

REGISTRATION PACKET CHECKLIST

I have included/completed:

- Registration Packet
- Student ID picture
- Copy of Schedule, TBD
- Paid Fees- see EFunds Information for options.
\$300
- Residency verification (2 forms)
May include utility bills, government card (driver's license, voter ID, Medicaid, public aid), court documents, stamped USPS change of address form
- Fee waiver for current year only. (Must be completed every school year)
- Payment Plan (If family doesn't qualify for a fee waiver)
- Vaccination Records for students 16 years old and older (2nd Meningococcal/
Menactra/MCV4)
- Attendance Policy Info

Documents are incomplete: see above for deficiencies. Main office Rep: _____ Date: _____

All documents have been received and approved.

Main Office Representative Signature:

Parent/Guardian Signature:

Date

Date

STUDENT INFORMATION

Returning Student's Expected Grade: 10th 11th 12th

Gender: Female Male Transgender

Student Legal Name:

Last: _____ First: _____ Middle: _____
(Must match the birth certificate)

Student's Preferred Name: _____ Preferred Pronoun (if different from gender) _____

CPS Student Number: _____ DOB: _____ - _____ - _____ Home Phone: _____ - _____ - _____

Current Address: _____

City: _____ State: _____ Zip: _____

Place of Birth: City _____ State _____ Country _____

Name of Previous School: _____

Student Email: _____

Parent /Guardian Information

Parent/ Guardian 1 _____ Relationship _____

Cell Phone # _____ - _____ - _____ Work Phone # _____ - _____ - _____

Address (if different from student's) _____

Parent 1 Email*: _____ Primary Language _____

*note: this is the email that will be your contact for Powerschool our online gradebook/academic system. Be sure that the address you provide is checked regularly.

Parent /Guardian 2 _____ Relationship _____

Cell Phone # _____ - _____ - _____ Work Phone # _____ - _____ - _____

Address (if different from student's) _____

Parent 2 Email*: _____ Primary Language _____

*note: this is the email that will be your contact for Powerschool, our online gradebook/academic system. Be sure that the address you provide is checked regularly.

Student lives with: Both Parents Both parents alternately (joint custody) Father only Mother only Legal guardian

NOTICE TO PARENTS WHO ARE DIVORCED OR LEGALLY SEPARATED: Ordinarily, in the case of a student whose parents are divorced or legally separated, the parent who has physical custody pursuant to court decree or separation agreement, and person(s) designated by him or her, will be the only person(s) permitted to check out or pick up the student from school. However, in the event the student is injured or becomes ill, or for other good and sufficient reason, if the parent who has physical custody cannot be located or cannot timely respond to the call, the school will contact the other parent or emergency contact and release the student to him or her.

CONFIDENTIAL INFORMATION BOX 1

COMPLETE THIS BOX ONLY IF (1) IT REFLECTS YOUR CHILD'S CURRENT LIVING SITUATION; OR (2) YOUR LIVING SITUATION IF YOU ARE A YOUTH NOT LIVING WITH A PARENT OR GUARDIAN. (Your answer will help school staff with school enrollment and may enable the student to receive additional services.) Check one box if you are living:

- in a shelter with relatives or others due to lack of housing at a train or bus station, park, or in a car in a motel/hotel, camping ground, or other similar situation due to the lack of alternative, adequate housing in an abandoned apartment/building
 temporarily housed in a shelter awaiting a DCFS permanent foster care placement

CONFIDENTIAL INFORMATION BOX 2

Is there a current Order of Protection or No Contact order which concerns this student: Yes No

ChiArts uses automated calls to inform families of weather advisories, school closings, and school announcements. If you would like to opt out of these robocalls, please check the box and initial. _____

EMERGENCY AND TRAVEL INFORMATION

-- Emergency Contact--

If parent(s) cannot be reached in case of an emergency, please list other authorized emergency contacts. (Do NOT list parents or guardians as emergency contacts)

Emergency Contact 1: _____ Relationship _____

Home# _____ - _____ - _____ Cell# _____ - _____ - _____ Work# _____ - _____ - _____

Home Address _____

City _____ State _____ Zip Code _____

Emergency Contact 2: _____ Relationship _____

Home# _____ - _____ - _____ Cell# _____ - _____ - _____ Work# _____ - _____ - _____

Home Address _____

City _____ State _____ Zip Code _____

WHO CAN PICK UP MY CHILD?

ChiArts students will not be released to anyone not listed on this form.

(You do NOT need to include parents or emergency contacts)

My child may be picked up by the following individuals: 1. _____

2. _____ 3. _____

4. _____ 5. _____

My child may NOT be picked up by the following individuals: 1. _____

2. _____ 3. _____

4. _____ 5. _____

In the event of a medical emergency, I _____, the parent of _____, give permission for ChiArts to contact emergency services for treatment and/or transport to the most appropriate emergency room for treatment. I understand that I am responsible for any charges incurred based on treatment and/or transport*.

Local Hospitals: St.

Mary Campus

2233 W Division St
Chicago, IL 60622
312-770-2000

Rush University Medical Center

1653 W Congress Pkwy
Chicago, IL 60612 312-942-
6428

St. Elizabeth Campus

1431 N Claremont Ave
Chicago, IL 60622
773-278-2000

Stroger Hospital of Cook County

1969 W Ogden Ave
Chicago, IL 60612
312-864-6000

*If the above is not signed, it indicates that you are barring ChiArts from seeking medical attention for your student and will hold ChiArts, its Board of Directors, administration, other staff or any other party associated with ChiArts blameless for further injury or loss of life due to parent request of denial of medical treatment.

HEALTH AND HEALTH INSURANCE INFORMATION

-- Health conditions --

Please check all health conditions that apply:

- Asthma, Vision Impairments (Wears glasses), Attention Deficit Disorder, Heart Condition, Diabetes, Seizure Activity/Epilepsy, Hearing Impairments (Wears Hearing Aid), Other (please describe)

Please list any allergies:

Does the student take any medication on a daily basis? Yes No

If yes, what medication(s)?

Will this medication be given at school? Yes No

If YES, please complete the medical authorization form included in this packet. Have your doctor sign it, and return it with the enrollment packet.

When should this medication be administered?

EMERGENCY RELEASE

In case of accident or serious illness The Chicago High School for the Arts will attempt to reach the parent/legal guardian or one of the emergency contacts listed in the student's file. The Chicago High School for the Arts has my permission to use discretion in securing medical aid in an emergency. It is understood that neither The Chicago High School for the Arts nor the person responsible for obtaining this medical aid will be responsible for the expense incurred.

Signature of Parent or Guardian: Date

List any other medical information that you think the school may need:

Chicago High School for the Arts - ChiArts

AFFIRMATION OF LEGAL RESIDENCY

Name of Student _____

Address _____

Student ID#: _____

City _____ State _____

Zip _____

In order to verify your residency, please check the appropriate box and provide the corresponding documentation.

PLEASE CHECK ONLY ONE OF THE BOXES BELOW:

<input type="checkbox"/> Homeowner (includes Condo/Townhomes)	<input type="checkbox"/> Renter Lease expires _____	<input type="checkbox"/> Living with Other Residents of Chicago
Please provide ONLY the required documents under Column A on the other side of this page, Form "B"	Please provide ONLY the required documents under Column B on the other side of this page, Form "B"	Please provide ONLY the required documents under Column C on the other side of this page, Form "B"

In signing this document, I am affirming that my student, (named above), and I will be legal residents, at the address below, of City of Chicago, during the **2018-2019** school year.

(Address where Parent(s)/Guardian & Student Resides)

(City)

(Zip Code)

Signature of Parent or Legal Guardian of Student who is a Resident of City of Chicago

Date

Please Turn Over

When you sign the Affirmation of Legal Residency you are swearing that the information you are providing is truthful, and that any person knowingly or willfully giving false information shall be guilty of a Class C misdemeanor. (105 ILCS 5/1-2012b). Student will be subject to possible dismissal, per CPS investigation.

**Chicago High School for the Arts - ChiArts
2018/2019 Required Residency Information**

A. HOMEOWNERS	B. LEASING A RESIDENCE	C. LIVING WITH OTHER RESIDENTS OF CHICAGO
<p><input type="checkbox"/> 1. A current signed residency affirmation letter: Form A, on the other side of this form</p> <p align="center">AND</p> <p>2. Bring ONE of the following:</p> <p><input type="checkbox"/> Deed OR Closing Statement, for new homes, if no tax bill has been issued yet</p> <p align="center">OR</p> <p><input type="checkbox"/> Most recent estimated real estate tax bill (Note: A copy of your tax bill can be obtained by going to the Treasurer's web site at www.cookcountytreasurer.com.)</p> <p align="center">AND</p> <p>3. ONE of the following items that show your name and address:</p> <p><input type="checkbox"/> Utility Bill (gas, water, electric)</p> <p><input type="checkbox"/> Current homeowner's insurance <u>policy</u>, NOT a bill</p> <p><input type="checkbox"/> Current state vehicle registration</p> <p><input type="checkbox"/> Current vehicle insurance <u>policy</u>, NOT a bill</p>	<p><input type="checkbox"/> 1. A current signed residency affirmation letter: Form A, on the other side of this form</p> <p align="center">AND</p> <p>2. Bring ONE of the following:</p> <p>a. Original lease (signed and dated)</p> <p align="center">OR</p> <p>b. Form signed & dated by your landlord, provided in this packet.</p> <p align="center">AND</p> <p>3. ONE of the following items that show your name and address:</p> <p><input type="checkbox"/> Utility Bill (gas, water, electric)</p> <p><input type="checkbox"/> Current renter's insurance <u>policy</u>, NOT a bill</p> <p><input type="checkbox"/> Current state vehicle registration</p> <p><input type="checkbox"/> Current vehicle insurance <u>policy</u>, NOT a bill</p> <p>Residency to be re-established each August for those described in Column "B".</p>	<p><input type="checkbox"/> A current signed residency affirmation letter: Form A, on the other side of this form</p> <p align="center">AND</p> <p><input type="checkbox"/> Follow:</p> <p>Column "A" if living with a homeowner.</p> <p align="center">OR</p> <p>b. Column "B", if living with a person who is leasing a residence.</p> <p>Residency to be re-established each August for those described in Column "C"</p>

EFUNDS for SCHOOLS

Yearly Registration Fee: \$300

ChiArts will now be accepting payments made toward student account balances online through e~Funds. To pay any outstanding balances, start by accessing e~Funds at their website.

Desktop website: <https://eps.mvpbanking.com/cgi-bin/efs/login.pl?access=56221>

Mobile website: <https://payments.efundsforschools.com/v3/districts/56221>

Once you have accessed the website, select **Create Account** or **Register Here**. Once here, provide the requested information to create your account.

Now you may add a student to your account. For this step, you will need your student's ID, which can be found on their ID card or PowerSchool account. Once the student has been added to your account, you are ready to make a payment!

For additional help with e~Funds please refer to their [Step-by-Step Guide for Parents](#).

FEE WAIVER LINK WAIVER OF SCHOOL REGISTRATION FEES ONLY

School Fees are charged each school year for use of textbooks, consumable materials, extracurricular activities, and other school fees. Students whose parents are unable to afford student fees may apply for a waiver of fees. Please be sure to upload or send in your supporting documents to the schools main office or email them to documents@chiarts.org. All forms are due by **5pm on November 30, 2018.**

Here is the link to apply for the student fee waiver:

https://docs.google.com/a/chiarts.org/forms/d/e/1FAIpQLSeHSpMjz6P49VSjTlg_-0MocqsgtSqGUxbG6VpXiHz94XhqQ/viewform

Please be sure to fill out all the information on the google document and upload or send in all of your supporting documents to qualify for the waiver.

ACCEPTABLE ELIGIBILITY DOCUMENTATION FOR FEE WAIVERS

Provide information or a document which shows **current** household income. Examples of type of documents are listed below. You may also provide a letter(s) from your income source(s) stating the amount of income you receive. In addition you may be asked to provide property tax bills, bank statements, credit card statements, rental/lease agreement, or mortgage statements.

EARNINGS/WAGES/SALARY:

Income Tax Returns (1040 Form) W-2 Forms
Current paycheck stubs for one entire month
Letter from employer stating gross wages and how often they are paid

SOCIAL SECURITY/PENSION/RETIREMENT: Social

Security Retirement Benefit Statement Pension Benefit Statement

FOODSTAMP/AFDC/WELFAREHOUSEHOLDS:

SNAP Certification Notice stating food stamps eligibility
Letter from DHS Office stating eligibility
Welfare Benefits Statement
Section 8 Eligibility Statement

UNEMPLOYMENT COMPENSATION:

Notice of eligibility from State Employment Security Office

CHILD SUPPORT/ALIMONY:

Court decree, agreement or copies of check received

ALL OTHER INCOME:

If you have other forms of income, provide information or documents which show the amount of income received, how often it is received and the date received. For example:

- **SELF EMPLOYMENT INCOME**
Business or farming documents, such as ledger books
Self-issued paycheck stubs
- **DISABILITY OR WORKERS COMPENSATION:**
Copy of disability benefits letter
Check Stubs
- **NO INCOME:**
If you have no income, provide a brief note explaining how you provide food, clothing, and housing for your household.

