

Submit Enrollment Interest Form

Enrollment interest forms must be submitted by March 8th, 2018 online, by mail or fax, or in person. We encourage parents to use the online portal.

Registration Form

Parents will be notified of lottery results; families who would like to accept the offered must submit the student registration form no later than May 10th, 2018.

Upon receipt of the registration form, parents will be provided with the following enrollment packet:

Enrollment Documents and Form Requirements:

- CPS Elementary School Registration Checklist
- Authorization for Transfer and Release of Cumulative Records
- Home Language Survey
- Race and Ethnicity Survey
- Transportation Survey
- Emergency Contact Information and Permission for Emergency Care
- 2016-2017 Minimum Health Requirements for Chicago Public Schools
- CPS Student Medical Information
- Proof of Age - must be 5 years old by Sept. 1st, 2018 to enter Kindergarten or 6 by 09/10/18 for First Grade
- Proof of Residence – must live within Chicago city limits
- State of IL Certificate of Child Health Examination
- Proof of School Dental Examination Form
- Eye Examination Report
- Meal Application [to be finalized upon vendor selection]

Application Form for the 2018-2019 Academic Year

Deadline: March 8th, 2018 at 5:00 PM

STUDENT INFORMATION

Student name: _____

Date of Birth: _____ Gender: _____

Current school (if applicable): _____

Grade the student is in **TODAY**: _____ Grade the student will be in **NEXT YEAR**: _____

CONTACT AND PARENT/GUARDIAN INFORMATION

Student address

Street address _____ City _____ State/Zip _____

Parent/Guardian (1)

Name _____ Phone _____ Email _____ Relationship _____

Parent/Guardian (2):

Name _____ Phone _____ Email _____ Relationship _____

How did you hear about us?

- Direct mailing Internet search Park District event Newspaper Recruiter
- Other parent At community event Church Advertisement Facebook
- Other: _____

SIBLING INFORMATION

Does the student have a brother or sister who is also applying Chicago Classical? No Yes If yes, what is the siblings name: _____

Note: You must complete a separate application for each student.

Apply online: www.chiclassical.org	Send by mail: [School address]	Send by fax: Fax number
---	-----------------------------------	----------------------------

Submitting this application is not a guarantee of admission. Chicago Classical Academy is a tuition-free, open-enrollment public charter school. All students residing in the municipal boundaries of the City of Chicago are encouraged to apply. If you are applying for Kindergarten, your child must be 5 years old by September 1, 2018. There are no exceptions. Students are accepted regardless of background, academic record, or special education eligibility. If we receive more applications than there are seats available, Chicago Classical Academy will hold a random lottery as required by law. Your application must be received by March 8th, 2018 in order to be included in the lottery. The lottery will be held on April 4th. Applications received after the lottery deadline will be added at the end of the waitlist in the order they are received. Lottery results will be mailed and emailed by April 11th, 2018.

Signature of Parent or Guardian

Date

OFFICE USE ONLY

Date/time application received: _____

Registration Form for the 2018-2019 Academic Year

Please return to [address] or submit registration form online no later than May 10th, 2018. If we do not hear back from you by then, your child's seat may be offered to someone else.

Dear Prospective Family

We are excited to inform you that your child has been offered a seat at Chicago Classical Academy for the 2018-2019 academic year. To complete the application process, you **MUST** submit this registration form.

STUDENT INFORMATION

Student name: _____

Date of Birth: _____

Gender: _____

Current school (if applicable): _____

Grade (2018-19 school year): _____

CONTACT AND PARENT/GUARDIAN INFORMATION

Student address

Street address

City

State/Zip

Parent/Guardian Information (1):

Name

Phone

Email

Relationship

Parent/Guardian Information (2):

Name

Phone

Email

Relationship

Submit online:

www.chiclassical.org

Send by mail:

[School address]

Send by fax:

Fax number

Chicago Classical Academy is a tuition-free, open-enrollment public charter school. All students residing in the city are encouraged to apply. Students are accepted regardless of background, academic record, or special education eligibility. If we receive more applications than there are seats available, Chicago Classical Academy will hold a random lottery as required by law. Your registration must be received by May 10th, 2018; if this form is not received by the deadline your child's seat may be offered to another family.

Signature of Parent or Guardian

Date

OFFICE USE ONLY

Date/time application received: _____

CPS Elementary School Registration Checklist

Research shows that healthy students have better attendance and perform better in school, academically. Children must have proof of required immunizations and health exams before October 15th, or they will face exclusion from school. Please remember that a healthy child is a healthy learner.

Kindergarten Enrollment Eligibility: All children residing in the City of Chicago, who are 5 years old on or before September 1 of the current school year, are eligible for enrollment into a CPS Kindergarten program.

The parent, legal guardian, or temporary custodian of any elementary age child enrolling in a Chicago public school is required to submit proof of age and required medical records to the school. Research shows that healthy students have better attendance and perform better in school, academically. Children must have proof of required immunizations and health exams before October 15th, or they will face exclusion from school. Please remember that a healthy child is a healthy learner.

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

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 requirement: 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

Vision requirement: All students entering Kindergarten and for all out-of-district transfer students must have a vision exam completed by an optometrist or physician who provides complete eye examinations no later than October 15 of the current school year. .

Authorization for Transfer and Release of Cumulative Records

Parent/Guardian: Please complete this form and return to Chicago Classical Academy. We will submit this form to your child's current school in order to have the records transferred to Chicago Classical Academy.

The following student is being enrolled at Chicago Classical Academy Charter School for the 2018-19 school year. Please project them in IMPACT by June 1st, 2018. By law, we also need to obtain the of the student's cumulative records from the student's previous school.

STUDENT INFORMATION (to be filled out by parent/guardian)

Name of student _____

CPS ID number (if applicable) _____

Date of birth _____

Previous school name _____

Previous school address _____

Previous school phone _____

Previous school fax _____

Parent/guardian name _____

Parent guardian signature _____

Please submit the following documents to Chicago Classical Academy:

Birth certificate or other proof of age

Proofs of address

Medical forms

All report cards and test scores

All attendance and discipline reports

If applicable, most recent IEP and most recent confidential report.

Please submit to:

Chicago Classical Academy

[Address]

Please contact [Student Counselor] if you have any questions:

[phone]

[email]



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 IS #: _____

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.

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

1. ¿Se habla 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. 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

1. 在家中是否說英語之外的一種語言?
 否 是 _____ (語言)

2. 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

1. هل تتكلم في بيتك بلغة أخرى غير اللغة الإنجليزية?
 لا نعم _____ اللغة

2. هل يتكلم التلميذ لغة أخرى غير اللغة الإنجليزية?
 لا نعم _____ اللغة

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

Bosnian/Croatian/Serbian

1. Da li se u kući govori na stranom jeziku (različitom od engleskog)?
 NE DA _____ (jezik)

2. 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

1. کیا گھر پر انگریزی کے علاوہ کوئی اور زبان بولی جاتی ہے؟
 نہیں ہاں _____ (زبان)

2. کیا طالب علم گھر پر انگریزی کے علاوہ کوئی اور زبان بولتا ہے؟
 نہیں ہاں _____ (زبان)

اگر ہاں میں سے ہر سوال کا جواب ہاں میں ہے تو ان کے جواب کے مطابق کال کیے گئے اور ان کے جواب میں ہمارے کارکنوں کے ساتھ ملاقات کی جائے گی۔

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 Knowledge Center at bit.ly/OLCEforms and click on Home Language Survey in Additional Languages.



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.)

Transportation Survey

Parent/Guardian: Please complete this form and return to Chicago Classical Academy.

PLEASE CHECK THE APPROPRIATE BOX (to be filled out by parent/guardian)

My child will walk to and from school

My child will receive a ride to and from school

My child will take the CTA to and from school

I have a child with disabilities for whom transportation is provided pursuant to an Individualized Education Program (IEP) or 504 Plan

Carpool: our family is interested in carpool options, please share my information with other interested families

Is there anything else regarding transportation that we should be aware of?

Emergency Contact Form and Permission for Emergency Care**Student name:** _____

Date of Birth: _____

CONTACT AND PARENT/GUARDIAN INFORMATION**Parent/Guardian (1)**

Name: _____

Relationship: _____

Phone: _____

Email: _____

Parent/Guardian (2)

Name: _____

Relationship: _____

Phone: _____

Email: _____

PICK-UP AUTHORIZATION (EMERGENCY ONLY)**Emergency contact (1)**

Name: _____

Relationship: _____

Phone: _____

Email: _____

Emergency contact (2)

Name: _____

Relationship: _____

Phone: _____

Email: _____

Medical provider

Physician's name _____

Phone number _____

Dentist's name _____

Phone number _____

I hereby consent to have Chicago Classical Academy Charter School (CCA) provide on-site first aid for minor, non-life threatening instances. In addition, for situations requiring medical intervention, I consent to CCA requesting emergency personnel to transport my child to the nearest emergency medical care facility. I understand that this will be provided at my own expense. I understand that this authorization may include providing medical care without first obtaining my consent.

*Signature of Parent or Guardian*_____
Date



2016-2017 Minimum Health Requirements for Chicago Public Schools

“Evidence shows that healthy students have better attendance patterns and perform better academically”. The following health requirements apply to all children enrolled in a Chicago Public School. **Children must provide proof of required immunizations and health exams before October 15, 2016, or they will face exclusion from school.**

Medical Home

If you are not presently insured, please contact the Illinois Dept. of Human Services (IDHS) at 1-800-543-6153 or <https://abe.illinois.gov/>

A medical home will allow your child and family to access better healthcare. The medical home is where you can access affordable, quality, culturally sensitive, competent and coordinated healthcare.

Most people who are found eligible for Medicaid must choose a Primary Care Provider (Medical Home). The Illinois Client Enrollment Broker will help you understand your healthcare choices, so that you can choose the best plan for you. <http://illinoisceb.com/>

If you are seeking a provider, you may call 311 or go to: www.cityofchicago.org and type in “Find a Community Health Center” in the Search box

For more information regarding health requirements contact your School Nurse.

EXAMINATION REQUIREMENTS

Physical Examination requirements due upon enrollment, or by 10/15/16

Physical Examination must be completed within one year prior to entry to:

- Preschool and kindergarten (physical exam and lead screening through age 6)
- 6th grade and 9th grade (ages 5, 11, 15 for un-graded programs)
- Any student entering CPS for the first time

Vision Examination requirements due upon enrollment, no later than 10/15/16

- Entering the State of Illinois for the first time at any grade level.
- Entering kindergarten

Dental Examination requirements due 5/15/17 for kindergarten, 2nd and 6th grade.

IMMUNIZATION REQUIREMENTS

Diphtheria, Pertussis (Whooping Cough), Tetanus (DTaP & dap)

- Four (4) or more doses. The first 3 doses with intervals of 4 weeks apart. The interval between the 3rd and 4th dose is at least 6 months.
- The last dose qualifying as a booster and received on or after the 4th birthday
- One (1) dose of the Tdap vaccine for 6th to 12th grades.

Polio

- Three (3) or more doses of a polio vaccine with intervals of 4 weeks apart.
- The last dose qualifying as a booster and received on or after the 4th birthday

Measles, Mumps, and Rubella

- One (1) dose required for preschool, & a second dose required for all students kindergarten to 12th grade.
- 1st dose received at 12 months or later
- 2nd dose must be administered at least four weeks (28 days) after 1st dose

Hepatitis B

- Three (3) doses required for all students.
- 1st dose at birth.
- 2nd dose received no less than 28 days or 4 weeks after 1st dose.
- 3rd dose received no less than 2 months after the 2nd dose and 4 months after the 1st dose.

Varicella (Chicken Pox)

- Two (2) doses of varicella are required for kindergarten, 1st, 2nd, 6th, 7th, 8th, 9th, 10th and 11th, grades. The first dose on or after the first birthday and the second dose no less than four weeks (28 days) after the first dose.
- One (1) dose required on or after the first birthday for Prek, 3rd, 4th, 5th, & 12th grades.

Haemophilus Influenzae, Type B (HIB)

- Three (3) doses required for primary series.
- If none received before age 15 months, only one (1) dose required from age 15 months to 59 months of age. Not required age 5 years or older.

Pneumococcal Disease (PCV)

- Four (4) doses required for primary series.
- If none received before age 24 months, only one (1) dose required from age 24 to 59 months of age. Not required age 5 years or older.

Meningitis (MCV4)

- One (1) dose of the meningitis vaccine for 6th and 7th grade
- Two (2) doses of the meningitis vaccine for 12th grade.



Reviewed by: _____
Follow up: _____
Documents received: _____

Student Medical Information 2016/2017 School Year

INFORMATION MUST BE UPDATED AND SUBMITTED ANNUALLY AT THE BEGINNING OF THE SCHOOL YEAR

PLEASE PRINT ALL INFORMATION and RETURN FORM TO SCHOOL

SCHOOL NAME: _____

Student Name: _____ Date of Birth: _____ Grade: _____

Student ID: _____ Medicaid Number: _____

To ensure the safety of your child during the school day, extracurricular activities, on any field trip, and when being transported by CPS it is important that the school is aware of any health conditions that may impact your child. We are asking you to please complete this form. For confidentiality purposes, this information will only be shared with relevant CPS staff. Thank you for your cooperation in this important matter.

Please check below if applicable:

- Food Allergies: (Type) _____
- Other Allergies: (Type) _____
- Asthma
- Diabetes: Type 1 Type 2
- Seizures
- Other Medical Condition

- My child has **NO** allergies, medical conditions and/or does not take any medications during school hours
- My child has a primary healthcare provider (e.g., Doctor, Nurse Practitioner, Physician Assistant, etc.)

For the medical condition identified above which requires prescribed medication during school hours, please provide written verification from your healthcare provider with diagnosis, type of medication, dosage, and time to be given. An Emergency Action Plan (Allergy, Asthma, or Diabetes) can also be requested from your healthcare provider. Your child may qualify for a **504 Accommodation Plan** due to his/her condition. Please make sure you follow up with your school nurse and/or case manager once you have submitted this form.

Parent Name: (Please Print): _____ Date: _____

Parent Signature: _____

Phone Number: _____ Email: _____

State of Illinois Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician who provides complete eye examinations be submitted to the school no later than October 15th of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the child beginning school.

Student Name: _____ Birth Date: _____ Sex: _____ Grade: _____
(Last) (First) (Middle Initial) (Mo.) (Day) (Yr.)

Parent or Guardian: _____ Phone: _____
(Last) (First) (Area Code)

Address: _____ County: _____
(Number) (Street) (City) (Zip Code)

To Be Completed By Examining Doctor

Case History

Date of Exam: _____

Ocular History: Normal or Positive for: _____
 Medical History: Normal or Positive for: _____
 Drug Allergies: NKDA or Allergic to: _____
 Other Information: _____

Examination

Refraction:	Distance			Near
	Right	Left	Both	Both
Unaided Visual Acuity:	20 /	20 /	20 /	20 /
Best Corrected Visual Acuity:	20 /	20 /	20 /	20 /

Was refraction performed with cycloplegic agents? Yes No

	Normal	Abnormal	Not Able to Assess	Comments
External Exam (eye and adnexa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Internal Exam (media, lens, fundus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological Integrity (pupils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Binocular Function (stereopsis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Accommodation and Vergence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Color Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
IOP (glaucoma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oculomotor Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Diagnosis

Normal Myopia Hyperopia Astigmatism Strabismus Amblyopia

Other: _____

Recommendations

1. Corrective Lenses: No Yes, glasses should be worn for: Constant Wear Near Vision Far Vision
 May Be Removed for Physical Education

2. Preferential seating recommended: No Yes Comments: _____

3. Recommend re-examination: 3 months 6 months 12 months Other _____

4. _____

5. _____

Print Name: _____
Optometrist or Physician Who Provides Eye Examinations

Address: _____

Signature: _____
Optometrist or Physician Who Provides Eye Examinations

Consent of Parent or Guardian

I agree to release the above information on my child or ward to appropriate school or health authorities.

(Parent or Guardian's Signature)

Phone: _____