



Office of Language and Cultural Education

ENGLISH LEARNER SUMMER SCHOOL REGISTRATION FORM

_____ School

Select a Program	<input type="checkbox"/> EL Summer Support	<input type="checkbox"/> EL HS Credit Attainment	<input type="checkbox"/> Refugee/Newcomer Summer Support (Elementary)	<input type="checkbox"/> Refugee/Newcomer Summer Support (High School)
<p>Check the box beside the Host School you would like the student to attend</p> <p><i>You may select any school listed below the program you have chosen</i></p>	<input type="checkbox"/> Barry (2828 N Kilbourn) <input type="checkbox"/> Cameron (1234 N Monticello) <input type="checkbox"/> Camras (3000 N Mango) <input type="checkbox"/> Corkery (2510 S Kildare) <input type="checkbox"/> Eberhart (3400 W 65 th Pl) <input type="checkbox"/> Healy (2010 S Parnell) <input type="checkbox"/> Marsh (9822 S Exchange) <input type="checkbox"/> McCutcheon (4865 N Sheridan) <input type="checkbox"/> Peterson (5510 N Christiana) <input type="checkbox"/> Sawyer (5824 S Sawyer) <input type="checkbox"/> Seward (4600 S Hermitage) <input type="checkbox"/> Tarkington (3330 W 71 st St) <input type="checkbox"/> Telpochcalli (2832 W 24 th Blvd) <input type="checkbox"/> Thorp, J. (8914 S Buffalo) <input type="checkbox"/> Twain (5134 S Lotus)	<input type="checkbox"/> Kelly HS (4136 S California) <input type="checkbox"/> Kelvyn Park HS (4343 W Wrightwood) <input type="checkbox"/> Mather HS (5835 N Lincoln) <input type="checkbox"/> North Grand HS (4338 W Wabansia) <input type="checkbox"/> Solorio HS (5400 S St Louis) <input type="checkbox"/> Sullivan HS (6631 N Bosworth)	<input type="checkbox"/> Healy (2010 S Parnell) <input type="checkbox"/> McCutcheon (4865 N Sheridan)	<input type="checkbox"/> Kelly HS (4136 S California) <input type="checkbox"/> Mather HS (5835 N Lincoln) <input type="checkbox"/> Sullivan HS (6631 N Bosworth)

Last Name	First Name	M.I.	Age	Gender	Grade your child just completed	Date of Birth	Student ID
Address			Apt. #	Zip Code	Home Phone	Cell Phone/Other phone	
Does your child receive Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Elementary students only: Please list with whom we are allowed to release your child					
FATHER's last name	First Name	M.I.	Lives with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Father's Home Address (if different)		
Name of Father's Employer		Work Phone			Cell Phone/Other phone		
MOTHER's last name	First Name	M.I.	Lives with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother's Home Address (if different)		
Name of Mother's Employer		Work Phone			Cell Phone/Other phone		
Name of person with whom student lives (if other than above)		Relationship			This Person's Home Address		
Name of This Person's Employer		Work Phone			Cell Phone/Other phone		



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ENGLISH LEARNER SUMMER SCHOOL EMERGENCY INFORMATION

My child has the following health problems (for example: allergy, asthma, kidneys, seizures, heart, etc.):

In case of illness or accident, if YOU CANNOT REACH ME, the school is authorized to proceed as indicated below:

1. Notify: _____ Phone: _____ Alternate Phone: _____

2. Notify: _____ Phone: _____ Alternate Phone: _____

IF UNABLE TO REACH ANYONE, PLEASE CONTACT MY PRIMARY DOCTOR AND FOLLOW HIS/HER RECOMMENDATIONS.

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital Preference: _____

Language Spoken at home: _____

I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR ANY EMERGENCY TRANSPORTATION AND CARE.

Signature: _____ Date: _____