Elementary School Registration Checklist

Proof of Age
Includes, but is not limited to, any ONE of the documents listed below:
- Child's birth certificate
- Child's baptismal record
- Passport
- Court documents
- Medical records

Proof of Current Address
Includes, but is not limited to, any TWO of the documents listed below:
- Current utility bill
- Illinois driver's license or State of Illinois identification card
- Deed
- Employee identification number
- MediPlan/Medicaid card
- Court documents
- Illinois Department of Public Aid card
- Stamped United States Post Office change of address form
- Illinois state aid check/social security check

Health Requirements
Children are encouraged to submit their required immunizations and physicals prior to the start of the school year and no later than October 15 of the current school or they will face expulsion from school.

Physical Examination Requirements
All students must have a physical examination within one year of:
- entering schools in the State of Illinois for the first time, at any grade level
- entering kindergarten or 1st grade, 6th grade, and 9th grade (ages 5, 10, 15 for ungraded programs)
- entering preschool, up to age 6 (physical exam and lead screenings)

Immunization Requirements

- Diptheria, Pertussis (Whooping Cough), Tetanus (DTP/Td)
- Inactivated Polio
- Measles
- Rubella
- Mumps
- Hepatitis B
- Varicella (Chicken Pox)
- Haemophilus Influenza, Type B (HIB)

Dental Requirements
All students in Kindergarten, 2nd, and 6th grade must have a dental exam completed by a licensed dentist prior to May 15th of the current school year.

If you want more details about the immunization requirements, or if you have questions, first call your local school nurse or the Office of Coordinated School Health (773) 553-1830.
芝加哥公立小學入學註冊需知

年齡證明
包括但不限於以下所列的任何一種文件：
• 孩子的出生證明
• 兒童的洗禮記錄
• 護照
• 法院文件
• 病歷

目前地址證明
包括但不限於以下列出的任何兩種文件：
• 近期的水/電/煤氣費單據
• 伊利諾州駕駛執照或伊利諾州身份證
• 雇員證件
• 政府醫療咭
• 法院文件
• 伊利諾州公共援助咭
• 蓋了印的美國郵局的地址變更表
• 伊利諾州援助金/社會保障金的票據

健康要求
我們鼓勵兒童在學年開始之前且不遲於當前學校的 10 月 15 日之前提交所需的免疫接種和體檢，否則他們將被停止上學。

體檢要求
所有學生必須在以下一年內進行身體檢查：
• 首次進入伊利諾州任何年級的學校
• 進入幼兒園或一年級，六年級和九年級（未分級課程的年齡分別為 5、10、15 歲）
• 進入幼兒園，直至 6 歲（體格檢查和鉛檢查）

免疫注射要求
• 白喉，百日咳（咳嗽），破傷風（DTP / Td）
• 減活脊髄灰質炎
• 麻疹
• 風疹
• 腺腫炎
• 乙型肝炎
• 水痘（水痘）
• B 型流感嗜血桿菌（HIB）

牙齒檢查要求
幼兒園，二年級和六年級的所有學生都必須在本學年的 5 月 15 日之前，由持牌牙醫完成牙齒檢查。

如果您想了解有關免疫注射要求的更多詳細信息，或者有任何疑問，請首先致電學校的學校護士或教育署衛生協調辦公室（773）553-1830。
## School Name: John C. Haines 興氏學校

### Student Information 學生資料

- **Student’s siblings’ names if currently enrolled in CPS:**
- **Student’s siblings’ names if currently enrolled in CPS:**

<table>
<thead>
<tr>
<th>Student ID# 學生編號</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name 姓</th>
<th>First Name 名</th>
<th>Middle Name 別名</th>
<th>Generation (Jr., etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre-K</th>
<th>K</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
</table>

### Personal, Immigrant, and Refugee Information 個人，移民和難民資料

<table>
<thead>
<tr>
<th>Yes / No 有 / 沒有</th>
<th>Birthday Certificate 出生證明</th>
<th>Birth Verification Type 出生證明類別</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* Birth Country 出生國家</th>
<th>Birth State 出生州或省</th>
<th>Birth City 出生城市或鎮</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Complete if student was not born in the United States (US) or one of its Territories: 如果孩子沒有是在美國出生，請填寫以下

<table>
<thead>
<tr>
<th>Date of first enrollment in any US School 來美國第一次登記入學日期:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student has refugee status 是否難民身份:</th>
<th>Yes / No 是 / 不是</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country of refugee 那國難民:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**School Use Only:** Note that “Date of first enrollment in any US School” becomes a required field in SIM if “Birth Country” is not the US or one of its Territories. 來美國第一次登記入學日期成為必要欄目，如果出生成狀況國家不在美國或其領土。

### Student Address/Phone 地址/電話

- **Physical (Home) Address 地址**
  - **Mailing Address 郵寄地址** (if different than Home)

<table>
<thead>
<tr>
<th>Street Number and Name 街道名和號碼</th>
<th>Apt. 房號</th>
<th>City 城市</th>
<th>State 州</th>
<th>Zip Code 郵區</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Number and Name 街道名和號碼</th>
<th>Apt. 房號</th>
<th>City 城市</th>
<th>State 州</th>
<th>Zip Code 郵區</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number 電話号码:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### Demographic, 個人資料

- **Home Language, Parent/Guardian Contacts, Emergency/Health Information 住址，家長聯絡資料，緊急/健康資料**

#### Emergency/Health Information 緊急聯絡資料**

<table>
<thead>
<tr>
<th>Registration Grade Level 入校年級</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**School Use Only:** (if not a Chicago Public, Charter or Contract School) 從前學校名字 （非芝加哥公立學校）

**Enrollment Status Codes:**

<table>
<thead>
<tr>
<th>01</th>
<th>No Former School 沒有就讀過任何學校</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Chicago Public School 在芝加哥公立或津貼學校就讀</td>
</tr>
<tr>
<td>03</td>
<td>Chicago Private School 曾在芝加哥私立學校就讀</td>
</tr>
<tr>
<td>04</td>
<td>IL Public Schl, not Chicago 曾在伊利諾州公立學校就讀</td>
</tr>
<tr>
<td>05</td>
<td>IL Private Schl, not Chicago 曾在伊利諾州私立學校就讀</td>
</tr>
<tr>
<td>06</td>
<td>US Public Schl, not Illinois 曾在美國公立學校就讀</td>
</tr>
<tr>
<td>07</td>
<td>US Private Schl, not Illinois 曾在美國私立學校就讀</td>
</tr>
<tr>
<td>08</td>
<td>Not in USA 曾在美國以外的學校就讀</td>
</tr>
</tbody>
</table>

- **Is the student in good standing 學生有良好狀況嗎? Y / N 是 / 不是**

  *(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.)*

<table>
<thead>
<tr>
<th>Last Chicago Public, Charter, or Contract School Attended 從前就讀芝加哥學校的名字</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- **Is the student receiving any type of Special Education services 孩子是否接受特殊教育? Y / N 有 / 沒有**

  *(Instructions to school: if yes, please notify the Case Manager.)*

**Student Enrolled by (Print Name and Relationship) 姓名和關係**

**Signature of Parent/Guardian 家長或監護人簽署**

**Date of Enrollment 日期**

**School Use Only:**

**Enrollment Status Code (insert a # from the left) Grade Level Homeroom/Division#**

**Rev. 07/2014**

**Chicago Public Schools 芝加哥公立學校**

**School Enrollment Form 學校招收表格**
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 #  ____________________________

Confidential Information Box 1

Check this box if the student lives in any of the following current living situations:
☐ in a car/park/other public place
☐ doubled-up  ☐ in a hotel/motel  ☐ in a shelter  ☐ in transitional housing

School Note: If any box is checked, see the CPS Policy 702.5.

Confidential Information Box 2

Is there a current Order of Protection or No Contact Order which concerns this student? ☐ Yes  ☐ No

School Note: If “Yes,” follow CPS Policy 704.4 procedures. Enter information in Legal Alert field and update contact information, as needed, in SIM.

Parent/Guardian and Emergency Contact Information:  Add extra contacts on the back of this form, if needed.

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Parent/Guardian Contact</th>
<th>Parent/Guardian Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to Student</td>
<td>☐ Lives With  ☐ Gets Mailings  ☐ Lives With  ☐ Gets Mailings</td>
<td></td>
</tr>
<tr>
<td>☐ Emergency  ☐ Permission to Pickup  ☐ Emergency  ☐ Permission to Pickup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Address, if different from student’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone Number, if different from student’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell Phone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and Address of Employer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Phone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Communication Language</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address</th>
<th>Telephone #</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) ____________________________
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.

芝加哥公立學校語言問卷表格，這表格填好後必須保傳在學生的文件夾

---

**School:** John C. Haines School 興氏學校

**Student Name:** 學生姓名:

---

**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.

---

**Spanish**

1. ¿Se había 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. Czy uczeń mówi innym językiem niż angielski?
   - [ ] Nie  [ ] Tak __________________________ (język)

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

---

**Chinese 中文**

1. 在家中是否說英語之外的一種語言？
   - [ ] 否  [ ] 是，那一種方言？

2. 該學生是否會說英語之外的一種語言？
   - [ ] 否  [ ] 是，那一種方言？

如果以上兩問題你的答案是“是”，學校根據法例，有需要替你的孩子都個英語水平測試

---

**Signature of School Official** 日期  **Signature of Parent/Guardian** 日期

學校職員簽署 日期  家長或監護人簽署 日期

---

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](http://bit.ly/OLCEforms) and click on Home Language Survey in Additional Languages.
# State of Illinois
## Certificate of Child Health Examination

### Student’s Name
- Last
- First
- Middle

### Birth Date
- Month/Day/Year

### Sex

### Race/Ethnicity

### School /Grade Level/ID#

### Address
- Street
- City
- Zip Code

### Parent/Guardian
- Name
- Telephone #
  - Home
  - Work

### Immunizations

#### REQUIRED Vaccine / Dose

<table>
<thead>
<tr>
<th>REQUIRED Vaccine / Dose</th>
<th>DOSE 1</th>
<th>DOSE 2</th>
<th>DOSE 3</th>
<th>DOSE 4</th>
<th>DOSE 5</th>
<th>DOSE 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP or DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap, Td or Pediatric DT (Check specific type)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib Haemophilus influenza type b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal Conjugate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Comments:
- * indicates invalid dose

#### Alternatives

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
   - *MEASLES* (Rubella): MO DA YR **MUMPS**: MO DA YR
   - **HEPATITIS B**: MO DA YR
   - **VARICELLA**: MO DA YR

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
   - Person signing below verifies that the parent/guardian’s description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

#### Date of Disease
- Signature
- Title
- Date

#### Alternative Proof of Immunity

1. Laboratory Evidence of Immunity (check one)
   - □ Measles*
   - □ Mumps**
   - □ Rubella
   - □ Varicella

*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.

**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

11/2015

(Printed by Authority of the State of Illinois)
Illinois Department of Public Health
PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Birth Date: (Month/Day/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Street</td>
<td>City</td>
<td>ZIP Code</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Name of School:</td>
<td></td>
<td>Grade Level:</td>
<td>Gender:</td>
<td>☐ Male ☐ Female</td>
</tr>
<tr>
<td>Parent or Guardian:</td>
<td></td>
<td>Address (of parent/guardian):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To be completed by dentist:

Oral Health Status (check all that apply)

☐ Yes ☐ No Dental Sealants Present

☐ Yes ☐ No Caries Experience / Restoration History — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

☐ Yes ☐ No Untreated Caries — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

☐ Yes ☐ No Soft Tissue Pathology

☐ Yes ☐ No Malocclusion

Treatment Needs (check all that apply)

☐ Urgent Treatment — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

☐ Restorative Care — amalgams, composites, crowns, etc.

☐ Preventive Care — sealants, fluoride treatment, prophylaxis

☐ Other — periodontal, orthodontic

Please note ________________________________________________

Signature of Dentist _________________________________________ Date __________________________

Address ___________________________________________________ Telephone _______________________

Street City ZIP Code