

Student Information Student Legal Name:

Last: _____ First: _____ Middle: _____

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

DOB: _____ Gender: Female Male Transgender

CPS Student Number: _____ Home Phone: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Place of Birth: City _____ State _____ Country _____

Name of Previous School: _____

Student Email: _____

Arts Conservatory: Creative Writing Dance Music Theatre Visual Arts

-- 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 grade book/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 grade book/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 Other

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

School Principal: If any box is checked, see the Homeless Education Program Policy and Other Important Documents.

CONFIDENTIAL INFORMATION BOX 2

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

School Principal: If "Yes" is checked, follow the School Board Policy 704.4.

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.

Emergency Contact 1: _____ Relationship _____

Home # _____ Mobile # _____ Work# _____

Home Address _____

City _____ State _____ Zip Code _____

Emergency Contact 2: _____ Relationship _____

Home # _____ Mobile # _____ 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/guardians 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:

<u>St. Mary Campus</u>	<u>Rush University Medical Center</u>	<u>St. Elizabeth Campus</u>	<u>Stroger Hospital of Cook County</u>
2233 W Division St	1653 W Congress Pkwy	1431 N Claremont Ave	1969 W Ogden Ave
Chicago, IL 60622	Chicago, IL 60612	Chicago, IL 60622	Chicago, IL 60612
312-770-2000	312-942-6428	773-278-2000	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.