



Chicago Public Schools

School Enrollment Form

YCCS McKinley Lakeside Leadership Academy



Student Information Student's siblings' names if currently enrolled in CPS: _____ _____	<div style="display: flex; justify-content: space-between;"> * Student ID# Last Name First Name Middle Name Generation (Jr., etc) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Gender Birth date (mm/dd/yyyy) Registration Grade Level (when entering CPS) </div> <div style="background-color: #cccccc; padding: 5px; margin-top: 5px;"> School Use Only: * Prevent duplicate Student IDs. Search in SIM for an existing Student ID <u>before</u> creating a new one. </div>
Personal and Immigrant Information	<div style="display: flex; justify-content: space-between;"> Y / N Birth Certificate on File Birth Verification Type Birthplace Birth State Birth Country </div> <p>Complete if student was not born in the United States:</p> <p>Date first entered United States: _____ Date of first enrollment in United States: _____</p> <p>Years of education completed in the United States: _____</p> <p>Student has refugee status: <u>Y / N</u> Country of refugee: _____</p>
Student Address/Phone Physical (Home) Address Mailing Address <i>(if different than Home)</i>	<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> Street Number and Name Apt. City State Zip Code </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> Street Number and Name Apt. City State Zip Code </div> <p>Home Phone Number _____</p>
Demographic, Language, and Emergency Information	<p>Federal Ethnic and Race Categories: <i>(Enter information into SIM from the Race and Ethnicity Survey form)</i></p> <p>Home Language Survey: <i>(Enter information into SIM from the Home Language Survey form)</i></p> <p>Request for Emergency Information: <i>(Enter applicable information into SIM from the Request for Emergency Information form)</i></p>
Parent/Guardian Contact Information 1st Contact: Lives with (student) <input type="checkbox"/> Has custody of <input type="checkbox"/> Gets mailings for <input type="checkbox"/> Emergency <input type="checkbox"/> Has permission to pickup <input type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> Title Last Name First Name Middle Relationship to Student </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> *Home Number Cell Number Work Number Place of Employment </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> *Home Address City State Zip Code Email Address </div> <div style="background-color: #cccccc; padding: 5px; margin-top: 5px;"> * Parent/Guardian: Complete home number and home address if different from student's home phone number and address. Add extra contacts using the Request for Emergency Information form. </div>
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	<p>School Transferring From: _____ <i>(if not a Chicago Public, Charter or Contract School)</i> School Name (non-CPS) City and State</p> <p>Is the student receiving any type of Special Education services? <u>Y / N</u> <i>(Instructions to school: if yes, please notify the Case Manager.)</i></p> <p>Last Chicago Public, Charter, or Contract School Attended _____</p> <p>Student Enrolled by <i>(Print Name and Relationship)</i> _____</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Signature of Parent/Guardian Date of Enrollment </div> <div style="background-color: #cccccc; padding: 5px; margin-top: 5px;"> School Use Only: Enrollment Status Code <i>(insert a # from the left)</i> _____ Grade Level _____ Homeroom/Division # _____ </div>



McKinley Lakeside Leadership Academy

(A Youth Connection Charter School)

2920 South Wabash

Chicago, IL 60616

Phone: (312) 949-5010 Fax: (312) 949-5015

GENERAL INFORMATION FORM

Admission Date: _____ ☐ Update ☐ Re-Admission

Program: School Year 2020 - 2021 Location: MLLA

Name: _____ **DOB:** _____
Last First MI

ID# _____ Social Security # _____

Address _____
Street Address City, State Zip Code

Phone Number _____ Alternative Phone Number _____

E-Mail Address _____

Height _____ ft. _____ in. Weight _____ lbs. Gender ☐ Male ☐ Female

Eye Color _____ Hair Color _____

Identifying Marks _____

Place of Birth _____

City _____ State _____ Hospital Name _____

Diagnosis _____

Primary Language Spoken and Understood ☐ English ☐ Spanish

☐ Sign Language ☐ Other _____

Individual is able to self-travel ☐ Yes ☐ No If No, what is the client's main source of transportation to and from programming? ☐ Parent/Care Taker ☐ Walks

☐ School or Agency Bus ☐ Specialized Transportation (ParaTransit)

Carrier _____ Carrier ID# _____

☐ Public Transportation ☐ Other _____

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Race ☐ African American ☐ Caucasian ☐ Asian ☐ Hispanic

☐ American Indian ☐ Other _____

Financial Information (Individual's Information) *Check ALL that apply*

☐ SSDI ☐ SSI ☐ Medicaid ☐ TANF ☐ Private Income/Family Support

☐ Health Care Benefits ☐ Subsidized Housing ☐ Pension ☐ Disability

☐ Food Stamps ☐ Other _____

Health Insurance Numbers

Primary _____ Secondary _____
Medicaid _____ Medicare _____

Total Annual Income _____

Emergency Contacts

1.) Name _____	2.) Name _____
Relationship to Client _____	Relationship to Client _____
Address _____	Address _____
City/State _____	City/State _____
Zipcode _____	Zipcode _____
Phone Number _____	Phone Number _____
Alt. Ph. Num. _____	Alt. Ph. Num. _____

_____ Staff Signature	_____ Title	_____ Date
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GENERAL INTAKE FORM 2020 - 2021

Student Demographic Information

Student's name: _____

Student's current living arrangements: Living with a single parent _____
Living with parents _____
Living with a guardian _____
(Specify Relationship) _____

Mother's name _____ Father's name _____

Employer: _____ Employer: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Student's siblings:

Name	Birthdate	Grade	In School	Employed
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Others residing in household:

Name	Relationship to Student
------	-------------------------

_____	_____
_____	_____

Student Educational History

Most Recent Transfer:

Transfer from a Chicago Public High School _____

Transfer from another Youth Connection Charter School _____

Transfer from an Illinois Suburban High School District _____

Transfer from Out-of-state High School District _____

Previous High Schools Attended: _____

Transfer/Withdrawal/Release Issued: Date _____ Verification Received _____

Reason for prior closing:
(check all that apply)

- ☐ Poor Attendance
- ☐ Disciplinary Violation
- ☐ Gang Problem
- ☐ Low Credits
- ☐ Moved out of school residency
- ☐ Socio-Economic-Family Problem
- ☐ Pregnancy
- ☐ Other; Explain _____

Reason for present referral:
(check all that apply)

- ☐ Falling Below School Academic Achievement Levels
- ☐ Failed at least 20% of Academic courses
- ☐ Credit deficiencies toward high school completion
- ☐ Chronic truancy – poor attendance
- ☐ Returning from a break in attendance due to pregnancy
- ☐ Returning from a break in attendance due to incarceration
- ☐ Returning from a break in attendance due to financial hardship

What present personal circumstances brought you today to McKinley Lakeside Leadership Academy, Youth Connection Charter School?

Referred by a family member, relative or friend? Yes _____ No _____

Social Worker/Interviewer's Comments/Recommendations:
(Office use only)

Interviewer: _____ (Name and Title)
Applicant/Guardian Signature: _____ Date: _____



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Chicago, IL 60616

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CONSENT FOR BEHAVIOR PROGRAMS

Program/Site: McKinley Lakeside Leadership Academy **School Year** 2020 - 2021

Client's Name: _____ **DOB:** _____

I have received McKinley Lakeside's Policy and Discipline Procedures. I also give my permission for _____ to participate in a

Client's Name

behavioral/discipline program, which has been developed to manage the client's target behavior(s). These procedures are established in accordance with the facilities' policy and program standards.

The identified target behavior(s) is/are as follows:

Student will maintain a mandatory attendance rate of at least 85% of all scheduled school days. Tardies, daily early releases and cutting classes are calculated towards absences as outlined in the McKinley Lakeside Leadership Parent and Student Handbook. Failure to meet the minimum attendance requirements may result in removal of the student from the school's enrollment.

Student will comply with the rules, regulations and expectations of the Chicago Public School Discipline Code, Youth Connection Charter Schools and the McKinley Lakeside Leadership Academy Student Handbook. Violations will result in progressive disciplinary action and consequences that must be satisfactorily served. Failure to meet behavior expectations may result in removal of the student from the school's enrollment.

Signature of Client

Date

Authorized Signature

Date



Race and Ethnicity Survey
McKinley Lakeside Leadership Academy



Student Name:	Student ID:
Birth Date:	School: McKinley Lakeside Leadership Academy
Gender: M F	

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: McKinley Lakeside Leadership Academy

ch l e rk

Student Name: _____ Student I #: _____

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؟
() نعم () لا () اللغة _____

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

(različito od engleskog)?

[] NE [] DA (jezik) _____

2. Da li učenik govori neki strani jezik (različito 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؟

ہاں

()

نہیں

()

زبان

2. کیا طالب علم گھر پر انگریزی کے علاوہ کوئی اور زبان بولتا ہے؟

ہاں

()

نہیں

()

زبان

اگر ہاں یا ہاں میں سے ہر حال کا جواب ہاں میں ہے تو ان کے فارم کے مطابق کوئی اور زبان بولنے کے بارے میں جاننا ضروری ہے۔
اس کے نتیجے میں جاننا ضروری 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 and click on Home Language Survey in Additional Languages.

Request for Emergency and Health Information

School Name: McKinley Lakeside Leadership Academy

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:

- ☐ 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.

	Parent/Guardian Contact	Parent/Guardian Contact
Contact Name		
Relationship to Student		
Check all that apply:	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency	<input type="checkbox"/> Gets Mailings <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		
<p>* 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).</p>		

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 _____

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 _____ (Parent/Guardian Signature) _____ (Date) _____

Student Medical Information 2020 - 2021

This form must be updated and returned to school each school year.

Please let your school know about your child's health and health care. This is a good way to keep your child safe. The information is **CONFIDENTIAL** and will be shared only with CPS staff who need to know (Nurse, Principal, Designee, or Clerk).

Student Name _____ Date of Birth _____ Student ID Number _____

McKinley Lakeside Leadership Academy
School _____ Grade _____

1. Please indicate your child's health status below

☐ My child has no known health conditions

My Child has a known condition(s). Please check all that apply:

- ☐ Allergies (food or other) – please specify: _____
- ☐ Asthma _____ Year Diagnosed _____
- ☐ Diabetes – please circle one: Type 1 Type 2 Year Diagnosed _____
- ☐ Seizures/Epilepsy _____ Year Diagnosed _____
- ☐ Sickle Cell Disease _____ Year Diagnosed _____
- ☐ Other: _____ Year Diagnosed _____

2. My child has a primary doctor. YES NO

If yes, please provide the healthcare provider's name and phone number:

Name: _____ Phone number: _____

☐ I give permission for my child's school nurse or designee to talk to the doctor about my child's health.

3. My child is covered by health insurance. YES NO

If your child needs health insurance call Healthy CPS 773-553-KIDS (5437)

This Form is **NOT** the same as a "Plan of Care" (detailed medical care instructions to keep your child safe). If your child has a health condition that may require action at school, please provide school with documentation from your physician and schedule an appointment with your school nurse. Complete a "Medical Plan of Care Form" at: www.cps.edu/oshw (or get it from the school nurse), and return it to school. **If your child has a health condition, please schedule an appointment with the school nurse.**

Parent Name: _____ Date: _____

Parent Signature: _____

Phone Number: _____ Email: _____

PLEASE RETURN THE FORM TO THE SCHOOL NURSE

**IF THE STUDENT HAS A HEALTH CONDITION PARENTS MUST
SCHEDULE A MEETING WITH THE SCHOOL NURSE**

Nurses Use Only
Reviewed by:
Date and Initial



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 consent by providing written notice to the principal. I also understand that my consent to have my child photographed, digitally recorded, video taped, audio taped and/or interviewed by the Board or the news media when school is in session or when my child is under the supervision of the Board 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 #

McKinley Lakeside Leadership Academy

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.



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, 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*****

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, texts or e-mails, 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 unless or until you revoke your consent. Please return this completed form to your school no later than **December 1, 2020**. Standard messaging rates and data charges 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

McKinley Lakeside Leadership Academy
School

Phone Number 1 for Messages: (____) ____ - ____

Phone Number 2 for Messages: (____) ____ - ____

E-mail Address: _____



CPS FAMILY INCOME INFORMATION FORM 2020 - 2021

School Name (Nombre de Escuela):

McKinley Lakeside Leadership Academy

Parents - Please return form to school by September 30, 2019.

Schools - Please enter into ODA by October 18, 2019

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 entréguelo 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 Last (Apellido) First (Nombre) MI (Inicial)	Date of Birth (Fecha de Nacimiento)
<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 2: DHS Case number of any member of your household (go to step 6) (N° de caso de DHS de cualquier integrante de su hogar (pase al n°6))

DHS Case Number (Numero de 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)

☐ Homeless ☐ Migrant ☐ Runaway

☐ Head Start

Homeless, Migrant, Runaway or Head Start Liaison Signature

Date (Fecha)

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 (Inicial) Last (Apellido)	Gross Income (before deductions) (Ingresos Brutos)	Frequency					Other Income (Todos Otros Ingresos)	Frequency				
		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually
	\$						\$					
	\$						\$					
	\$						\$					
	\$						\$					
	\$						\$					

Part 5 - Opt In of information about other benefits. (Otros Beneficios)

☐ YES! I am interested in applying for a waiver of instructional fees. SI! Me interesa aplicar por la exoneración del pago de enseñanza.

☐ YES! I am interested in applying for the Supplemental Nutrition Assistance Program (SNAP) and/or health insurance. SI! Me interesa aplicar para el Programa de Asistencia de Nutrición Suplementaria (SNAP) y/o la tarjeta médica. If you have questions about these programs, please call 773-553-KIDS (5437). Si tiene preguntas sobre estos programas, llame al 773-553-KIDS (5437).

Signature (Firma):

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 puedan 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)

Parent / Guardian Last Name (Apellido del adulto del hogar)

Address (Dirección postal o de domicilio)

Zip Code (Código Postal)

Date (Fecha)

SCHOOL USE ONLY Initial Determination:

☐ ELIGIBLE (FREE OR REDUCED)

☐ INELIGIBLE (DENIED, N/A OR ?)

Part 7- Children's Racial and Ethnic Identities (Optional)Mark one ethnic identity: ☐ Hispanic / Latino ☐ Not Hispanic / LatinoMark one or more racial identities: ☐ Asian ☐ White ☐ Black / African American ☐ American Indian / Alaska Native ☐ Native Hawaiian / Other Pacific Islander**INSTRUCTIONS FOR COMPLETING FAMILY INCOME INFORMATION FORM****IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP/TANF, FOLLOW THESE**

INSTRUCTIONS: **Part 1:** List all of the household members and date of birth (for students). (Attach another application if necessary.) **Part 2:** List the case number of any household member that corresponds with their name in Part 1. Do not use your Medicare card number. **Skip to Part 5:** If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign. **Part 6:** Sign the Form. **Part 7:** Check the appropriate box to indicate your racial and ethnic identities.

IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT, RUNAWAY, OR HEAD START

CHILD, FOLLOW THESE INSTRUCTIONS: **Part 1:** List all of the household members and date of birth (for students). **Skip to Part 3:** Check the appropriate box; obtain date and signature of Homeless, Migrant, or Runaway Liaison/Coordinator. **Skip to Part 5:** If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign. **Part 7:** Check the appropriate box to indicate your racial and ethnic identities.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: If all children in the household are foster children: **Part 1:** List Students name, date of birth and check the box for "Foster Child" to the left of your foster child's name. **Skip to Part 5:** If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign. **Part 6:** Sign the Form.

If some children in the household are foster children: **Part 1:** List Students name, date of birth and check the box for "Foster Child" to the left of your foster child's name. **Skip to Part 4:** Follow the instructions under ALL OTHER HOUSEHOLDS INSTRUCTIONS (Part 4) below. **Part 5:** If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign. **Part 6:** Sign the Form. **Part 7:** Check the appropriate box to indicate your racial and ethnic identities.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: **Part 1:** List all of the household members and date of birth (for students). **Skip to Part 4:** Follow these instructions to report total household income:

Column 1 - Name: List the first and last name of each person in your household who receives income, related or not (such as grandparents, other relatives, or friends. Attach another sheet of paper if necessary.). **Columns 2 & 3 Gross Income Amounts and Frequency:** The Gross Income is the amount earned before taxes and other deductions. It should be noted on pay stubs. This is not the same as take-home pay. List the amount each person receives from these sources. Round to the nearest dollar. All other sources of income should also be noted on this application. Next to each amount fill in the circle that indicates how often the person receives their stated income (weekly, every other week, twice a month, monthly, or annually). If you do not wish to disclose your income, please note "decline to answer" in this section. Be aware that if you are low-income, failure to share household income information could reduce the funds your school may otherwise receive. **Part 5:** If you are interested in sharing application information with Medicaid or SNAP agencies, check the box and sign. **Part 6:** Sign the Form. **Part 7:** Check the appropriate box to indicate your racial and ethnic identities.

INSTRUCCIONES PARA LLENAR LA SOLICITUD**SI SU HOGAR RECIBE BENEFICIOS DE SNAP/TANF, SIGA ESTAS INSTRUCCIONES: Sección 1:**

Escriba el nombre de cada persona en su hogar y fecha de nacimiento (de alumnos). (Adjunte otra solicitud, si es necesario.) **Sección 2:** Escriba el número de caso correspondiente a cada persona que recibe SNAP/TANF. No escriba el número de la tarjeta médica. **Avance a Sección 5:** Si le interesa compartir la información en esta solicitud con agencias de All Kids (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadrado y firme. **Sección 6:** Un miembro adulto del hogar debe firmar la solicitud. **Sección 7:** Marque los cuadrillos que corresponda a su identidad racial y étnica.

SI USTED ESTÁ APLICANDO DE PARTE DE UN NIÑO(A) SIN HOGAR, EMIGRANTE, FUGITIVO(A) o NIÑO EN EL PROGRAMA HEAD START, SIGA ESTAS INSTRUCCIONES: Sección 1: Escriba el nombre de cada persona en su hogar y fecha de nacimiento (de alumnos). **Avance a Sección 3:** Marque el cuadrado que corresponda y obtenga la fecha y firma del coordinador escolar de alumnos sin hogar, emigrantes o fugitivos. **Avance a Sección 5:** Si le interesa compartir la información en esta solicitud con agencias de All Kids (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadrado y firme. **Sección 7:** Marque los cuadrillos que corresponda a su identidad racial y étnica.

SI USTED ESTA APLICANDO DE PARTE DE UN HIJO DE CRIANZA, SIGA LAS SIGUIENTES

INSTRUCCIONES: Si todos los niños en el hogar son hijos de crianza: Sección 1: Escriba el nombre, fecha de nacimiento y marque el cuadrado "Hijo de Crianza" al lado del nombre de su(s) hijo/a(s) de crianza. **Avance a Sección 5:** Si le interesa compartir la información en esta solicitud con agencias de All Kids (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadrado y firme. **Sección 6:** Un miembro adulto del hogar debe firmar la solicitud. **Si algunos, pero no todos, los niños en el hogar son hijos de crianza: Sección 1** Escriba el nombre, fecha de nacimiento y marque el cuadrado "Hijo de Crianza" al lado del nombre de su(s) hijo/a(s) de crianza. **Avance a Sección 4: Sigla las instrucciones bajo TODOS LOS DEMÁS HOGARES (Sección 4) más abajo. Avance a Sección 5:** Si le interesa compartir la información en esta solicitud con agencias de All Kids (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadrado y firme. **Sección 6:** Un miembro adulto del hogar debe firmar la solicitud. **Sección 7:** Marque los cuadrillos que corresponda a su identidad racial y étnica.

TODOS LOS DEMÁS HOGARES, SIGAN ÉSTAS: Sección 1: Escriba el nombre de cada persona en su hogar y fecha de nacimiento (de alumnos). (Adjunte otra solicitud, si es necesario.). **Avance a Sección 4:** Siga estas instrucciones para reportar el ingreso total de su hogar:

Columna 1 Nombre: Escriba nombre y apellido de cada persona que vive en su hogar que recibe ingresos, sea pariente o no (tales como abuelos, otros parientes o amigos. Si es necesario, puede adjuntar una hoja adicional.). **Columnas 2 & 3 Ingreso Bruto y cada cuánto es recibido:** El Ingreso Bruto es la cantidad ganada antes de restar impuestos y otras deducciones. Esa suma se encuentra generalmente en el talón del cheque de pago. No es lo mismo que el dinero que se lleva a la casa. Escriba la cantidad que cada persona recibe de estas fuentes de ingreso. No incluyan los centavos. **Todas** las fuentes de ingreso deben ser anotadas en esta solicitud. Al lado de la cantidad, marque el cuadrado que indica la frecuencia con que la persona recibe el ingreso (semanalmente, cada dos semanas, dos veces por mes, mensualmente o anualmente). **Avance a Sección 5:** Si le interesa compartir la información en esta solicitud con agencias de Medicaid (de seguro médico) o de SNAP (anteriormente llamado Cupones para Alimentos), marque el cuadrado y firme. **Sección 6:** Un miembro adulto del hogar debe firmar la solicitud. **Sección 7:** Marque los cuadrillos que corresponda a su identidad racial y étnica.



MCKINLEY LAKESIDE LEADERSHIP ACADEMY Parental/Guardian Consent Form and Liability Waiver

Participant/Child's Name: _____ Birth Date _____

Participant/Guardian's Name: _____

Home Address _____

Home Phone _____ Work Phone _____

Email _____

The following events have been identified as trip activities for **2020 – 21** school year that your student may be invited to attend. As parent and/or legal guardian, your signature on this form indicates that you give your permission for your student to participate in these activities, if selected. Exact dates and times for activities will be provided.

Field Trips

- ☐ The Shedd Aquarium
- ☐ Brookfield Zoo
- ☐ Universoul Circus
- ☐ The Museum of Science & Industry
- ☐ The Field Museum
- ☐ The Shakespeare Theatre
- ☐ Iron Oaks
- ☐ Feed My Starving Children
- ☐ Catholic Charities
- ☐ St. James Food Bank
- ☐ Chicago History Museum
- ☐ The Logan Center
- ☐ Chicago Water Reclamation District
- ☐ Chicago Architectural Association
- ☐ The Marcus Theatre
- ☐ Fishing (Location to t/b/a)
- ☐ Medicare Van
- ☐ Dental Services
- ☐ Princeton Eye Clinic
- ☐ Marcus Theater
- ☐ Auditorium Theater
- ☐ Great America
- ☐ Gizmos
- ☐ Mystery Field Trip
- ☐ Basketball Games & Practices
- ☐ Staff vs. Student Basketball Game
- ☐ Bowling
- ☐ Flag Football Games
- ☐ Others

- _____
- _____
- _____

College Tours & Vocational Trainings

- ☐ Joliet Junior College
- ☐ Northern Illinois University (NIU)
- ☐ Lincoln College
- ☐ Harold Washington College
- ☐ Kishwaukee College
- ☐ Chicago State University
- ☐ Governor's State University
- ☐ Prairie State University
- ☐ Columbia College
- ☐ Malcolm X College
- ☐ National Lewis University
- ☐ Southern Illinois University (SIU)
- ☐ HVAC Training
- ☐ Youth Connection Charter School
- ☐ Washington DC Close Up Tour
- ☐ HBCU Tour (MS, TN, MO, AL)
- ☐ Tour to Detroit & Niagara Falls, Canada
- ☐ Others

- _____
- _____
- _____
- _____
- _____
- _____

Parent/Guardian's Signature

Student Handbook Receipt
McKinley Lakeside Leadership Academy



Student Agreement

I _____ acknowledge receipt of the Student Handbook.
(Student's Printed Name)

I understand that it is my responsibility to read and adhere to the rules, regulations, and responsibilities outlined in the manual. Furthermore, I agree to practice and learn the McKinley Lakeside Creed (printed below) and motto, "Solutions, not Excuses."

Student Signature: _____ Date: _____

Discipline Policy Receipt
McKinley Lakeside Leadership Academy

Student Agreement

I _____ acknowledge receipt of the Student Discipline
(Student's Printed Name)

Policy. I understand that it is my responsibility to read and adhere to the rules, regulations, and responsibilities outlined in the manual. Furthermore, I understand that acts of misconduct and/or inappropriate behavior will result in interventions and consequences as stated in the Discipline Policy.

Student Signature: _____ Date: _____

Parent/Guardian Agreement

I am the parent/guardian of the above-named student. I have received and am responsible for reading both policies. I understand that by signing this document that I agree to support and promote the rules, regulations and responsibilities outlined in each. I also agree to make every effort to work with the school in resolving all disciplinary matters.

Parent Signature: _____ Date: _____



Parent Responsibilities

As a parent, I will support my children's learning in the following ways:

- Monitoring attendance.
- Ensuring that homework is completed.
- Monitoring amount of television children-watch.
- Volunteering in child's classroom.
- Participating, as appropriate, in decisions relating to my child's education.
- Promoting positive use of my child's extracurricular time.
- Staying informed about my child's education and communicating with the school by promptly reading all notices from the school or the school district either received by my child or by mail and responding as appropriate.
- Serving, to the extent possible, on policy advisory groups, such as being the Title I, Part A parent representative on the school's School Improvement Team, the Title I Policy Advisory Committee, the District-wide Policy Advisory Council, the State's Committee of Practitioners, the School Support Team or other school advisory or policy groups.

Student Responsibilities

As a student, I will share the responsibility to improve my academic achievement and achieve the state's high standards. Specifically, I will:

- Maintain an attendance rate of 85%
- Complete all classwork.
- Actively participate in learning, classroom discussion, projects, etc.
- Do my homework every day and ask for help when I need it.
- Read at least 30 minutes every day outside of school time.
- Give my parents or the adult who is responsible for my welfare, all notices and information received by me from my school every day.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____