NEW STUDENT APPLICATION ELEMENTARY SCHOOL YEAR 2016-2017



Important Please Read:

- o If applying for Kindergarten your child must be 5 years old by September 1, 2016. Students Birth Certificate Required.
- o Completed Applications must be received by <u>5 PM on Friday</u>, <u>December 11</u>, <u>2015</u>.
- Applications received after December 11, 2015 will be placed on the waitlist.
- o Lottery will be held Wednesday, December 16, 2015 at 5 PM at CICS Jackson: 315 Summit St
- o Only Rockford Dist. 205 residents may apply. Proof of residency required.

Send completed application to:

CICS Jackson 315 Summit St. Rockford, IL 61107 Phone 815.316.0093 Fax 312.651.5001

apply@chicagointl.org www.chicagointl.org
Call 15 minutes after faxing for verbal confirmation

How did you hear about CICS Jackson?
☐ Advertisement (Bus, Radio, TV)
☐ School Fair/Open House
☐ CICS/School Rep (Teacher, Director, etc.)
☐ Internet Search (Google, Bing, etc.)
☐ Direct mail to my home (flyer, letter, etc.)
☐ Referred by:
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Student First Name:	Middle I	Name:	Last Name:
Home Address:		Apt. Number:	City/State: Rockford, IL Zip Code:
Birth date (mm/dd/yyyy):		Current School: _	
Grade Applying for Fall 2016-201	17:		
Mother/Guardian Full Name:			Relationship to Student:
Father/Guardian Full Name:			Relationship to Student:
Daytime Phone:	Other Phone:		Email:
Yo	u must submit a separat	e application for eac	who are applying to or currently enrolled in CICS. ch sibling applying. Applying □ Enrolled at CICS.
2. Name	Current Grade	Campus	Applying □Enrolled at CICS
3. Name	Current Grade	Campus	Applying □Enrolled at CICS
I hereby grant CICS Jackson permissi condition that all information from this			bove for evaluation and research purposes, under the and confidentiality.
Parent/Guardian Signature:			Date: