



Chicago Virtual Charter School
Enrollment Processing Center
38 S. Peoria Street
Chicago, IL 60607

Ph. 866.612.1450
Fx. 312.676.3689
www.Chicagovcs.org

Enrollment Forms Packet

Part 1: (The pages supplied in this packet)

- Release of Student Records (except if applying to Kindergarten)
- Student Transportation Form

Part 2: (Items you will need to fax or mail)

- A copy of the most recent report card for each student applying (except if applying to Kindergarten)
- A copy of your student's Multifactorial Evaluation/504 or IEP, if applicable

Part 3: (Items you will need to bring in person to be reviewed by a CVCS administrator, do not fax or mail these into CVCS, these must be originals)

- Proof of age for each child applying to our program (Birth Certificate or Passport)
- Current proof of residency (please submit two of the following: current utility bill, Illinois Driver's License or State of Illinois identification card, deed, employee Identification card, Mediplan/Medicaid card, voter registration card, court documents, Illinois Dept. of Public Aid card, stamped USPS change of address form, or Illinois state aid check/social security check).
- Student's Immunization Record

Fax or mail the required documents listed in both parts 1 and 2 to CVCS. The fax number for CVCS is 1-312-676-3689. If you are unable to fax, please mail the documents to:

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Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

Student Information

Student's Full Name: _____
first middle last

Student's Date of Birth: _____

Student's Legal Address: _____
street apt #

_____ city county state zip

Home Phone: (_____) _____

Prior School Information

Name of Prior School: _____

School's Address: _____
street

_____ city county state zip

School's Phone: (_____) _____ School's Fax: (_____) _____

Name of Parent or Legal Guardian: _____
first last

Parent/Guardian's Signature: _____ Date: _____

SCHOOL OFFICIALS ONLY

Send student records:

For CPS Schools: Chicago Virtual Charter Schools
Mail Run #38

For All Others: Chicago Virtual Charter School
38 S. Peoria Street
Chicago, IL 60607

Student's Name:

Student's Home Phone:



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Student Transportation Form

Please provide the information listed below.

Student's Full Name: _____
first middle last

A. Is there a current Custody Order, Order of Protection, or No Contact order pertaining to this student?

Yes No If yes, please provide the school with a copy of the order.

B. How will the student be transported to and from the school?

Please write in response: _____

* If public transportation, please note in the space above if the student will use public transportation independently or will be accompanied by an adult. Parents are encouraged to provide supervision during a student's walk to and from the assigned pickup/drop off location.

C. If parent is transporting the student, how will the parent meet the student at the pickup location?

- Parent will pick up student in the school building.
 Parent will pick up the student outside the building, curbside on Peoria Street.
 Other: _____

D. Student has parent permission to depart school premises at the end of school without an adult.

Yes No

E. Please list the name(s) of adults others than the parent(s) that have permission to transport the student.

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

Name of Parent or Legal Guardian: _____
first last

Parent/Guardian's Signature: _____ Date: _____

Student's Name:

Student's Home Phone: