



## Student Enrollment Checklist

### Welcome to School Year 2016-2017!

- All documents can be located online at <http://dcps.dc.gov/enroll>. Translations are available in Amharic, Chinese, French, Korean, Spanish, and Vietnamese.
- If the information has changed or is incorrect, please make changes directly on the form and review with your school's registrar.

If you have any questions about completing your enrollment packet, please do not hesitate to contact your child's school directly or the DCPS Student Enrollment Team at [enroll@dc.gov](mailto:enroll@dc.gov) or (202) 478-5738.

<p><b>Returning DCPS Students</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Annual Student Enrollment Form</li> <li><input type="checkbox"/> Home Language Survey</li> <li><input type="checkbox"/> Media Release</li> <li><input type="checkbox"/> Military Recruitment Opt-Out (grades 7 - 12 only)</li> <li><input type="checkbox"/> DC Universal Health Certificate Form</li> <li><input type="checkbox"/> DC Oral Health Assessment Form</li> </ul>
<p><b>NEW DCPS Students</b></p>	<p>All of the forms for returning DCPS students <u>and</u> one proof of age document:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth Certificate</li> <li><input type="checkbox"/> Hospital Records</li> <li><input type="checkbox"/> Previous School Records</li> <li><input type="checkbox"/> Passport</li> <li><input type="checkbox"/> Baptismal Certificate</li> </ul>
<p><b>Additional Forms</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> DC Residency Verification Guidelines</li> <li><input type="checkbox"/> DC Universal Health Certificate Instructions</li> <li><input type="checkbox"/> DCPS School Health and Immunization Requirements</li> <li><input type="checkbox"/> Dietary Accommodation Forms</li> <li><input type="checkbox"/> Free and Reduced Price Meal (FARM) Application Notification</li> <li><input type="checkbox"/> Medication and Treatment Authorization Forms</li> <li><input type="checkbox"/> Notification of Protection of Pupil Rights Amendment (PPRA) Policy</li> <li><input type="checkbox"/> Notification of Rights under FERPA</li> <li><input type="checkbox"/> Parent Right to Know Notification</li> <li><input type="checkbox"/> Release of Student Directory Information</li> </ul>

**ANNUAL STUDENT ENROLLMENT FORM**

School Year 2016-2017

(Print all information)

**STUDENT INFORMATION**

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>		<b>DCPS Student ID#</b>	
<b>Ethnic Designation:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	<b>Race (choose one or more):</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		<b>Date of Birth (mm/dd/yyyy)</b> / /	
	<b>Country of Birth (if other than US):</b>			<b>Phone number: ( )</b>		<b>Student's Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Street Address</b>			<b>Apt. No.</b>		<b>Students New to DCPS</b>		
<b>City</b>			<b>State</b>		<b>ZIP</b>		<b>Previous School (if not DCPS):</b> City, State, Zip:
<b>Grade Level next school year (16-17)</b>							<b>Current IEP for Special Education services</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
PK3   PK4   K   1   2   3   4   5   6 7   8   9   10   11   12   Adult							<b>Current 504 plan</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
							<b>Allergies (if "yes", please complete form)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
							<b>Dietary restrictions (if "yes", please complete form)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
							<b>Required medications (if "yes", please complete form)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**PARENT/GUARDIAN INFORMATION**

<b>Parent/Guardian</b>		<b>Relationship</b>		<b>Other Parent/Guardian/Contact</b>		<b>Relationship</b>	
<b>Street Address</b>				<b>Street Address</b>			
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>City</b>	
<b>Email Address</b>		<input type="checkbox"/> Email opt-in <input type="checkbox"/> Text message opt-in		<b>Email Address</b>		<input type="checkbox"/> Email opt-in <input type="checkbox"/> Text message opt-in	
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>		<b>Home Phone</b>	

**SIBLING INFORMATION**

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
<b>Name</b>				
<b>Student ID#</b>				
<b>School</b>				
<b>Date of birth</b>				

**EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)**

<b>Name</b>		<b>Relationship</b>		<b>Name</b>		<b>Relationship</b>	
<b>Street Address</b>				<b>Street Address</b>			
<b>City</b>		<b>State</b>		<b>Zip</b>		<b>City</b>	
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>		<b>Home Phone</b>	

**HOUSING STATUS (CHECK ALL THAT APPLY)**

Permanent <input type="checkbox"/>	Hotel/Motel <input type="checkbox"/>	Shelter <input type="checkbox"/>	Unsheltered <input type="checkbox"/>	Doubled Up <input type="checkbox"/>	Foster Care/CFSA <input type="checkbox"/>	Awaiting Foster Care <input type="checkbox"/>	Unaccompanied Youth <input type="checkbox"/>
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DCPS agrees that the data/information provided in the Student Enrollment Form remain confidential and shall only be used for legitimate DCPS business. I completed this form and I certify that the information above is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law. By signing below, I acknowledge my agreement with any consents or opt-ins provided in this form. Form should not be signed prior to April 1.

Signature of Enrolling Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## Consent and Release for Students to be Filmed/ Photographed/ Interviewed and for Use of Image/Voice/School Work

I, \_\_\_\_\_ hereby grant to District of Columbia Public Schools (“DCPS”), and its employees and agents, the District of Columbia, their successors, and their assignees the right to record the image and/or voice, and use the artwork and /or written work of my child, \_\_\_\_\_, on videotape, on film, in photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion. I understand that my child’s full name, address and biographical information will not be made public without my express written permission.

I further grant District of Columbia Public Schools (DCPS) and the District of Columbia, their successors, and their assignees the right to use, and to allow others to use, my child’s image and/or voice on the internet, in brochures, and in any other medium and hereby consent to such use.

I hereby release DCPS and its employees and agents, as well as the District of Columbia Government, their successors, and their assignees and anyone using my child’s image and/or voice, artwork and/or written work pursuant to this release from any and all claims, damages, liabilities, costs and expenses which I or my child now have or may hereafter have by reason of any use thereof. This consent and release form is valid through the end of the summer school session following the school year during which it is signed.

I understand that the provisions of this release are legally binding. (check one)  I consent.  I do not consent.

\_\_\_\_\_  
Parent/Guardian Name [Printed]

\_\_\_\_\_  
Signature of Parent/Legal Guardian or Student (if an adult)

\_\_\_\_\_  
Date

## Right to Opt Out of Release of Information to Military Recruiters (Students in Grades 7–12)

Federal laws require that local education agencies (LEAs) such as DCPS provide military recruiters, upon request, with the name, address, and telephone number of all secondary students unless the parent/legal guardian of a student (or the student if an adult) has advised the LEA in writing that he/she does not want the student's information disclosed without prior written consent. Such advisement by the parent/legal guardian (or adult student) must take place within 30 days of the notification of these rights, and may be done by checking one of the appropriate options below, signing this form and returning it to DCPS.

\_\_\_\_\_ As the parent/legal guardian for the child named below, I request that DCPS not release the name, address, and telephone number of my child to the Armed Services, military recruiters, service academies or military schools unless I separately consent to such release in writing.

\_\_\_\_\_ As an adult student (who has reached the age of 18), I request that DCPS not release my name, address, and telephone number to the Armed Services, military recruiters, service academies or military schools unless I separately consent to such release in writing.

\_\_\_\_\_  
Student’s Name Printed

\_\_\_\_\_  
Signature of Parent/Legal Guardian or Student (if an adult)

\_\_\_\_\_  
Date

**Notice of Non-Discrimination** In accordance with state and federal laws, the District of Columbia Public Schools does not discriminate on the basis of actual or perceived race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, family status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an interfamily offense, or place of residence or business. For the full text and additional information, visit <http://dcps.dc.gov/non-discrimination>.

## DCPS Home Language Survey (HLS) Form

Complete this Home Language Survey at the Student's initial enrollment in a DC Public School.

This form must be signed and dated by the Parent or Guardian. This form must be kept in the student's file.

School: _____	Student ID #: _____
Student's Last Name: _____	Student's First Name _____

<p><b>English</b></p> <ol style="list-style-type: none"> <li>Is a language other than English spoken in your home? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ (specify language)</li> <li>Does your child communicate in a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ (specify language)</li> <li>What is your relationship to the child? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify) _____</li> </ol> <p>If the answer to question 1 or 2 is "Yes", the law requires your child's English language proficiency to be assessed.</p>	<p style="text-align: center; margin: 0;">REGISTRAR PROCESS:</p> <ul style="list-style-type: none"> <li>If a parent/guardian does not speak English and your school does not have staff that speaks the parent/guardian's language, please use the Language Line for communication.</li> <li>If the HLS indicates a language other than English is spoken in the home, give the family the Referral Letter and refer the family to the Intake Center for assessment and orientation.</li> </ul>
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<p><b>Español (Spanish)</b></p> <ol style="list-style-type: none"> <li>¿Se habla otro idioma que no sea el inglés en su casa? <input type="checkbox"/> No <input type="checkbox"/> Sí _____ (idioma)</li> <li>¿Habla el estudiante un idioma que no sea el inglés? <input type="checkbox"/> No <input type="checkbox"/> Sí _____ (idioma)</li> <li>¿Cuál es su relación con el estudiante? <input type="checkbox"/> Padre <input type="checkbox"/> Madre <input type="checkbox"/> Guardián <input type="checkbox"/> Otro (especifique) _____</li> </ol> <p>Si la respuesta a la pregunta 1 ó 2 es " Sí ", la ley requiere que se evalúe la fluidez de su hijo/a en el idioma inglés.</p>	<p><b>Français (French)</b></p> <ol style="list-style-type: none"> <li>Parlez-vous une langue autre que l'anglais à la maison ? <input type="checkbox"/> Non <input type="checkbox"/> Oui _____ (spécifiez la langue)</li> <li>Votre enfant communique-t-il dans une langue autre que l'anglais ? <input type="checkbox"/> Non <input type="checkbox"/> Oui _____ (spécifiez la langue)</li> <li>Quel est votre relation avec l'enfant ? <input type="checkbox"/> Père <input type="checkbox"/> Mère <input type="checkbox"/> Tuteur <input type="checkbox"/> Autre (spécifiez) _____</li> </ol> <p>Si la réponse à la question 1 ou 2 est " Oui ", la loi exige que les compétences de votre enfant en anglais soit évaluées.</p>
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<p><b>中文 (Chinese)</b></p> <ol style="list-style-type: none"> <li>您家庭中是否使用不是英语的另外一种语言? <input type="checkbox"/> 否 <input type="checkbox"/> 是 _____ (请指明语言)</li> <li>您的孩子会使用不是英语的另一种语言交流吗? <input type="checkbox"/> 不会 <input type="checkbox"/> 会 _____ (请指明语言)</li> <li>您和孩子的关系是什么? <input type="checkbox"/> 父亲 <input type="checkbox"/> 母亲 <input type="checkbox"/> 监护人 <input type="checkbox"/> 其它(请指明) _____</li> </ol> <p>如果第一或第二项问题的答案为“是”，法律要求评估您孩子的英语熟练能力。</p>	<p><b>Tiếng Việt (Vietnamese)</b></p> <ol style="list-style-type: none"> <li>Có ngôn ngữ nào khác ngoài tiếng Anh được nói ở nhà quý vị không? <input type="checkbox"/> Không <input type="checkbox"/> Có _____ (xin ghi rõ ngôn ngữ nào)</li> <li>Con em quý vị có nói một ngôn ngữ nào khác ngoài tiếng Anh không? <input type="checkbox"/> Không <input type="checkbox"/> Có _____ (xin ghi rõ ngôn ngữ nào)</li> <li>Xin cho biết liên hệ của quý vị với con em? <input type="checkbox"/> Cha <input type="checkbox"/> Mẹ <input type="checkbox"/> Giám hộ <input type="checkbox"/> Liên hệ khác (xin ghi rõ)</li> </ol> <p>Nếu trả lời của câu hỏi 1 hoặc 2 là " Có ", luật lệ đòi hỏi con em quý vị phải được thăm định trình độ thông thạo Anh ngữ.</p>
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<p><b>አማርኛ (Amharic)</b></p> <ol style="list-style-type: none"> <li>በቤትዎ ውስጥ ከእንግሊዘኛ ሌላ የሚነገር ቋንቋ ስለት? <input type="checkbox"/> የለም <input type="checkbox"/> አዎን _____ (ቋንቋውን ይጥቀሱ)</li> <li>ልጅዎ ከእንግሊዘኛ ሌላ የሚነገር ቋንቋ ስለት? <input type="checkbox"/> የለም <input type="checkbox"/> አዎን _____ (ቋንቋውን ይጥቀሱ)</li> <li>ለልጅዎ ስለት ዘመናዊ ምንድን ነው? <input type="checkbox"/> አባት <input type="checkbox"/> አናት <input type="checkbox"/> አሳዳጊ <input type="checkbox"/> ሌላ _____ (ይገልጹ)</li> </ol> <p>ስፕሶክ 1 ወይም 2 መልስዎ "አዎን" ከሆነ፣ የልጅዎ የእንግሊዘኛ ቋንቋ ቅልጥፍና ችሎታው ደረጃ እንዲገምገም ህጉ ይዘዛል።</p>	<p><b>School Official's Comments:</b></p>   
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# ENROLLMENT FORM

## 2016-17 School Year

**Parents/Guardians: Please complete this form to confirm your child's enrollment in a My School DC school.**

### Student Information \*You must fill out one form for each child you are enrolling.

First Name:	MI:	Application Tracking #:
Last Name:	Date of Birth: ____/____/____ <small>MONTH DAY YEAR</small>	
Current School (2015-16SY):	Current Grade (2015-16SY):	
Enrolling School (2016-17SY):	Enrolling Grade (2016-17SY):	

### Parent/Guardian Information \*Should be the person completing the form and confirming residency.

First Name:	Last Name:	
Address:		
City:	State:	Zip:

### Records Release \*Please check the *required* box below so that the enrolling school can request your child's records.

- I hereby authorize the enrolling school to request records from the current school for the student above. I also hereby authorize the enrolling school to request records from any other previous schools that the student above has attended. I understand that the enrolling school will not further transfer or communicate the records to any other party or agency without my express written consent except under authority of the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).

### Enrollment Confirmation \*Please read and check each box below to confirm your enrollment for the 2016-17SY.\*

- I understand that by submitting this form, I am confirming the enrollment of the student above in the enrolling school for the 2016-17SY.
- I understand that I cannot maintain enrollment at more than one school for the 2016-17SY.
- I understand that once this form is submitted, I will give up my space at my current school for next school year (2016-17) and my current school will be notified that my space may be awarded to another family.
- I understand that if I enroll as a result of receiving a waitlist offer from this school that I will be removed from the waitlists of all schools ranked below this school on my My School DC application.

Parent/Guardian Signature:	Date: ____/____/____ <small>MONTH DAY YEAR</small>
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### THIS SECTION IS TO BE COMPLETED BY STAFF AT THE ENROLLING SCHOOL

Date Received: ____/____/____ Time Received: _____ Printed Staff Name: _____ Staff Signature: _____	School Seal (if applicable):
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## RESIDENCY VERIFICATION GUIDELINES

### LIST OF ACCEPTABLE RESIDENCY DOCUMENTS

**All documents must be in its original format and UNEXPIRED**

- Parents/guardians are required to verify DC residency each year, upon enrollment of the student.
- Parents/guardians may present one document from List A or two documents from List B in order to verify DC residency.
- Parents/guardians must provide original documents to school officials, and documents must be in the name of the enrolling parent/guardian. **School officials are required by DC law to photocopy residency documents for audit purposes.**
- Parents/guardians must also complete the DC Residency Verification form each year, upon enrollment. This document must be signed by the same enrolling parent/guardian whose name appears on the residency documents.

List A	List B
<b>One</b> of the following indicating name and address of enrolling parent/guardian.	<b>Two</b> of the following indicating name and address of the enrolling parent/guardian. The name and address must be the same on <b>both</b> documents.
A pay stub, issued within <b>45 days</b> prior to school's review of residency documentation, showing DC address <u>and</u> DC tax withholding	Unexpired DC motor vehicle registration
Supplemental Security Income annual benefits notification	Unexpired DC motor vehicle operator's permit <b>or</b> official non-driver identification
Verification letter <b>and</b> Military Housing orders; <b>or</b> DEERS Statement	Unexpired DC motor vehicle operator's permit <b>or</b> official non-driver identification
An embassy letter indicating embassy sponsored housing in DC with embassy seal affixed	Unexpired lease with proof of payment within 2 months preceding school's review of residency documents
Unexpired official documentation of financial assistance from the DC Government including TANF, Medicaid, SCHIP, SSI, housing assistance or other DC Government Programs	Unexpired lease with proof of payment within 2 months preceding school's review of residency documents
A copy of D-40 form certified by the DC office of Tax & Revenue form	Unexpired lease with proof of payment within 2 months preceding school's review of residency documents
Proof that the child is a ward of the District of Columbia, in the form of a Court Order or notification from the DC Child and Family Services Agency	Utility bill (only gas, electric and water bills are acceptable) <b>with</b> receipt of payment within 60 days of school's review of residency documentation

**For questions and guidance, please contact the Enrollment Team at [enroll@dc.gov](mailto:enroll@dc.gov) or at 202-478-5738.**