**Please Note**: If you are full-time benefits-eligible employee of the University of Chicago, you are entitled to 50% remission for your children attending the Laboratory School. **You must provide proof of your relationship. Please attach a copy of each child’s birth certificate, adoption papers, or legal documents indicating you are this child’s parent.**

**Please return this form to Benefits.**

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

Child Name: Child Date of Birth:

Please indicate the grade and quarter the child will enter the Laboratory School as a new student:

Grade: \_\_\_\_ Autumn: \_\_\_\_ Winter: \_\_\_\_ Spring: \_\_\_\_

Employee Name: SS#:

Department: Work Phone:

Appointment Date:

The above named child is: (check one)

 my unmarried son/daughter and is named as a dependent on my federal income tax return.

 my unmarried stepson/daughter and is named as a dependent on my federal income tax return.

 the unmarried son/daughter of my University-approved domestic partner and is named as a dependent on my federal income tax return.

 an unmarried child for whom I am legal guardian and who is named as a dependent on my federal income tax return.

Employee Signature: Date:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

FOR BENEFITS ONLY: F / A / S / L

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: