

Enrollment Form

Student Information																															
Student's siblings names currently enrolled in CPS:	Last Name _____ First Name _____ Middle Name _____																														
	Gender _____	Birth Date (mm/dd/yyyy) _____	Registration Grade Level (when entering CPS) _____ Social Security Number _____																												
Addresses	Mother's Email _____ Father's Email _____																														
	Address _____	Apt. _____	City _____ State _____ Zip Code _____																												
Parent/Guardian Contact																															
1st Contact	Last Name _____ First Name _____ Middle Name _____ Relationship to Student _____																														
Lives with <input type="checkbox"/>	Home Phone Number _____ Cell Number _____ Work Number _____ Place of Employment _____																														
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Emergency <input type="checkbox"/>	Password: _____																														
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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 Ogdan 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 Ogdan International School of Chicago.

Parent/Guardian Signature _____

For office use only:

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 _____