

DIRECTIONS—PLEASE READ FIRST. If you have questions, please call Ms. Porter directly: 773.265.7232

- 1. Fill out this form completely for each of your students (only 1 form/student)
2. When complete, "save as" and name your file with your student's name; save it to your desktop or documents folder
3. Send your completed form directly to Ms. Porter jporter@alainlocke.org as an attachment (it's ok to include multiple forms with your email).

The school must have on file information that can be used to contact you. If there is a change during the school year, please notify the school in writing, immediately.

Student's Last Name Student's First Name
Grade Room

CONFIDENTIAL INFORMATION BOX 1

Complete this box only if (1) reflects your child's current living situation or (2) your living situation if you are a youth not living with a parent or guardian.

Check if you are living:

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

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

Student's Address Apt. number

City, State, ZIP Code Student's Home Phone

Mother's Name Mother's Work Phone

Cellphone E-mail

Father's Name Father's Work Phone

Cellphone E-mail

ADDITIONAL CONTACT (GRANDPARENT/AUNT/UNCLE/OTHER)

CONFIDENTIAL INFORMATION BOX 2

Is there a current Order of Protection or No contact order which concerns this student? checkbox Yes checkbox No
School Principal: If Yes follow the School Board Policy 704.4

PLEASE LIST AT LEAST THREE (3) INDIVIDUALS WHO CAN PICK UP THIS STUDENT FROM SCHOOL

Name Phone number Family Relationship

Name Phone number Family Relationship

Name Phone number Family Relationship

IF THERE IS/ARE PERSONS WHO MAY NOT HAVE ACCESS TO THE STUDENT, PLEASE INDICATE HERE:

Name Name

SIBLING INFORMATION

Does the student have any siblings attending ALCS?

Name Name

PLEASE GIVE THE NAME OF A RELATIVE OR NEIGHBOR WHO COULD BE NOTIFIED IN CASE OF ILLNESS OR ACCIDENT:

Name Address

Phone number Relationship to Family

IF WE CANNOT REACH YOU AND FEEL THAT YOUR FAMILY DOCTOR IS NEEDED, PLEASE SUPPLY THIS INFORMATION

Family Doctor Address

Telephone

I authorize you to call my doctor, if necessary

Parent/Guardian Signature

Signature box