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
- Diphtheria, 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.
芝加哥公立小学入读学习注册须知

年龄证明
包括但不限于以下所列的任何一种文件：
• 孩子的出生证明
• 儿童的洗礼记录
• 护照
• 法院文件
• 病历

地址证明
包括但不限于以下所列的任何两种文件：
• 近期的水/电/煤气费单据
• 伊利诺州驾照执照或伊利诺州身份证明
• 屋契
• 雇员证件
• 政府医疗咭
• 法院文件
• 伊利诺州公共援助证
• 覆盖了印的美国邮局的地址变更表
• 伊利诺州援助金/社会保障金的票据

健康要求
我们鼓励儿童在学年开始之前且不迟于当前学校的 10 月 15 日之前提交所需的免疫接种和体检，否则他们将被停止上学。

体检要求
所有学生必须在未来一年内进行身体检查：
• 首次进入伊利诺州任何年级的学校
• 进入幼儿园或一年级，六年级和九年级（未分年级课程的年龄分别为 5、10、15 岁）
• 进入幼儿园，直至 6 岁（体格检查和铅检查）

免疫注射要求
• 白喉，百日咳（咳嗽），破伤风（DTP / Td）
• 滋补脊髓灰质炎
• 麻疹
• 风疹
• 腮腺炎
• 乙型肝炎
• 水痘（水痘）
• B 型流感嗜血杆菌（HIB）

牙齿检查要求
幼儿园，二年级和六年级的所有学生都必须在本学年的 5 月 15 日之前，由持牌牙医完成牙齿检查。

如果您想了解有关免疫注射要求的更多详细信息，或者有任何疑问，请首先致电学校的学校护士或教育署卫生协调办公室（773）553-1830。
School Name: John C. Haines 興氏學校

<table>
<thead>
<tr>
<th>Student Information</th>
<th>School Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s siblings’ names if currently enrolled in CPS:</td>
<td>Prevent duplicate student records. Search in SIM for an existing Student ID before creating a new one.</td>
</tr>
<tr>
<td>放置他們的姓名</td>
<td></td>
</tr>
<tr>
<td>____________________</td>
<td>_________________</td>
</tr>
<tr>
<td>____________________</td>
<td>_________________</td>
</tr>
</tbody>
</table>

| Personal, Immigrant, and Refugee Information | |
| 個人，移民和難民資料 | |
| 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. Note that this is not an inquiry on citizenship status, and all information will be kept confidential. 根據聯邦和州政府指引芝加哥教育署需要移民學生的數據，用以多少教學，這些與學生有沒有公民身份無關。 |
| | |
| ____________________ | _________________ |
| ____________________ | _________________ |
| Birth Country 出生國家 | Birth State 出生州或省 |
| Birth City 出生城市或鎮 | |
| * 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 | |
| | |
| Date of first enrollment in any US School 來美國第一次登記入學日期： | |
| | |
| Full Years completed school in US 在我們完成多少個學年： | |
| | |
| Student has refugee status 是否難民身份： | Yes / No 是 / 不是 Country of refugee 那國難民： | |
| | |
| 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. 學校使用： “Date of first enrollment in any US School” 成為一個必要字段在SIM如果“出生國家”不是美國或其領土。 |

| Student Address/Phone | | Chicago | IL 伊利諾州 |
|-----------------------|----------------|------------|
| Physical (Home) Address | 街道名和號碼 | City | State | Zip Code 郵區 |
| Mailing Address 郵寄地址 | 郵寄地址 | Apt. 房號 | | |
| (if different than Home) 如和居住地址相同不用填寫 | | City | State | Zip Code 郵區 |
| ____________________ | _________________ |
| ____________________ | _________________ |
| Phone Number 電話號碼 | | | | |

| Demographic, 個人資料 | |
| Federal Ethnic and Race Categories 種族類別： | (Enter information into SIM from the Race and Ethnicity Survey form) |
| Home Language Survey 原來語言問卷: | (Enter information into SIM from the Home Language Survey form) |
| Parent/Guardian Contacts 家長連絡資料本 | (Enter information into SIM from the Request for Emergency and Health Information form) |
| Emergency/Health Information 緊急聯絡/健康資料: | (Enter information into SIM from the Request for Emergency and Health Information form) |

| Enrollment 人學情況 | |
| Enrollment Status Codes: | |
| 01 No Former School 沒有就讀過任何學校 | |
| 02 Chicago Public School 在芝加哥公立學校就讀 | |
| (to incl. Charter/Contract) | |
| 03 Chicago Private School 在芝加哥私立學校就讀 | |
| 04 IL Public Schl, not Chicago 曾在伊利諾州公立學校就讀 | |
| 05 IL Private Schl, not Chicago 曾在伊利諾州私立學校就讀 | |
| 06 – US Public Schl, not Illinois 曾在美國公立學校就讀 | |
| 07 – US Private Schl, not Illinois 曾在美國私立學校就讀 | |
| 08 – Not in USA 曾在美國以外的學校就讀 | |
| *School Transferring From (if not a Chicago Public, Charter or Contract School) 從前學校名字（如非芝加哥公立學校） | |
| City and State 城市 / 州 | |
| *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-P01 for more information.) |
| Last Chicago Public, Charter, or Contract School Attended 從前就讀芝加哥學校的名字 | |
| 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 辦理孩子人學家長的姓名和關係 | |
| 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# | | | | |
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.

<table>
<thead>
<tr>
<th>Student ID#</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Homeroom #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth Date (mm/dd/yyyy)</th>
<th>Student Home Address</th>
<th>Student Home Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Confidential Information Box 1**
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:
- □ in a car/park/other public place
- □ doubled-up □ in a hotel/motel □ in a shelter □ in transitional housing

**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>Parent/Guardian Contact</th>
<th>Parent/Guardian Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td></td>
</tr>
<tr>
<td>Relationship to Student</td>
<td></td>
</tr>
</tbody>
</table>

**Check all that apply:**
- □ Lives With
- □ Gets Mailings
- □ Emergency
- □ Permission to Pickup

<table>
<thead>
<tr>
<th>Home Address, if different from student’s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number, if different from student’s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Address of Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

* 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:

<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？ 廣東話 國語/普通話 福建話 海南話 上海話 客家話 其他

2. 該學生是否會說英語之外的一種語言？
   - [ ] 否
   - [ ] 是，那一種方言？ 廣東話 國語/普通話 福建話 海南話 上海話 客家話 其他

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

### Signature

<table>
<thead>
<tr>
<th>School Official</th>
<th>Date</th>
<th>Parent/Guardian</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>學校職員簽署</td>
<td>日期</td>
<td>家長或監護人簽署</td>
<td>日期</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Birth Date</th>
<th>Sex</th>
<th>Race/Ethnicity</th>
<th>School /Grade Level/ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Middle</td>
<td>Month/Day/Year</td>
<td>Parent/Guardian</td>
<td>Telephone #</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Street</th>
<th>City</th>
<th>Zip Code</th>
<th>Parent/Guardian</th>
<th>Telephone #</th>
<th>Home</th>
<th>Work</th>
</tr>
</thead>
</table>

### Immunizations

**IMMUNIZATIONS:** To be completed by health care provider. The mo/da/yr for every dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

<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>MO</td>
<td>DA</td>
<td>YR</td>
<td>MO</td>
<td>DA</td>
<td>YR</td>
</tr>
<tr>
<td>Tdap, Td or Pediatric DT (Check specific type)</td>
<td>MO</td>
<td>DA</td>
<td>YR</td>
<td>MO</td>
<td>DA</td>
<td>YR</td>
</tr>
<tr>
<td>Polio (Check specific type)</td>
<td>MO</td>
<td>DA</td>
<td>YR</td>
<td>MO</td>
<td>DA</td>
<td>YR</td>
</tr>
</tbody>
</table>

**RECOMMENDED, BUT NOT REQUIRED** Vaccine / Dose

- MMR (Measles, Mumps, Rubella)
- Varicella (Chickenpox)
- Hepatitis B
- Hib (Haemophilus influenza type b)
- Pneumococcal Conjugate
- Meningococcal conjugate (MCV4)

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

**ALTERNATIVE PROOF OF IMMUNITY**

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.

   - MEASLES (Rubeola) MO DA YR
   - MUMPS MO DA YR
   - RUBELLA 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

3. 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.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: ____________________________

Physician Statements of Immunity MUST be submitted to IDPH for review.

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

11/2015

(COMPLETE BOTH SIDES)
**HEALTH HISTORY**  
TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

### ALLERGIES

- **Food, drug, insect, other:**
  - **Yes**
  - **No**

### MEDICATION

- **Prescribed or taken on a regular basis:**
  - **Yes**
  - **No**

### PHYSICAL EXAMINATION REQUIREMENTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENTIRE SECTION BELOW</strong></td>
<td><strong>TO BE COMPLETED BY MD/DO/APN/PA</strong></td>
</tr>
<tr>
<td><strong>HEAD CIRCUMFERENCE</strong></td>
<td><strong>IF &lt;2-3 YEARS OLD</strong></td>
</tr>
<tr>
<td><strong>DIABETES SCREENING</strong></td>
<td><em>(NOT REQUIRED FOR DAY CARE)</em></td>
</tr>
<tr>
<td><strong>BMI&gt;85% age/sex</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>Ethnic Minority</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>No</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>** Signs of Insulin Resistance**</td>
<td><em>(hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans)</em></td>
</tr>
<tr>
<td><strong>Yes</strong></td>
<td><strong>No</strong></td>
</tr>
<tr>
<td><strong>At Risk</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>No</strong></td>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

### LEAD RISK QUESTIONNAIRE

- **Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.**
- **Blood test required if resides in Chicago or high-risk zip code.**

### LAB TESTS

<table>
<thead>
<tr>
<th>Test performed</th>
<th>Skin Test: Date Read</th>
<th>Blood Test: Date Reported</th>
<th>Result: Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SYSTEM REVIEW

- **Normal**
  - **Comments/Follow-up/Needs**
  - **Normal**
  - **Comments/Follow-up/Needs**

### SPECIAL INSTRUCTIONS/DEVICES

- **Dietary Needs/Restrictions**

### MENTAL HEALTH/OTHER

- **Is there anything else the school should know about this student?**
- **Check title:**
  - **Nurse**
  - **Teacher**
  - **Counselor**
  - **Principal**

### EMERGENCY ACTION

- **Needed while at school due to child’s health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?**
- **Yes**
- **No**

### PHYSICAL EDUCATION

- **Yes**
- **No**
- **Modified**

### INTERSCHOLASTIC SPORTS

- **Yes**
- **No**
- **Modified**

### Print Name

(MD, DO, APN, PA)
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></td>
<td></td>
<td></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
# Request for Emergency and Health Information

**School Name**: John C. Haines  興氏學校

**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.

<table>
<thead>
<tr>
<th>Student ID#</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Homeroom #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Birth Date (mm/dd/yyyy)** 出生日期

**Student Home Address** 學生住址

**Student Home Phone #** 電話

## Confidential Information Box 1  機密資料1

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:

- [ ] in a car/park/other public place 住在汽車公園/公共地方
- [ ] doubled-up in a hotel/motel in a shelter in transitional housing 流動地點 酒店/旅館 庇護中心 轉置房屋

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

## Confidential Information Box 2 機密資料2

Is there a current Order of Protection or No Contact Order which concerns this student?  学生沒有沒有法庭保護令？

- [ ] Yes  是
- [ ] No  否

**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>Relationship to Student</th>
<th>Home Address, if different from student’s</th>
<th>Home Phone Number, if different from student’s</th>
<th>Email Address</th>
<th>Name and Address of Employer</th>
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**Check all that apply: 剔選事項**

- [ ] Lives With 和孩子居住
- [ ] Gets Mailings 取得郵件
- [ ] Emergency 緊急通知
- [ ] Permission to Pickup 可以接送

**Name** 姓名

**Home Address** 地址

**Telephone #** 電話

**Relationship** 關係

- [ ] Lives With 和孩子居住
- [ ] Gets Mailings 取得郵件
- [ ] Emergency 緊急通知
- [ ] Permission to Pickup 可以接送

**Communication Language** 語言

- [ ] 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: 親友資料

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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.

孩子的家庭醫生名字，地址，電話 – 當有緊急事件在有需要情況下本人允許學校致電話家庭醫生。

**Student Health Insurance**: (select only one of the three) 學生的醫療保險（剔選其中之一）

- [ ] Illinois Medical Card/All Kids 伊利諾州兒童醫保: provide student’s medical ID # 號碼

- [ ] No Insurance/沒有醫療保險: are you interested in applying for the Illinois/All Kids?  有意申請伊利諾州的兒童醫保嗎？

- [ ] Yes  是
- [ ] No  否

- [ ] Private/Employer Health Insurance: no additional information needed  雇主醫療保險: 無需額外資料

## 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?  家長或監護人有在美國參軍嗎？

- [ ] Yes  是
- [ ] No  否

If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year?  構你有這學年需要服役嗎？

- [ ] Yes  是
- [ ] No  否

I certify that the information on this form is correct: 本人證明以上填寫屬實

(Parent/Guardian Signature) 家長簽署  (Date) 日期

---

**School Name**: John C. Haines  興氏學校

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**Home Address, if different from student’s** 如果和以上不同

**Home Phone Number, if different from student’s** 家中不同

**Name and Address of Employer** 雇主名稱

**Work Phone Number** 工作電話

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(Parent/Guardian Signature) 家長簽署  (Date) 日期