

Must have an original signature; an electronic signature is not acceptable.

Chicago Public Schools  
School Enrollment Form

School Name KINDERGARTEN

<p><b>Student Information</b></p> <p>Student's siblings' names if currently enrolled in CPS:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>School Use Only:</b></p> <p>Prevent duplicate student records. Search in SIS for an existing Student ID <u>before</u> creating a new one.</p>
<p>Student ID# _____</p>	<p>Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ Generation (Jr., etc) _____</p> <p>Legal Sex (F/M/X/N) _____ Birth date (mm/dd/yyyy) _____ Registration Grade Level (when first entering CPS) _____</p> <p>Affirmed Gender* (F/M/N) _____ Affirmed First Name* _____ Affirmed Middle Name* _____</p> <p><small>*Optional. For more information regarding affirmed gender and affirmed name, please visit: Supporting Gender Diversity Toolkit</small></p>
<p><b>Personal Information</b></p>	<p>_____ Y / N _____</p> <p>Birth Certificate on File _____ Birth Verification Type _____</p> <p>* Birth Country _____ Birth State _____ Birth City _____</p> <p><small>* Complete if student was <u>not</u> born in the United States (US) or one of its Territories:</small></p> <p>Date of first enrollment in any US School: _____</p> <p>Full Years completed school in US: _____</p>
<p><b>Student Address/Phone</b></p>	<p>School Use Only: Note that "Date of first enrollment in any US School" becomes a required field in SIS if "Birth Country" is <u>not</u> the US or one of its Territories.</p>
<p>Physical (Home) Address</p> <p>_____</p> <p>Mailing Address (if different than Home)</p> <p>_____</p> <p>Home Phone Number _____</p>	<p>Street Number and Name _____ Apt. _____ City _____ State _____ Zip Code _____</p> <p>Street Number and Name _____ Apt. _____ City _____ State _____ Zip Code _____</p>
<p><b>Demographic, Home Language, Parent/Guardian Contacts, Emergency/Health Information</b></p>	<p>Federal Ethnic and Race Categories: <i>(Enter information into SIS from the Race and Ethnicity Survey form)</i></p> <p>Home Language Survey: <i>(Enter information into SIS from the Home Language Survey form)</i></p> <p>Parent/Guardian Contacts: <i>(Enter information into SIS from the Request for Emergency and Health Information form)</i></p> <p>Emergency/Health Information: <i>(Enter information into SIS from the Request for Emergency and Health Information form)</i></p>
<p><b>Enrollment</b></p> <p><b>Enrollment Status Codes:</b></p> <p>01 – No Former School</p> <p>02 – Chicago Public School (to incl. Charter/Contract)</p> <p>03 – Chicago Private School</p> <p>04 – IL Public Schl, not Chicago</p> <p>05 – IL Private Schl, not Chicago</p> <p>06 – US Public Schl, not Illinois</p> <p>07 – US Private Schl, not Illinois</p> <p>08 – Not in USA</p>	<p>*School Transferring From (if not a Chicago Public, Charter or Contract School) _____ City and State _____</p> <p>*Is the student in good standing? <u>Y / N</u></p> <p><small>(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.)</small></p> <p>Last Chicago Public, Charter, or Contract School Attended _____</p> <p>Is the student receiving any type of Special Education services? <u>Y / N</u></p> <p><small>(Instructions to school: if yes, please notify the Case Manager.)</small></p> <p>Student Enrolled by _____</p> <p><small>(Print Name and Relationship)</small></p> <p>Signature of Parent/Guardian _____ Date of Enrollment _____</p>
<p><b>School Use Only:</b></p>	<p>Enrollment Status Code (insert a # from the left) _____ Grade Level _____ Homeroom/Division # _____</p>





ENGLISH

## Race and Ethnicity Survey

Student's Name:  
Gender:  
Birth Date:

School Name:  
School ID:

**INSTRUCTIONS:** Please answer the questions below. Both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

**Part A.** Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)  
Choose only one.

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

*The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.*

**Part B.** What is the student's race? Choose one or more.

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)





**HOME LANGUAGE SURVEY**

- HLS 1 of 2**  
 Spanish  
 Polish  
 Chinese  
 Arabic  
 Bosnian  
 Croatian  
 Serbian  
 Urdu
- HLS 2 of 2**  
 Romanian  
 Yoruba  
 Assyrian  
 Gujarati  
 Tagalog  
 Korean

Office of Language and Cultural Education

Revised May 2016

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.

School: \_\_\_\_\_ Room: \_\_\_\_\_ School ID #: \_\_\_\_\_ Network: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**English**

- Is a language other than English spoken in your home?  
 No  Yes \_\_\_\_\_ (Language)
- 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.

**IMPACT REGISTRATION PROCESS**

(For Office use only)

- The Non-English language identified on either question is the Home Language.
- If two different non-English languages are identified, enter the language identified in question 2 as the Home Language.
- Enter ENGLISH as a Home Language ONLY when both questions are answered no.

**Spanish**

- ¿Se habla algún otro lenguaje que no sea Inglés en su hogar?  
 No  Sí \_\_\_\_\_ (Lenguaje)
- ¿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**

- Czy językiem innym niż angielski mówi się w domu?  
 Nie  Tak \_\_\_\_\_ (język)
- Czyt uczeń mówi innym językiem niż angielski?  
 Nie  Tak \_\_\_\_\_ (język)

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

**Chinese**

- 在家中是否說英語之外的一種語言?  
 否  是 \_\_\_\_\_ (語言)
- 該學生是否會說英語之外的一種語言?  
 否  是 \_\_\_\_\_ (語言)

如果你在兩個問題中之任一項的答案是“是”，則法律規定校方要測試貴子女的英語通悉度。

**Arabic**

- هل تتكلم في بيتك بلغة أخرى غير اللغة الإنجليزية?  
 نعم ( )  لا ( )
- هل يتكلم الطالب لغة أخرى غير اللغة الإنجليزية?  
 نعم ( )  لا ( )

إذا كانت الإجابة نعم على أي من السؤالين فإن القانون يحتم على المدرسة تقييم ابنكم للكفاءة في استخدام اللغة الإنجليزية.

**Bosnian/Croatian/Serbian**

- Da li se u kući govori na stranom jeziku (različitom od engleskog)?  
 NE  DA \_\_\_\_\_ (jezik)
- Da li učenik govori neki strani jezik (različit od engleskog)?  
 NE  DA \_\_\_\_\_ (jezik)

Ukoliko ste na bilo koje od ovih pitanja odgovorili sa "Da", škola će biti zakonski dužna da procijeni nivo znanja engleskog jezika kod vašeg djeteta

**Urdu**

- کیا گھر پر انگریزی کے علاوہ کوئی اور زبان بولی جاتی ہے؟  
 ہاں ( )  نہیں ( )
- کیا طالب علم گھر پر انگریزی کے علاوہ کوئی اور زبان بولتا ہے؟  
 ہاں ( )  نہیں ( )

اگر ایسا ہے تو اسکول کو جاننا ہوگا کہ آپ کی زبان کیا ہے اور اسکول کو جاننا ہوگا کہ آپ کے بچے کی انگریزی کی کتنی بات چیت ہے۔

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**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.



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## Request for Emergency and Health Information

School Name: Josephine C Locke

**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 #

<p style="text-align: center;"><b>Confidential Information Box 1</b></p> <p>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:</p> <p><input type="checkbox"/> in a car/park/other public place</p> <p><input type="checkbox"/> doubled-up <input type="checkbox"/> in a hotel/motel <input type="checkbox"/> in a shelter <input type="checkbox"/> in transitional housing</p> <p><b>School Note:</b> If any box is checked, see the CPS Policy 702.5.</p>	<p style="text-align: center;"><b>Confidential Information Box 2</b></p> <p>Is there a current Order of Protection or No Contact Order which concerns this student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="background-color: #e0e0e0; padding: 5px;"><b>School Note:</b> If "Yes," follow CPS Policy 704.4 procedures. Enter information in <i>Legal Alert</i> field and update contact information, as needed, in SIM.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

	Parent/Guardian Contact	Parent/Guardian Contact
Contact Name		
Relationship to Student		
<i>Check all that apply:</i>	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup
Home Address, if different from student's		
Home Phone Number, if different from student's		
Cell Phone Number		
Email Address		
Name and Address of Employer		
Work Phone Number		
* 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:**

Name	Home Address	Telephone #	Relationship
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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.

**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)





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### Media Consent Form and Release

#### Consent/Release

I hereby consent to have my child photographed, digitally recorded, video taped, audio taped and/or interviewed by the Board of Education of the City of Chicago (the "Board") or the news media when school is in session, either in person or hosted remotely, or when my child is under the supervision of the Board. Further, I consent for these photos, digital recordings, video tapes, audio tapes and/or interviews to be shared with third parties who have received written approval from the Office of Communications. I understand in the course of the above described activities that the Board might like to celebrate my child's accomplishments and work. Therefore, I further consent for the Board's release of information on my child's name, academic/non-academic awards and information concerning my child's participation in school-sponsored activities, organizations and athletics.

I also consent to the Board's use of my child's name, photograph or likeness, voice or creative work(s) on the Internet or on a CD or any other electronic/digital media or print media electronic which may include honorary banners/signs displayed in, near, or around the school building or community.


As the child's parent or legal guardian, I agree to release, indemnify and hold harmless the Board, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's name, photograph or likeness, voice or creative work(s), on television, radio or motion pictures, or on the Internet, or on a CD, or any other electronic/digital media or print media or in connection with my child's participation in virtual school events and/or celebratory activities.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's name, photograph or likeness, voice or creative work(s).

I understand that I may cancel this consent by providing written notice to the principal. I also understand that my consent is valid for one school year, including the following summer.

#### Instructions: Check Box #1 or Box #2

- 1.  I consent as outlined in the above consent/release section.
- 2.  I **DO NOT** consent as outlined in the above consent/release section.

  
\_\_\_\_\_  
Signature of Parent/Guardian/Student if age 18 or older

\_\_\_\_\_  
Printed Name of Parent/Guardian/Student if age 18 or older

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

I understand that I have the right to inspect and copy my student's records, challenge the contents of such records; and limit my consent to the designated records or designated portions of information within the records.





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42 W. Madison Street • Chicago, Illinois 60602  
Telephone: 773/553-1600



**School Messaging Consent Form**

Dear Parent/Guardian/Student if age 18 or older,

Your school and the district will periodically want to send information regarding school or district events, updates or initiatives. We will utilize the phone messaging system to remind you about these events, updates, and initiatives; including report card distribution, field trips, community events, parent-teacher conferences, announcements, COVID 19 information and screenings, and more. To ensure you receive periodic school or district related notifications and reminders, your consent is needed below.

In the event of an emergency, whether or not consent is on file, you will be informed by all contact information provided. Emergency calls include weather closures, health risks, threats, unexcused absences, and other situations affecting the health or safety of students and faculty. Emergency calls will be sent to all the phone numbers, including cellular numbers, listed on the student's record. Please make sure these numbers are updated with the school.

***\*\*Please fill out and return this form to ensure you receive informational calls and texts\*\****

By signing this form, you are authorizing Chicago Public Schools to use an automated system to periodically deliver automated informational calls or text messages to the phone number(s) provided below. If you change your phone number or no longer wish to receive automated calls and texts, you agree to inform Chicago Public Schools immediately. By signing below, you agree that this consent will remain valid and you will continue to receive automated phone calls and text messages unless or until you revoke your consent. Standard messaging rates and data may apply.

**Instructions: Check Box for Consent or Do Not Consent**

- I CONSENT as outlined in the above section.
- I DO NOT CONSENT as outlined in the above section.

✓  
\_\_\_\_\_  
Signature of Parent/Guardian/Student if age 18 or older

\_\_\_\_\_  
Printed Name of Parent/Guardian/Student if age 18 or older

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

Phone Number 1 for Messages: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone Number 2 for Messages: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_



# CPS FAMILY INCOME INFORMATION FORM 2021-2022

Parents - Please return form to school by September 30, 2021.  
Schools - Please enter into ODA by October 18, 2021

School Name (Nombre de Escuela): J. Locke -

The purpose of this form is for CPS to obtain information about families' income to determine school funding. CPS and your school may receive additional funding based on the number of low-income families enrolled. Please complete this form and return it to the school's main office. (El propósito de este formulario de CPS es obtener información sobre el ingreso de las familias para determinar los fondos escolares. CPS y su escuela pueden recibir fondos adicionales basados en la cantidad de familias de bajos recursos matriculadas. Por favor, complete este formulario y entregue a la oficina de la Escuela.)

Part 1 - HOUSEHOLD INFORMATION (INFORMACIÓN SOBRE EL HOGAR) List names of all members of your household living with you. (Escriba los nombres de todas las personas que viven en su hogar.) \*Foster Children (legal responsibility of welfare agency or court)

Foster Child? (¿Hijo de Crianza?)	CPS Student? (¿Estudiante de CPS?)	All Household Member Names (All Household Member Names First (Nombre) MI (Initial))	Date of Birth (Fecha de Nacimiento)	Part 2: SNAP / TANF member of your household (go to step 6) (Nº de SNAP / TANF de cualquier integrante de su hogar (ase al n°6))	DHS Case Number (Número del Caso del DHS)	Part 3 - Homeless, Migrant, Runaway Child, or child enrolled in Head Start (Niño sin Hogar, Emigrante, Fugitivo o Niño en el programa Head Start)
<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/> Head Start  Homeless, Migrant, Runaway or Head Start Liaison Signature _____  Date (Fecha) _____
<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part 4 - List Household Members With Income (SKIP THIS if you answered any of steps 2 or 3) Enter the amount of income and how often it is received for each household member. (Nombres de los integrantes de su hogar que perciben ingresos. Para cada uno, indique sus ingresos y cada cuánto los recibe. DEJE EN BLANCO si/ha contestado la Sección 2 o 3 de esta solicitud.) Frequency (Frecuencia): Weekly (Semanalmente) Every 2 Weeks (Cada dos semanas) Twice Monthly (Dos veces al mes) Monthly (Mensualmente) Annually (Anualmente) OTHER INCOME can be but not limited to Welfare, Child Support, Retirement, Social Security, Worker's Comp. and Unemployment.

Household Member Names With Income (First (Nombre) MI (Initial) Last (Apellido))	Gross Income (before deductions) (Ingresos Brutos)	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually	Other Income (Todos Otros Ingresos)	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually	Part 5 - Opt In of information about other benefits. (Otros Beneficios)
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES! I am interested in applying for a waiver of instructional fees. SII Me interesa aplicar por la exoneración del pago de enseñanza. <input type="checkbox"/> YES! I am interested in applying for the Supplemental Nutrition Assistance Program (SNAP) and/or the Medicaid Program. SII Me interesa aplicar para el Programa de Asistencia de Nutrición Suplementaria (SNAP) y/o la Medicaid. Or call 773-553-5437  Signature (Firma): _____
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Part 6 - Signature (Firma)  
I certify that all above information is true and all income is reported. I understand that information gathered from this form will be used to calculate Federal funding eligibility for the school and that school officials may verify (check) the information as being accurate; and that if I purposely give false information, I may be prosecuted. (Certifico que toda la información indicada arriba es verdadera y que he reportado todos nuestros ingresos. Entiendo que la escuela recibirá fondos del gobierno federal basado en la información en este formulario y que los funcionarios escolares pueden verificar la fidelidad de la información, y si doy información falsa intencionalmente, me pueden llevar a juicio.)

Signature of adult household member (Firma del miembro adulto del hogar) \_\_\_\_\_

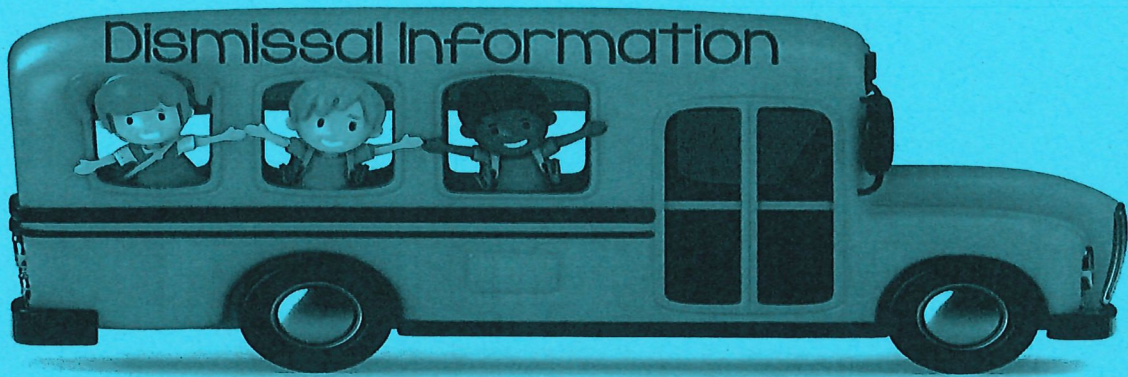
Parent / Guardian First Name (Nombre del adulto del hogar) \_\_\_\_\_ Zip Code (Código Postal) \_\_\_\_\_

Parent / Guardian Last Name (Apellido del adulto del hogar) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_

Address (Dirección postal o de domicilio) \_\_\_\_\_

SCHOOL USE ONLY Initial Determination:  ELIGIBLE (FREE OR REDUCED)  INELIGIBLE (DENIED, N/A OR ?)





### STUDENT PICK-UP LIST

In order to insure the safe departure of all students; parents are required to fill out an authorization pick-up list. Please place the names of all adults that are permitted to pick up your child on the list below.

**STUDENTS WILL ONLY BE DISMISSED TO THE FOLLOWING ADULTS.**

STUDENT NAME \_\_\_\_\_

Name:	Phone:
1.	
2.	
3.	
4.	
5.	