



**Asian Human Services
Passages Charter School
Managed by American Quality Schools
1643 W. Bryn Mawr Avenue, Chicago, IL 60660, 773.433.3530**

Mrs. Nicole Feinberg, Director
Mrs. Sue Ziegler, Team Leader
Mrs. Michelle Washington, Case Manager

Mr. Robert Flick, Dean of Students
Mrs. Jori Broidy, Team Leader

Student Enrollment Application: 2011-2012 School Year

STUDENT INFORMATION

Student's Last Name _____ First Name _____ M _____

Student's Address: _____

Student's Telephone: _____

Grade applying to: **PK*** **K**** 1 2 3 4 5 6 7 8

**Student must be 4 years old by September 1, 2011 to be considered for Pre-Kindergarten (Born on or by/before September 1, 2007)*

**Pre-Kindergarten program is a full-day program*

***Student must be 5 years old by September 1, 2011 to be considered for Kindergarten (Born on or by/before September 1, 2006)*

Student's Gender: **Male** **Female**

Student's Birth Date: mm/dd/yyyy _____ Student's Age as of Sept. 1, 2011: _____

Student's Birthplace: City: _____ State/Country: _____

Racial/Ethnic Identification: 1 White/Non Hispanic Country: _____
(Circle number and indicate country) 2 Black/Non Hispanic Country: _____
3 American Indian/Alaskan Native
4 Asian/Pacific Islander Country: _____
5 Hispanic Country: _____
0 Other Specific: _____

PREVIOUS EDUCATIONAL EXPERIENCES

**Note—this information is not used as a means of selection and will not affect a student's chances for admission*

Last school attended: _____
Address: _____
Phone: _____

Type of school: 1 No Prior School 5 Illinois Private (not Chicago)
(Circle number/type) 2 Chicago Public 6 US Public (not Illinois)
 3 Chicago Private 7 US Private (not Illinois)
 4 Illinois Public (not Chicago) 8 Outside of US

PARENT INFORMATION

Mother's Name: _____ Mother's Birthplace: _____
If different from student's:
Mother's Home Address: _____
Mother's phone numbers: _____

Father's Name: _____ Father's Birthplace: _____
If different from student's:
Father's Home Address: _____
Father's phone numbers: _____

Name of student's Legal Guardian: _____
Guardian's relationship to student: _____
If different from student's:
Guardian's Home Address: _____
Guardian's phone numbers: _____

SIBLING INFORMATION

Siblings who are current students: _____
(Names and Grade) _____

Siblings applying for enrollment: _____
(Names and Grade) _____

Parent/Guardian's Name: _____ **Relationship:** _____

Parent/Guardian's Signature: _____ **Date:** _____

THANK YOU FOR APPLYING TO PASSAGES CHARTER SCHOOL!

To be filled out by School Personnel:

Date Application Received: _____ Initials: _____



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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: _____ 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 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 اخرى غير اللغة الانجليزية ؟
لا () نعم () اللغة _____

2 - هل يتكلم طفليكم لغة اخرى غير اللغة الانجليزية ؟
لا () نعم () 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 (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

Urdu

کیا گھر پر انگریزی کے علاوہ کوئی اور زبان بولی جاتی ہے؟

نہیں () ہاں ()

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

نہیں () ہاں ()

اگر ہاں میں سے ہر سوال کا جواب ہاں میں ہے تو ان کے نام کے مطابق کول کیے کے لیے پانچ منٹ کے اندر اس کا ادارہ کے کانٹریکٹرز سے رابطہ کریں۔

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. 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.