



Online High School Process Proxy Consent Form (Optional)

This form authorizes school staff to act on parents' behalf in the Chicago Public Schools' high school application process. This includes opening accounts, activating students, scheduling admissions screenings (auditions, exams, information sessions, and interviews), submitting the high school application, accepting or declining ninth grade offers, and/or withdrawing from waitlists. This form must be completed and on file at the school in order for school staff to act on the parent or guardian's behalf.

Student's Last Name _____

Student's First Name _____

Birth Date (MM/DD/YYYY) _____ / _____ / _____

Parent/Legal Guardian's Last Name _____

Parent/Legal Guardian's First Name _____

This form must be submitted to:

No later than: _____

Do you authorize school staff to act on your behalf in the online high school application process?

I authorize the school staff listed below to take the following actions on my behalf in the online high school application process. (Check all that apply.)

PROXY	<input type="checkbox"/> Open Account and Activate Student	<input type="checkbox"/> Submit Application
	<input type="checkbox"/> Schedule Admissions Screenings	<input type="checkbox"/> Accept or Decline Offers and/or Withdraw from Waitlists

Name of school staff authorized to act on parent's behalf _____ Job title of school staff _____

ACCOUNT

Parent/Legal Guardian's Email Address (This is the email address that will be used to open your account.)

Have you already entered your Activation Code for the go.cps.edu website? Yes No If yes, what is the password you created for the account?

Activation Code _____ Enter Code exactly as displayed on your activation code letter.

ADDRESS

Enter the student's primary address here. Primary address is defined as the residence where the student sleeps at night the majority of the time.

House/Building Number _____ Street Direction _____ Street Name (NO P.O. BOXES ALLOWED) _____ Street Type _____ Apt # _____

City _____ State _____ Zip Code _____ Primary Phone Number _____ Secondary Phone Number _____

CHICAGO IL () ()

SIBLING/STAFF

Does this student currently have a sibling in grades 9-11 enrolled at one of the Non-Selective Enrollment High Schools? Yes No If yes, please provide the information below for the sibling who is enrolled in the Non-Selective Enrollment High School.

Name of High School _____ Sibling Last Name _____ Sibling CPS ID _____

Does this student currently have a parent/guardian who is a CPS staff member at one of the Non-Selective Enrollment High Schools? Yes No If yes, please provide the information below for the CPS Staff member who is employed at the Non-Selective Enrollment High School.

Name of High School _____ Staff Last Name _____ CPS Employee ID _____

SCHEDULING

School personnel will make their best effort to schedule appointments near your home with your day and time preferences, but appointments are limited. It is your responsibility to ensure your child attends each appointment.

Preferred Days: Sun M T W Th F Sat

Preferred Times: Morning Afternoon Evening

Will your child take the Catholic School test? Yes No _____

Dates your child is NOT available and should NOT be scheduled: _____

I affirm that I am giving the school staff identified above the complete authority to act on my behalf with regard to any actions that are specifically indicated on this form. I affirm that the address provided on this form is my child's primary address.

Date _____