**REGISTRATION PACKET**

- All individuals registering a child to Sherwood School must be the legal guardian. The legal guardian must present a driver's license or a state identification with the current address and a utility bill. Sherwood is open to all neighborhood children.

- All students must wear a uniform everyday. Pre-K-8th grade students black bottoms and purple tops. Uniforms and gym uniforms can be purchased at the school.

---

**REGISTRATION CHECKLIST**

<table>
<thead>
<tr>
<th>Complete with the family:</th>
<th>Share with the family:</th>
</tr>
</thead>
<tbody>
<tr>
<td>____ School Enrollment Form</td>
<td>____ Minimum Health Requirements</td>
</tr>
<tr>
<td>____ Parent Agreement</td>
<td>____ Rights of Students in Temporary Living Situations</td>
</tr>
<tr>
<td>____ Release Form</td>
<td></td>
</tr>
<tr>
<td>____ Request for Emergency and Health Information</td>
<td></td>
</tr>
<tr>
<td>____ Home Language Survey</td>
<td></td>
</tr>
<tr>
<td>____ Media Consent Form and Release</td>
<td></td>
</tr>
<tr>
<td>____ Family Partnership Needs Assessment</td>
<td></td>
</tr>
<tr>
<td>____ Student Medical Information</td>
<td></td>
</tr>
</tbody>
</table>

Give to families to complete and return before the first day of enrollment:

- ____ Dental Form
- ____ Certificate of Child Health Examination

---

Note: In accordance with the McKinney Vento Homeless Assistance Act, students in a temporary living situation are eligible for immediate enrollment (see Rights of Homeless Students).

**QUESTIONS?**

Contact Alice Buzanis, Principal
773.535-0829
### Chicago Public Schools
#### School Enrollment Form

**School Name: Jesse Sherwood Elementary School**

<table>
<thead>
<tr>
<th>Student Information</th>
<th>School Use Only: Prevent duplicate student records. Search in SIM for an existing Student ID before creating a new one.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID#</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Gender</td>
<td>Birth date (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

**Personal, Immigrant, and Refugee Information**

To Parent/Guardian:

CPS is required to keep a count of immigrant students for Federal and State Guidelines in order to determine if additional resources and services for students are needed.

Note that this is not an inquiry on citizenship status, and all information will be kept confidential.

<table>
<thead>
<tr>
<th>Birth Certificate on File</th>
<th>Birth Verification Type</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth Country</strong></td>
<td><strong>Birth State</strong></td>
</tr>
</tbody>
</table>

* Complete if student was not born in the United States (US) or one of its Territories:

Date of first enrollment in any US School: ____________________________

Full Years completed school in US: __________________________________

Student has refugee status: **Y** / **N**

Country of refugee: ____________________________________________

School Use Only: Note that “Date of first enrollment in any US School” becomes a required field in SIM if “Birth Country” is not the US or one of its Territories.

**Student Address/Phone**

Physical (Home) Address

Mailing Address (if different than Home)

<table>
<thead>
<tr>
<th>Street Number and Name</th>
<th>Apt.</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Number and Name</td>
<td>Apt.</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

Home Phone Number: ____________________________

**Demographic, Home Language, Parent/Guardian Contacts, Emergency/Health Information**

Federal Ethnic and Race Categories: (Enter information into SIM from the Race and Ethnicity Survey form)

Home Language Survey: (Enter information into SIM from the Home Language Survey form)

Parent/Guardian Contacts: (Enter information into SIM from the Request for Emergency and Health Information form)

Emergency/Health Information: (Enter information into SIM from the Request for Emergency and Health Information form)

**Enrollment**

Enrollment Status Codes:

\[01 – No Former School\]

\[02 – Chicago Public School (to incl. Charter/Contract)\]

\[03 – Chicago Private School\]

\[04 – IL Public Schl, not Chicago\]

\[05 – IL Private Schl, not Chicago\]

\[06 – US Public Schl, not Illinois\]

\[07 – US Private Schl, not Illinois\]

\[08 – Not in USA\]

*School Transferring From (if not a Chicago Public, Charter or Contract School) | City and State

*Is the student in good standing? **Y** / **N**

(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-P01 for more information.)

Last Chicago Public, Charter, or Contract School Attended: ____________________________

Is the student receiving any type of Special Education services? **Y** / **N**

(Instructions to school: if yes, please notify the Case Manager.)

Student Enrolled by: ____________________________

(Print Name and Relationship)

Signature of Parent/Guardian: ____________________________

Date of Enrollment: ____________________________

School Use Only:

Enrollment Status Code (insert a # from the left) | Grade Level | Homeroom/Division #
PARENT AGREEMENT FORM

CHILD’S NAME: ___________________________ DATE ________________

SCHOOL NAME: ___________________________ ROOM ________________

I wish to have my child enroll at Jesse Sherwood Elementary School. I take full responsibility for his/her safe transportation to and from school and promise I will make sure he/she wears their uniform everyday. I understand the importance of daily attendance and agree to bring my child to school everyday and to fully participate in the program, including daily outdoor play during recess. Additionally, I will adhere to the school schedule so that my child is dropped off and picked up on time.

I understand that I am expected to communicate with my child's teacher via email or via telephone weekly. I am willing to attend meetings, workshops or conferences at the school as may be requested.

I give my permission for my child to be taken on trips related to the classroom program, including walking trips within the community.

Home Visit Preference
I understand that the relationship between home and school is vital to a child's future success, and recognize that two home visits a year are an integral part of the school program. I prefer to have my child's preschool staff conduct a home visit in the following setting:

_____ My home

_____ Other place of my choice: ____________________________

__________________________
SIGNATURE OF PARENT/GUARDIAN
STUDENT RELEASE FORM

CHILD’S NAME ___________________________ DATE __________

SCHOOL NAME ___________________________ ROOM ________

PARENT’S NAME ___________________________

The following people have permission to pick up my child from Sherwood:

SIGNATURE OF PARENT ________________________________

NAME __________________ RELATIONSHIP TO CHILD __________
PHONE NUMBER __________________________________________

NAME __________________ RELATIONSHIP TO CHILD __________
PHONE NUMBER __________________________________________

NAME __________________ RELATIONSHIP TO CHILD __________
PHONE NUMBER __________________________________________

NAME __________________ RELATIONSHIP TO CHILD __________
PHONE NUMBER __________________________________________

Child WILL NOT be released to anyone other than the individuals named above. Changes must be made in WRITING by the legal guardian. Please ask the individual picking up your child to bring identification with a picture.
Request for Emergency and Health Information

School Name: Jesse Sherwood Elementary School

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 #

Confidential Information Box 1
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:
- Waiting foster care placement
- In a car/park/other public place
- Doubled-up
- In a hotel/motel
- In a shelter
- In transitional housing

School Note: If any box is checked, see the CPS Policy 702.5.

Confidential Information Box 2
Is there a current Order of Protection or No Contact Order which concerns this student? Yes No

School Note: If “Yes,” follow CPS Policy 704.4 procedures. Enter information in Legal Alert field and update contact information, as needed, in SIM.

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

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Relationship to Student</th>
<th>Parent/Guardian Contact</th>
<th>Parent/Guardian Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check all that apply:</td>
<td>Lives With</td>
<td>Mailing Address</td>
<td>Lives With</td>
</tr>
<tr>
<td>Emergency</td>
<td>Permission to Pickup</td>
<td>Emergency</td>
<td>Permission to Pickup</td>
</tr>
<tr>
<td>Home Address, if different from student’s</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone Number, if different from student’s</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell Phone Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and Address of Employer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Phone Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Communication Language</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Address</th>
<th>Telephone #</th>
<th>Relationship</th>
</tr>
</thead>
</table>

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)
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: Jesse Sherwood Elementary School  Room:  Unit:  Area:  
Student Name:  Student ID No.:  

**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 valore la fluidez de su niño en el idioma inglés.

**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一項的答案是“是”，則法律規定校方要測試貴子女的英語通順度。

**Polish**  
1. Czy językiem innym niż angielski mówi się w domu?  
   - Nie  
   - Tak  
   (język)  

2. Czy uczeń mówi innym językiem niż angielski?  
   - Nie  
   - Tak  
   (język)  

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

**Bosnian/Croatian/Serbian**  
1. Da li se u kući govori na stranim 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.

**Arabic**  
1. هل تتكلم في البيت لغة أخرى غير اللغة الإنجليزية؟  
   - لا  
   - نعم  
   (لغة)  

2. هل يتكلم طالبك لغة أخرى غير اللغة الإنجليزية؟  
   - لا  
   - نعم  
   (لغة)  

إذا كانت الإجابة نعم على أي من السؤالين فإن القانون يجعل المدرسة تقيم النمو للكفاءة في استخدام اللغة الإنجليزية.

**Urdu**  
1. اکیا کسی کے لیے دروس کو ہیں؟  
   - نیا  
   - ہے  
   (زبان)  

2. اپنے بچے کے لیے دروس کو ہیں؟  
   - نیا  
   - ہے  
   (زبان)  

**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. The exact language must be determined within two weeks after the enrollment. Assistance from Area Compliance Facilitators is available.  
- Questions or concerns, contact your Area Compliance Facilitator.
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 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.

As the child’s parent or legal guardian, I agree to release 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.

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 release by providing written notice to the principal. I also understand that this release 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.
Family Partnership Needs Assessment

Please check, sign and date one category below:

( ) Yes, I am interested in developing family goals as part of the Family Partnership Agreement.
I may need information or assistance with: (please check all that apply)

___ Basic Life Skills       ___ Housing       ___ Child Care       ___ Legal Assistance
___ Child Development      ___ Literacy      ___ Mental Health      ___ Education
___ Domestic Violence      ___ Employment      ___ Health/Nutrition      ___ Substance Abuse
___ Parent Involvement      ___ Other: ________________________________

My personal goal for this year is: (Example: GED; job training; employment)

__________________________________________________________

__________________________________________________________

Steps needed to reach this goal are: ________________________________

__________________________________________________________

I may need assistance to reach this goal: _____Yes _____No
If yes, please explain: _______________________________________

__________________________________________________________

( ) No, I am not interested in developing family goals, at this time. I understand that I may choose to develop family goals at anytime during my child’s enrollment.

The process of developing family goals as part of the Family Partnership Agreement has been explained to me.

__________________________________________________________
Parent Signature Date

__________________________________________________________
Staff Signature Date

__________________________________________________________
School Classroom Room
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: __________________________

Educate · Inspire · Transform

Revised: April 15, 2015
Medical Home

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

The CPS Children and Family Benefits Unit (CFBU) provides application assistance for CPS families that are eligible for benefit programs such as medical insurance (e.g., All Kids).

For more information, please call: 773-553-KIDS (5437)

For more information regarding health requirements contact your School Nurse.

Evidence shows that healthy students have better attendance and perform better in school 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, 2015, or they will face exclusion from school.

EXAMINATION REQUIREMENTS

Physical Examination requirements due upon enrollment, or by 10/15/15
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 10/15/15
- Entering the State of Illinois for the first time at any grade level.
- Entering kindergarten

Dental Examination requirements due 5/15/16 for PE, PK, kindergarten, 2nd and 6th grade.

IMMUNIZATION REQUIREMENTS

Diphtheria, Pertussis (Whooping Cough), Tetanus (DTaP & Tdap)
- 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
- 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 grade, 6th grade, 7th grade, 9th, and 10th 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, 2nd, 3rd, 4th, 5th, 8th, 11th, & 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.

**New:** Meningitis (MCV4)
- One (1) dose of the meningitis vaccine for 6th grade.
- Two (2) doses of the meningitis vaccine for 12th grade.
- If the 1st dose was given at age 16 or older; only one (1) dose will be required for 12th grade.
Students in Temporary Living Situations (STLS) Notice of Rights of Homeless Students

The Board of Education of the City of Chicago (Board) shall provide an educational environment that treats all students attending the Chicago Public Schools (CPS) with dignity and respect. Every student in a temporary living situation shall have equal access to the same free and appropriate educational opportunities as students who are permanently housed. This commitment to the educational rights of students in a temporary living situation, youth, and youth not living with a parent or guardian, applies to all services, programs, and activities provided or made available by the Board.

A student is considered to be in a temporary living situation if he or she lacks a fixed, regular, and adequate nighttime residence and includes children and youth who are:

- sharing the housing of other persons due to loss of housing, economic hardship, or similar reason;
- living in a motel/hotel, trailer park or camping ground, due to lack of alternative, adequate housing;
- living in emergency or transitional shelters;
- abandoned in hospitals;
- awaiting DCFS foster care placement
- living in cars, parks, public spaces, abandoned building, substandard housing, bus or train station, or similar setting; and
- migratory children living in one of the above settings.

All STLS Students Have Rights To:

- **Immediate school enrollment.** A school must immediately enroll students even if they lack health, immunization or school records, proof of guardianship, or proof of residence. “Enrollment” means enrolled into the school, attending classes and participating fully in school activities.

- **Enroll In:**
  - the school he/she attended when permanently housed or the school in which he/she was last enrolled (school of origin)
  - any school that permanently housed students living in the same attendance area in which the STLS student or youth is actually living are eligible to attend (attendance area school)

- **Remain enrolled in his/her selected school for as long as he/she remains in a temporary living situation or, if the student becomes permanently housed, until the end of the academic year.

- **Enroll in** preschool

- **Access** to charter schools, selective enrollment schools, magnet schools, and all other CPS programs in the same manner as students who are permanently housed and assistance with application process will be provided upon request

- **Participate** in tutoring services beyond those provided to all students; school-related activities; and/or receive other support services

- **Receive** free school meals, fee waivers, free uniforms, and low-cost or free medical referrals

- **Transportation services:** If parents/caregivers choose to continue their child’s education in the school of origin, CPS will provide transportation to and from the school of origin, and all school-related activities, for as long as the student is in a temporary living situation or, if the student becomes permanently housed, until the end of the academic year.
  - Eligible students receive CTA transportation cards and adult caregivers of eligible students in grades PK-6 receive CTA transportation cards to accompany the student to/from school. Eligible students in grades PK-6 whose caregiver is unable to accompany them on public transportation due to a hardship may apply for yellow school bus service by submitting documentation or affidavit of their inability to transport the student. Examples of a “hardship” situation are:
    - Parent/caregiver’s employment, job training, or education program
    - Parent’s/caregiver’s mental and/or physical disability
    - Children need to be transported to and from schools at different locations
    - Court order, DCFS, or DCFS contract agent requires activities that do not enable parent/guardian to transport children to and from school
    - Rules of shelter or similar facility will not permit parent/caregiver to leave to transport children to and from school
    - Other good cause why parent/caregiver cannot use public transportation to transport children to and from school

Students who temporarily reside outside of Chicago due to homelessness and attend their CPS school of origin receive transportation assistance as do students experiencing homelessness who live in the City of Chicago but attend a school of origin outside of CPS.

Dispute Resolution: When a school official denies a student in a temporary living situation enrollment or transportation to the school of origin, the parent or student may file a complaint with the CPS STLS Department. The STLS Department will attempt to resolve the dispute in a timely manner. The STLS Department will refer you to free and low-cost legal services to help you, if you wish. During the dispute, the student must be immediately enrolled in the school with participation in school activities and/or provided transportation to the school of origin until the dispute is resolved. Every Chicago Public School, including charter schools, has an STLS Liaison who will assist you in making enrollment decisions, provide notice of the dispute resolution process, if needed assist you in completing the dispute resolution forms and refer you to low-cost legal assistance.

If you have questions about enrollment in school, or want more information about the rights of STLS students in Chicago Public Schools, call the STLS program at (773) 553-2242, fax at (773)553-2182 or email at STLSInformation@cps.edu.
# PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Birth Date:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Street</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>City</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ZIP Code</td>
</tr>
<tr>
<td>Parent or Guardian:</td>
<td>Grade Level:</td>
<td>Address (of parent/guardian):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

To be completed by dentist:

**Oral Health Status** (check all that apply)

- **Yes**  **No** Dental Sealants Present
- **Yes**  **No** Caries Experience / Restoration History — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.
- **Yes**  **No** Untreated Caries — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- **Yes**  **No** Soft Tissue Pathology
- **Yes**  **No** Malocclusion

**Treatment Needs** (check all that apply)

- **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- **Restorative Care** — amalgams, composites, crowns, etc.
- **Preventive Care** — sealants, fluoride treatment, prophylaxis
- **Other** — periodontal, orthodontic

Please note ______________________________________________________

Signature of Dentist ___________________________ Date of Exam ___________

Address ___________________________ Telephone _______________________

Street City ZIP Code
**IMMUNIZATIONS:** To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given after the minimum interval or age. If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.

<table>
<thead>
<tr>
<th>Vaccine / Dose</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP or DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap; Td or Pediatric</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DT (Check specific type)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio (Check specific</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>type)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hib Haemophilus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>influenza type b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (HB)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (Chickenpox)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR Combined</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles Mumps, Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Antigen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccines</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conjugate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other/Specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis A, HPV,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.** If adding dates to the above immunization history section, put your initials by date(s) and sign here.  

**Signature**  
**Title**  
**Date**

**ALTERNATIVE PROOF OF IMMUNITY**

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)*

*MEASLES (Rubella) MO DA YR  MUMPS MO DA YR  VARICELLA MO DA YR  Physician’s Signature*

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below is verifying that the parent/guardian’s description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

<table>
<thead>
<tr>
<th>Date of Disease</th>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

3. Laboratory confirmation (check one)  

<table>
<thead>
<tr>
<th>Lab Results</th>
<th>Date</th>
<th>Mo</th>
<th>Da</th>
<th>Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Attach copy of lab result)

**VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN**

<table>
<thead>
<tr>
<th>Date</th>
<th>Age/ Grade</th>
<th>Vision</th>
<th>Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Code:**

P = Pass  
F = Fail  
U = Unable to test  
R = Referred  
G/C = Glasses/Contacts  

IL444-4737 (R-02-13)  
(COMPLETE BOTH SIDES)  
Printed by Authority of the State of Illinois
**ALLERGIES** (Food, drug, insect, other)  
- Diagnosis of asthma? Yes No  
- Child wakes during night coughing? Yes No  
- Birth defects? Yes No  
- Developmental delay? Yes No  
- Blood disorders? Hemophilia, Sickle Cell, Other? Explain. Yes No  
- Diabetes? Yes No  
- Head injury/Concussion/Passed out? Yes No  
- Seizures? What are they like? Yes No  
- Heart problem/Shortness of breath? Yes No  
- Heart murmur/High blood pressure? Yes No  
- Dizziness or chest pain with exercise? Yes No  
- Eye/Vision problems? Glasses No Contacts No Last exam by eye doctor No  
- Other concerns? (crossed/eyes, drooping lids, squinting, difficulty reading) No  
- Ear/Hearing problems? Yes No  
- Bone/ Joint problem/Injury/Scoliosis? Yes No  
- **MEDICATION** (List all prescribed or taken on a regular basis)  
- Loss of function of one of paired organs? (eye/ear/kidney/testicle) Yes No  
- Hospitalizations? When? What for? Yes No  
- Surgery? (List all) When? What for? Yes No  
- Serious injury or illness? Yes No  
- TB skin test positive (past/present)? Yes* No  
- TB disease (past or present)? Yes* No  
- Tobacco use (type, frequency)? Yes No  
- Alcohol/Drug use? Yes No  
- Family history of sudden death before age 50? (Cause)? Yes No  
- Dental No Braces No Bridge No Plate Other  
- Information may be shared with appropriate personnel for health and educational purposes.

**PHYSICAL EXAMINATION REQUIREMENTS**  
**Entire section below to be completed by MD/DO/APN/PA**

**HEAD CIRCUMFERENCE if < 2-3 years old**

**WEIGHT**

**BMI**

**B/P**

**DIABETES SCREENING (NOT REQUIRED FOR DAY CARE)**  
BMI-85% age/sex: Yes No And any two of the following: Family History Yes No

**Ethnic Minority** Yes No  
**Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes No

**LEAD RISK QUESTIONNAIRE** Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

**Questionnaire Administered?** Yes No **Blood Test Indicated?** Yes No **Blood Test Date**

**TB SKIN OR BLOOD TEST** Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines.

- **Skin Test:** Date Read / / Result: Positive No Negative / / mm
- **Blood Test:** Date Reported / / Result: Positive No Negative / / Value

**LAB TESTS (Recommended)**

- Hemoglobin or Hematocrit
- Urinalysis Developmental Screening Tools

**SYSTEM REVIEW**

- **Skin** Endocrine
- **Eyes** Amblyopia Yes No
- **Genito-Urinary** LMP
- **Nease** Neurological
- **Throat** Muscloskeletal
- **Mouth/Dental** Spinal Exim
- **Cardiovascular/HTN** Nutritional Status
- **Respiratory**
  - Diagnosis of Asthma
  - Other

**NEEDS/MODIFICATIONS** required in the school setting

**DIETARY Needs/Restrictions**

**SPECIAL INSTRUCTIONS/DEVICES** e.g. safety glasses, glass eye, chest protector for arhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

**MENTAL HEALTH/OTHER** Is there anything else the school should know about this student?

If you would like to discuss this student’s health with school or school health personnel, check title: Nurse Teacher Counselor Principal

**EMERGENCY ACTION** needed while at school due to child’s health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes No

If yes, please describe.

**ON THE BASIS OF THE EXAMINATION ON THIS DAY, I APPROVE THIS CHILD’S PARTICIPATION IN:**  
**PHYSICAL EDUCATION** Yes No Modified  
**INTERSCHOLASTIC SPORTS** Yes No Limited

**Print Name** (MD, DO, APN, PA) **Signature** **Date**

**Address** **Phone**

(Complete Both Sides)
VOLUNTEER APPLICATION

Dear Prospective Volunteer,

Thank you for your interest in becoming a CPS Volunteer. While we aim to make this process as straightforward as possible, we also recognize our high level of responsibility for the well-being of our students. As such, we require those who will work most closely with our students to complete background checks and TB tests. The attached form will provide the information we need and will enable us to contact you about volunteer opportunities.

Below is a checklist and description of the documents you must submit:

- **Volunteer Interest Form** – Please provide as much information as possible about your interests, preferences, and availability. Submit this form to the school or program where you would like to volunteer.

- **Valid government issued photo ID** – Driver’s License, State ID, Foreign Government issued ID

- The following additional documents may be required, depending on the level of student contact, and the amount of time spent volunteering:
  - **Certification of Freedom from Tuberculosis** – to be completed by a health care provider. *(if applicable, document will be provided later)*
  - **Volunteer Fingerprint Background Investigation Authorization & Release Form** - to be completed and submitted to an Accurate Biometrics site. *(if applicable, document will be provided later)*

If you are not arranging your volunteer service directly through a school or program, please submit the **Volunteer Interest Form** and a copy of your photo ID to Volunteer Programs to the Principal, Ms. Buzanis.

Thank you again for your interest in serving the students of Chicago Public Schools. We hope you will find this a satisfying and rewarding experience.
Volunteer Interest Form

Name: 

First Middle Last

Address:  City, State, Zip:

Phone: Day: Evening: Email: @

Are you currently an approved CPS Volunteer?  No  Yes

Are you currently a CPS Parent? No  Yes

Are you volunteering with an organization? No  Yes

Education Level:  High School/GED  Some College/College Graduate

Languages you speak other than English:

Assignment Preferences (if any):

Grade Level:  Elementary School  Middle School  High School

Neighborhood:  1.  2.

School:  1.  2.

Availability:

Regular School Year (Sept-June)  Program/Short-term Project

Summer School (July-Aug)  Other

Time:  (# hours/week _____)  Day(s)

Morning (____ to _____)  M  T  W  TH  F  S

Afternoon (____ to _____)  M  T  W  TH  F  S

I am interested in volunteering in:

Tutoring  Mentoring  Competition Judge

Fine Arts  Technology Support  Career Activity

Visual Arts  Sports  After School Programs

Classroom Support  Student Clubs  Fundraising

Cafeteria/Playground/Hallway  Administrative Support  Chaperone

Other:

References (individuals unrelated to you, who know you well; e.g. employer, pastor, teacher)

Name:  Phone: 

Name:  Phone: 

Name:  Phone: 

Candidate Signature:  Date: ____________
PARENT PORTAL PERMISSION SLIP

I ________________________________
(PARENT NAME)

give my child’s school: JESSE SHERWOOD ELEMENTARY permission to set up my Parent Portal Account, using my email or cell phone number to receive alerts regarding my SON/DAUGHTER academic status.

Child 1 ________________________________
Child 2 ________________________________
Child 3 ________________________________

Child 4 ________________________________
Child 5 ________________________________

Parent Email Address: ________________________________

Parent Cell Phone Number: ________________________________

User Name and Password will be text or emailed to you as soon as the account is set-up. Thank you so much.

__________________________________________
Parent Signature

__________________________________________
Date
JESSE SHERWOOD ELEMENTARY SCHOOL

IMPORTANT REMINDERS FOR THE 2016-2017 SCHOOL YEAR

BEGINNING SEPTEMBER 2016

NEW HOURS FOR ALL STUDENTS

9:00 A.M. TO 4:00 P.M.

NEW UNIFORMS FOR ALL STUDENTS

PURPLE TOPS

BLACK BOTTOMS

Gym Uniforms are highly suggested!

ORDER YOURS TODAY!

$8 shorts.....$12 sweat pants....$6.00 t-shirt
$26 per student for a t-shirt, shorts and sweat pants
$14 per student for t-shirt and shorts
$18 for sweat pants and t-shirt
$10 for Polo Shirts
$15 for uniform pants

or purchase a purple top and black sweat pants on your own.

Students must wear their gym uniforms on gym day please!

Have a great summer!

Alice Buzanis, Principal

Kimberly Easter, Asst. Principal
Jesse Sherwood Elementary
Spirit Wear Order Form

Student Name Room # ________________________________

Parent Phone Number: ________________________________

Parent Name: ______________________________________

Student Address: ____________________________________

PLEASE INDICATE SIZE, YOUTH OR ADULT BELOW.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>HOW MANY</th>
<th>YOUTH OR ADULT</th>
<th>SIZE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gym Mesh Shorts $8.00</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Polo $10</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Hoodie with Zipper $30</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Sweat Pants $12</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>T-Shirt $6.00</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Hoodie Pull Over $25</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>T-Shirt, Gym Mesh Shorts, Sweat Pants $26</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>T-Shirt, Mesh Shorts $14</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Sweat Pants, T-Shirt $18</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>Uniform Black Pants $15</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

CASH OR MONEYORDER - PAYABLE TO SHERWOOD SCHOOL
Uniform Colors – BLACK BOTTOMS – PURPLE TOPS
NEW HOURS
9 A.M. TO 4 P.M.