      |  | GROSS INCOME<br>(before deductions) | Weekly                | Every 2 Weeks         | Twice Monthly         | Monthly               | Annually              | OTHER INCOME               | Weekly                | Every 2 Weeks         | Twice Monthly         | Monthly               | Annually              |
|------------------------------------|------|------|--|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| First                              | Last | M.I. |  |                                     |                       |                       |                       |                       |                       |                            |                       |                       |                       |                       |                       |
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**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

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.

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 2021-2022



## 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 / 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, 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.

### 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