

# Enrollment Form

<b>Student Information</b>	Student's siblings names currently enrolled in CPS: _____ Last Name _____ First Name _____ Middle Name _____ Gender _____ Birth Date (mm/dd/yyyy) _____ Registration Grade Level _____ Social Security Number _____ (when entering CPS)																												
<b>Addresses</b>	Mother's Email _____ Father's Email _____ Address _____ Apt. _____ City _____ State _____ Zip Code _____																												
<b>Parent/Guardian Contact</b>	<b>1st Contact</b> Lives with <input type="checkbox"/> Has custody of <input type="checkbox"/> Emergency <input type="checkbox"/> Gets mailings for <input type="checkbox"/> Has permission to pickup <input type="checkbox"/> Password: _____																												
	Last Name _____ First Name _____ Middle Name _____ Relationship to Student _____ Home Phone Number _____ Cell Number _____ Work Number _____ Place of Employment _____ Home Address _____ Apt. _____ City _____ State _____ Zip Code _____																												
<b>Parent/Guardian Contact</b>	<b>2nd Contact</b> Lives with <input type="checkbox"/> Has custody of <input type="checkbox"/> Emergency <input type="checkbox"/> Gets mailings for <input type="checkbox"/> Has permission to pickup <input type="checkbox"/> Password: _____																												
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<b>Demographics</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><b>Ethnic Categories</b></td> <td style="width: 30%;"><b>If Hispanic, check one box</b></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td>African American or Black <input type="checkbox"/></td> <td>Cuban <input type="checkbox"/></td> <td>Birthplace _____</td> <td>Birth Country _____</td> </tr> <tr> <td>Asian <input type="checkbox"/></td> <td>Mexican <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Hispanic <input type="checkbox"/></td> <td>Puerto Rican <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Native American <input type="checkbox"/></td> <td>Other Hispanic <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Nat. Hawaiian/Pac. Islander <input type="checkbox"/></td> <td></td> <td>Birth Cert. on File _____</td> <td>Birth Verification Type _____</td> </tr> <tr> <td>White <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>	<b>Ethnic Categories</b>	<b>If Hispanic, check one box</b>			African American or Black <input type="checkbox"/>	Cuban <input type="checkbox"/>	Birthplace _____	Birth Country _____	Asian <input type="checkbox"/>	Mexican <input type="checkbox"/>			Hispanic <input type="checkbox"/>	Puerto Rican <input type="checkbox"/>			Native American <input type="checkbox"/>	Other Hispanic <input type="checkbox"/>			Nat. Hawaiian/Pac. Islander <input type="checkbox"/>		Birth Cert. on File _____	Birth Verification Type _____	White <input type="checkbox"/>			
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<b>Medical/Miscellaneous Information</b>	Critical/Chronic Health Condition _____ Medical Alert Indicator _____ Permission to: Call Doctor yes <input type="checkbox"/> no <input type="checkbox"/> Doctor's Name _____ Phone Number _____ Legal Alert (i.e. Court Order) – PLEASE ATTACH _____																												
<b>Enrollment</b>	<b>Entered From School Type</b> 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.																												
	School Transferring From ... Name _____ City _____ State _____ Entered From Following Type School _____ (insert a number from the left) Pupil Enrolled by _____ (Print Name) _____ (Relationship)																												

I hereby attest the above information is correct. Chicago Public Schools Policy states the falsification of information will result in an immediate transfer. I give permission to The Ogden International School of Chicago to verify the information on this form and request records from my child's former school. Parents' and students' names will be forwarded to the CPS Inspector General's Office for investigation and prosecution. The parents or guardians responsible for committing the fraudulent registration will be charged a *retroactive tuition fee* for the time the child was illegally enrolled at The Ogden International School of Chicago.

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

<b>For office use only:</b>	Address Verification Type: _____
	Address Verification Type: _____
	Medical Compliance: Yes / No _____ Date of appointment: _____
Academic Records: Yes / No _____	Student ID #: _____
	Date: _____ Room: _____ Grade: _____
Tuition Bus Service Requested: Yes / No _____	