

<p>Student Information</p> <p>Student's siblings names currently in CPS:</p> <p>_____</p>	<p>_____</p> <p style="text-align: center;">Last Name First Name Middle Name</p> <p>_____</p> <p style="text-align: center;">Gender Birth Date (mm/dd/yyyy) Registration Grade Level Social Security Number (when entering CPS)</p>
<p>Personal and Immigration Information</p>	<p>_____</p> <p style="text-align: center;">Birth Certificate on File Birth Verification Type Birthplace Birth State Birth Country</p> <p>Complete if student was not born in the United States:</p> <p>Date first entered United State: _____ Date of first enrolment in United States: _____</p> <p>Years of education completed in the United States: _____</p> <p>Student has: _____ Country: _____</p>
<p>Parent/Guardian Contact</p> <p>1st Contact</p> <p>Lives with <input type="checkbox"/></p> <p>Has custody of <input type="checkbox"/></p> <p>Emergency <input type="checkbox"/></p> <p>Gets mailings for <input type="checkbox"/></p> <p>Has permission to pickup <input type="checkbox"/></p> <p>Password:</p>	<p>_____</p> <p style="text-align: center;">Last Name First Name Middle Name Relationship to student</p> <p>_____</p> <p style="text-align: center;">Home Phone Number Cell Number Work Number Place of Employment</p> <p>_____</p> <p style="text-align: center;">Address Apt. City State Zip</p>
<p>Parent/Guardian Contact</p> <p>2nd Contact</p> <p>Lives with <input type="checkbox"/></p> <p>Has custody of <input type="checkbox"/></p> <p>Emergency <input type="checkbox"/></p> <p>Gets mailings for <input type="checkbox"/></p> <p>Has permission to pickup <input type="checkbox"/></p> <p>Password:</p>	<p>_____</p> <p style="text-align: center;">Last Name First Name Middle Name Relationship to student</p> <p>_____</p> <p style="text-align: center;">Home Phone Number Cell Number Work Number Place of Employment</p> <p>_____</p> <p style="text-align: center;">Address Apt. City State Zip</p>
<p>Demographics</p>	<p><u>Ethnic Categories</u> <u>If Hispanic, check one box</u></p> <p>African-American or Black <input type="checkbox"/> Cuban <input type="checkbox"/> _____</p> <p>Asian <input type="checkbox"/> Mexican <input type="checkbox"/> Birthplace Birth Country</p> <p>Hispanic <input type="checkbox"/> Puerto Rican <input type="checkbox"/> _____</p> <p>Native American <input type="checkbox"/> Other Hispanic <input type="checkbox"/> _____</p> <p>Nat. Hawaiian/Pac. Islander <input type="checkbox"/> Birth Cert. on File Birth Verification Type</p> <p>White <input type="checkbox"/> _____</p>
<p>Medical/ Miscellaneous Information</p> <p>Permission to Call Doctor:</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>_____</p> <p style="text-align: center;">Critical/Chronic Health Condition Medical Alert Indicator</p> <p>_____</p> <p style="text-align: center;">Doctor's Number Phone Number</p> <p>_____</p> <p>Legal Alert (i.e., Court Order) – PLEASE ATTACH</p>
<p>Enrollment</p> <p><u>Entered From School Type</u></p> <p>1 – No Prior</p> <p>2 – Chicago Public School</p> <p>3 – Chicago Private</p> <p>4 – IL Public, not Chicago</p> <p>5 – IL Private, not Chicago</p> <p>6 – U.S. Public, not Illinois</p> <p>7 – U.S Private, not Illinois</p> <p>8 – Outside U.S.</p>	<p>School Transferring From: _____</p> <p style="text-align: center;">Name City State</p> <p>Entered From Following Type of School: _____</p> <p style="text-align: center;">(insert a number from the left)</p> <p>Pupil Enrolled by: _____</p> <p style="text-align: center;">(Print Name) (Relationship)</p>

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 School of Chicago.

Parent/Guardian Signature _____ Email address _____

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 _____