



OPTIONS FOR KNOWLEDGE STANDARD HIGH SCHOOL APPLICATION HIGH SCHOOLS ONLY - INCOMING FRESHMEN ONLY



2012-2013 SCHOOL YEAR - **Deadline Friday, December 16, 2011**

MAIL THE COMPLETED APPLICATION(S) TO THE HIGH SCHOOL(S) TO WHICH YOU ARE APPLYING.

Use one application per school, per student. Applications must be postmarked by December 16, 2011. There is no limit to the number of schools to which you can apply. You may photocopy this form as needed. Please type or print clearly. Applications CANNOT be submitted via email or fax.

Student's Last Name <input style="width:100%; height: 20px;" type="text"/>	Student's First Name <input style="width:100%; height: 20px;" type="text"/>			
CPS Student ID (If non-CPS, LEAVE BLANK) <input style="width:100%; height: 20px;" type="text"/>	Birth Date (MM/DD/YYYY) <input style="width:20%; height: 20px;" type="text"/> / <input style="width:20%; height: 20px;" type="text"/> / <input style="width:40%; height: 20px;" type="text"/>			
Current School <input style="width:100%; height: 20px;" type="text"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;"> Is your child a multiple? (twin, triplet, etc.) <input type="radio"/> Yes <input type="radio"/> No </td> <td style="width:33%; padding: 2px;"> Has your child ever been a CPS student? <input type="radio"/> Yes <input type="radio"/> No </td> <td style="width:33%; padding: 2px;"> Gender: <input type="radio"/> Male <input type="radio"/> Female </td> </tr> </table>	Is your child a multiple? (twin, triplet, etc.) <input type="radio"/> Yes <input type="radio"/> No	Has your child ever been a CPS student? <input type="radio"/> Yes <input type="radio"/> No	Gender: <input type="radio"/> Male <input type="radio"/> Female
Is your child a multiple? (twin, triplet, etc.) <input type="radio"/> Yes <input type="radio"/> No	Has your child ever been a CPS student? <input type="radio"/> Yes <input type="radio"/> No	Gender: <input type="radio"/> Male <input type="radio"/> Female		

Please indicate whether or not your child is Hispanic/Latino and your child's race. For informational use only.

Is your child Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No	Race (choose one or more) <input type="radio"/> White <input type="radio"/> Black/African-American <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/other Pacific Islander
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Parent/Guardian Last Name <input style="width:100%; height: 20px;" type="text"/>	Parent/Guardian First Name <input style="width:100%; height: 20px;" type="text"/>			
Address <input style="width:100%; height: 20px;" type="text"/>	Direction <input style="width:20%; height: 20px;" type="text"/>	Street Name <input style="width:100%; height: 20px;" type="text"/>	Street Type <input style="width:20%; height: 20px;" type="text"/>	Apt # <input style="width:20%; height: 20px;" type="text"/>
City <input style="width:100%; height: 20px;" type="text"/>	State <input style="width:20%; height: 20px;" type="text"/>	Zip Code <input style="width:40%; height: 20px;" type="text"/>		

Parent/Guardian Email Address CAPITAL letters only. Write number **1**, letter **I**, letter **L**, letter **O** and number **0**.

<input style="width:100%; height: 20px;" type="text"/>	@	<input style="width:100%; height: 20px;" type="text"/>
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Work/Cell Phone <input style="width:10%; height: 20px;" type="text"/> - <input style="width:10%; height: 20px;" type="text"/> - <input style="width:30%; height: 20px;" type="text"/>	Home Phone <input style="width:10%; height: 20px;" type="text"/> - <input style="width:10%; height: 20px;" type="text"/> - <input style="width:30%; height: 20px;" type="text"/>
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School applying to:

Program applying to (if applicable):

Sibling Preference
(Check here only if student has at least one sibling who is currently enrolled in this school and will remain enrolled for the 2012-2013 school year.)
Name of a brother or sister currently enrolled at this school:

Sibling Last Name <input style="width:100%; height: 20px;" type="text"/>	Sibling First Name <input style="width:100%; height: 20px;" type="text"/>	Sibling Student ID # <input style="width:100%; height: 20px;" type="text"/>
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I affirm that the information provided on this form is true and correct. I understand that it is my responsibility to make sure my address is updated with my current school. If applicable, I affirm that the applicant is a sibling of a student who is currently enrolled and will be attending the school next year. I understand that this application does not guarantee acceptance to any high school. I understand that my child may be subject to immediate removal from the high school if admission was gained based on a falsified application.

REQUIRED
Signature of Parent/Guardian