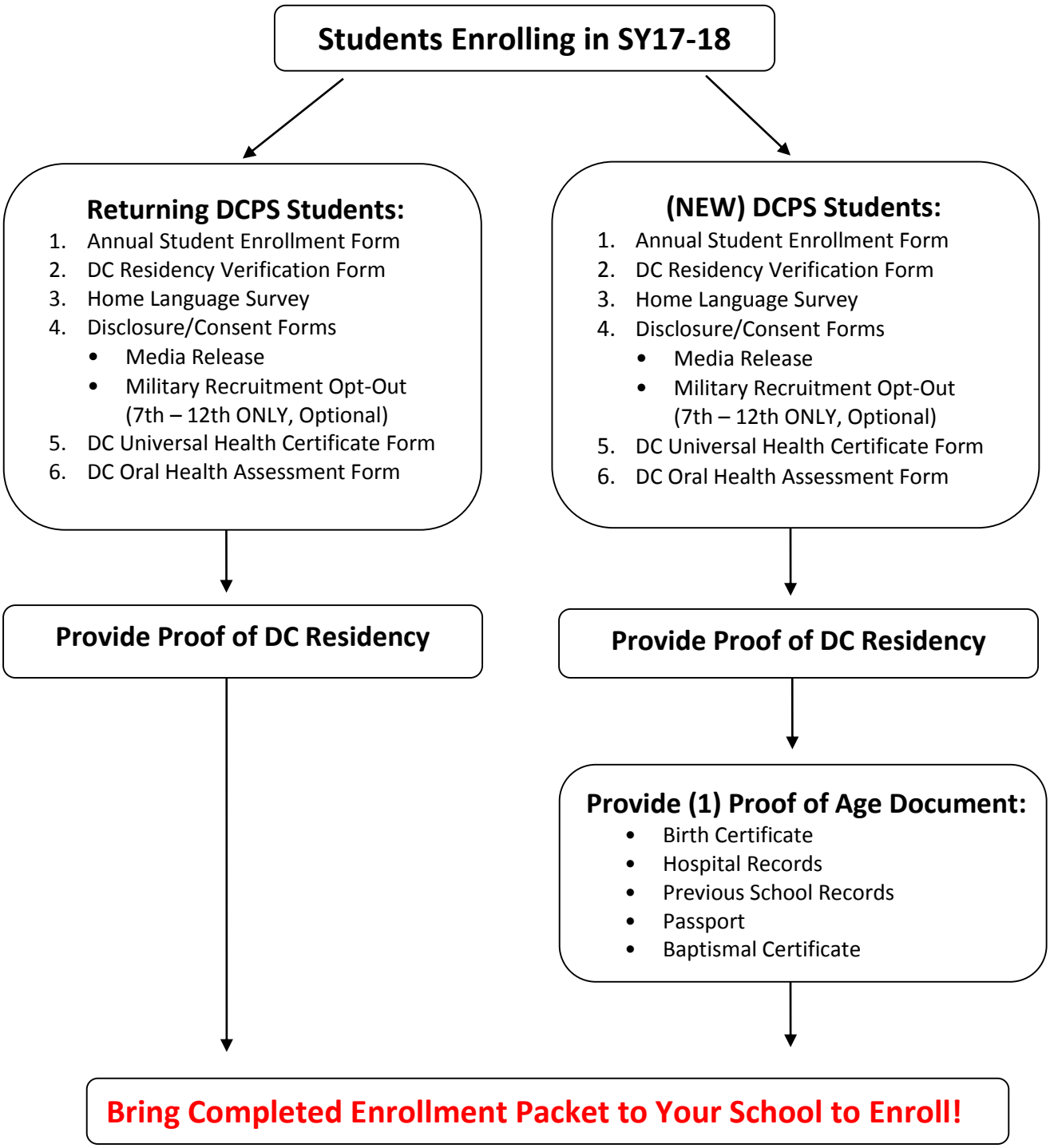
DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

How to Enroll in DCPS

Enroll for School Year 2017-2018 in 3 Easy Steps:

1) Complete the enrollment Packet.
2) Provide proof of DC residency as listed in the Residency Verification Guidelines.
3) Bring completed Enrollment Packet to your school.



1200 First Street, NE | Washington, DC 20002 | T 202. 442. 4090 | F 202. 442. 5315 | www. dcps. dc. gov

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Additional Resources:

- DC Residency Verification Guidelines
- DC Universal Health Certificate Instructions
- DCPS School Health and Immunization Requirements
- FERPA Notification
- Free and Reduced Price Meal (FARM) Application Notification
- Information on School Meals, FARM, and Allergies and Dietary Accommodations

You can locate all documents online at www.dcps.dc.gov/enroll. Translations are available in Amharic, Chinese, French, Korean, Spanish, and Vietnamese.

If you have any questions about completing your enrollment packet, please do not hesitate to contact your child's school directly or the Enrollment Team within the Office of the Chief Operating Officer at 202-478-5738.

DISTRICT OF COLUMBIA PUBLIC SCHOOLS

School Name: _____

ANNUAL STUDENT ENROLLMENT FORM

School Year 2017-2018

(Print all information)

STUDENT INFORMATION

Last Name	First Name	Middle Name	DCPS Student ID#

Ethnic Designation:
☐ Hispanic/Latino
☐ Non-Hispanic/ Non-Latino

Race (choose one or more):
☐ American Indian/Alaska Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Pacific Islander
☐ White

Country of Birth (if other than US):

Date of Birth (mm/dd/yyyy) / /

Student's Gender ☐ Male ☐ Female

Phone number: ( )

Street Address | **Apt. No.**

City | **State** | **ZIP**

Grade Level next school year (16-17)
PK3 PK4 K 1 2 3 4 5 6
7 8 9 10 11 12 Adult

Students New to DCPS

Previous School (if not DCPS):		
City, State, Zip:		
Current IEP for Special Education services	☐ Yes	☐ No
Current 504 plan	☐ Yes	☐ No
Allergies *(if "yes", please complete form)*	☐ Yes	☐ No
Dietary restrictions *(if "yes", please complete form)*	☐ Yes	☐ No
Required medications *(if "yes", please complete form)*	☐ Yes	☐ No

PARENT/GUARDIAN INFORMATION

Parent/Guardian	Relationship	Other Parent/Guardian/Contact	Relationship
Street Address		**Street Address**	
City / **State** / **Zip**		**City** / **State** / **Zip**	
Email Address	☐ Email opt-in ☐ Text message opt-in	**Email Address**	☐ Email opt-in ☐ Text message opt-in
Home Phone / **Cell Phone**	**Work Phone**	**Home Phone** / **Cell Phone**	**Work Phone**

SIBLING INFORMATION

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Name				
Student ID#				
School				
Date of birth				

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)

Name	Relationship	Name	Relationship
Street Address		**Street Address**	
City / **State** / **Zip**		**City** / **State** / **Zip**	
Home Phone / **Cell Phone**	**Work Phone**	**Home Phone** / **Cell Phone**	**Work Phone**

HOUSING STATUS (CHECK ALL THAT APPLY)

Permanent	Hotel/Motel	Shelter	Unsheltered	Doubled Up	Foster Care/CFSA	Awaiting Foster Care	Unaccompanied Youth
☐	☐	☐	☐	☐	☐	☐	☐

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**

{λƎyl·ǘdzNŜ _

Name of LEA/School

FORM 1 - DC RESIDENCY VERIFICATION FORM

Part A. Parent/Guardian/Caregiver or Adult Student Confirmation

I am the ☐ parent/guardian ☐ other primary caregiver ☐ adult student who is enrolling_____in school.
(Adult Student/Student Full Name)

I, the parent/guardian/caregiver or adult student, affirm that I reside at the following address:

Street | City, State | Zip Code

Part B. Parent/Guardian/Caregiver or Adult Student Sworn Statement of DC Residency

I understand that enrollment of the above named student in District of Columbia public schools or public charter schools, or other schools providing educational services funded by the District of Columbia, is based on my representation of bona fide DC residency, including this sworn statement of physical presence and my presentation of residency verification documentation. If this sworn statement is false, I understand that I am liable for payment of retroactive tuition for the student, and that the student may be withdrawn from school. Additionally, I understand that, under D.C. Code §38-312, any person who knowingly supplies false information to a public official in connection with student residency verification shall be subject to payment of a fine of not more than $2,000 or imprisonment for not more than 90 days, but not both a fine and imprisonment. I hereby waive my rights to confidentiality of information relative to my residence and understand that the District of Columbia will use whatever legal means it has at its disposal to verify my residence. I also agree to notify the school of any change of residence for myself or the student within three (3) school days of such change.

(Printed Name of Parent/Guardian/Caregiver or Adult Student) (Phone Number)

(Signature of Parent/Guardian/Caregiver or Adult Student) (Date)

Part C. General Residency Verification (must be completed by school official)

The person who enrolled the student or the adult student has presented the following as proof of his/her District of Columbia residency.
Each item must contain the name of the person enrolling the student or the name of the adult student and his/her DC address along with the criteria below.

(Refer to List of Acceptable Supporting Documentation Checklist on reverse side for detailed explanations.)

(1) One of the following items:
- ____ Pay stub, issued within 45-day window.
- ____ Unexpired official documentation of financial assistance.
- ____ Certified copy of DC Tax Form-D40.
- ____ Military housing orders.
- ____ Embassy letter.

(2) Two of the following items with matching names and addresses.
- ____ Unexpired DC motor vehicle registration.
- ____ Unexpired DC driver's license or non-driver ID.
- ____ Unexpired lease with proof of payment.
- ____ Utility bill with proof of payment.

(3) If one of the following applies, no signature is required in Part B above.
- ____ There is evidence that the student is homeless and the homeless liaison has provided homeless documentation.
- ____ Child is a ward of the District of Columbia.

(4) Use only if none of the previous options apply.
- ____ The person enrolling the student or the adult student has consented to a home visit. The visit is complete and the **Home Visitation Residency Verification Form** and **Home Visitation Consent Form have been completed** to confirm residency.

I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies including but not limited to the DC Office of the Inspector General, DC Office of the Attorney General, etc. upon request.

School Official (Print) | School Official (Signature) | Date

List of Acceptable Supporting Documentation Checklist

Section 1 (One is needed from this list to verify residency.)

- ○ **Pay stub:** Issued within the forty-five (45) day-window immediately preceding the school's review of residency documentation, that contains the name of person enrolling the student or the name of the adult student, shows his/her current DC home address, and shows withholding of DC personal income tax for the current tax year.
- ○ **Unexpired official documentation of financial assistance from the Government of the District of Columbia:** Issued to the person enrolling the student or the adult student within the past twelve (12) months and be current at the time presented to the school, including, but not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, the State Child Health Insurance Program (SCHIP), Supplemental Security Income, housing assistance or other programs.
- ○ **Certified copy of Form D40:** Certified by the DC Office of Tax and Revenue, with the name of person enrolling the student or the name of the adult student as evidence of payment of DC taxes for the current or most recent tax year.
- ○ **Military housing orders:** Showing the name of the person enrolling the student or the name of the adult student, and their residency or home address in DC, including but not limited to a DEERS statement or other official communication on military letterhead.
- ○ **Embassy letter:** Issued within the past twelve (12) months showing the name of the person enrolling the student or the name of the adult student, indicating that the caregiver and the dependent student or the adult student currently live on embassy property in the District of Columbia or will reside on DC property confirmed by the embassy during the relevant school year, and an official embassy seal.

Section 2 (Two are needed from this list to verify residency. The address and name on each of the items must be the same.)

- ○ Unexpired **DC motor vehicle registration** showing the name of the person enrolling the student or the name of the adult student and his/her current DC home address.
- ○ Unexpired **lease or rental agreement with proof of payment of rent**, in the name of the person enrolling the student or the name of the adult student, for a period within two (2) months immediately preceding the school's review of residency documentation, for the current DC address at which the student actually resides.
- ○ Unexpired **DC motor vehicle operator's permit** or official government issued non-driver identification in the name of the person enrolling the student or the name of the adult student showing his/her current DC home address.
- ○ **Utility bill** (***only gas, electric, and water bills are acceptable***) **with proof of payment of a bill**, from a period within the two (2) months immediately preceding the school's review of residency documentation, listing the name of the person enrolling the student or the name of the adult student and his/her current DC home address,.

Section 3 (If one of these applies, no signature is required in Part B.)

- ○ **Homeless:** There is evidence that the student is homeless and the school's homeless liaison has provided the appropriate homeless documentation.
- ○ **Ward of the District of Columbia:** Proof that child is a ward of the District of Columbia, in the form of a court order or official documentation from DC Child and Family Services Agency.

Penalty for False Information:

Any person, including any District of Columbia public school or public charter school official, who knowingly supplies false information to a public official in connection with student residency verification shall be subject to charges of tuition retroactively, and payment of a fine of not more than $2,000 or imprisonment for not more than 90 days, but not both fine and imprisonment, pursuant to the District of Columbia Nonresident Tuition Act, approved September 8, 1960 and amended by the District of Columbia Public Schools and Public Charter School Student Residency Fraud Prevention Amendment Act of 2012 (D.C. Code §38-312). The case of any such person may be referred by the Office of the State Superintendent of Education to the Office of the Attorney General.

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

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.*

DISTRICT OF COLUMBIA PUBLIC SCHOOLS

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_____**

English

1. **Is a language other than English spoken in your home?**
   ☐ **No** ☐ **Yes _____ (specify language)**
2. **Does your child communicate in a language other than English?**
   ☐ **No** ☐ **Yes _____ (specify language)**
3. **What is your relationship to the child?**
   ☐ **Father** ☐ **Mother** ☐ **Guardian** ☐ **Other (specify)_____**

If the answer to question 1 or 2 is "Yes", the law requires your child's English language proficiency to be assessed.

REGISTRAR PROCESS:

- 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.
- 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.

Español (Spanish)

1. **¿Se habla otro idioma que no sea el inglés en su casa?**
   ☐ **No** ☐ **Sí _____(idioma)**
2. **¿Habla el estudiante un idioma que no sea el inglés?**
   ☐ **No** ☐ **Sí _____(idioma)**
3. **¿Cuál es su relación con el estudiante?**
   ☐ **Padre** ☐ **Madre** ☐ **Guardián** ☐ **Otro (especifique)_____**

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.

Français (French)

1. **Parlez-vous une langue autre que l'anglais à la maison ?**
   ☐ **Non** ☐ **Oui _____ (spécifiez la langue)**
2. **Votre enfant communique-t-il dans une langue autre que l'anglais ?**
   ☐ **Non** ☐ **Oui _____ (spécifiez la langue)**
3. **Quel est votre relation avec l'enfant ?**
   ☐ **Père** ☐ **Mère** ☐ **Tuteur** ☐ **Autre (spécifiez) _____**

Si la réponse à la question 1 ou 2 est " Oui " , la loi exige que les compétences de votre enfant en anglais soit évaluées.

中文 (Chinese)

1. 您家庭中是否使用不是英语的另外一种语言?
   ☐ 否 ☐ 是 _____ (请指明语言)
2. 您的孩子会使用不是英语的另一种语言交流吗?
   ☐ 不会 ☐ 会 _____ (请指明语言)
3. 您和孩子的关系是什么?
   ☐ 父亲 ☐ 母亲 ☐ 监护人 ☐ 其它(请指明) _____

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。

Tiếng Việt (Vietnamese)

1 **Có ngôn ngữ nào khác ngoài tiếng Anh được nói ở nhà quý vị không?**
   ☐ **Không** ☐ **Có _____ (xin ghi rõ ngôn ngữ nào)**
2 **Con em quý vị có nói một ngôn ngữ nào khác ngoài tiếng Anh không?**
   ☐ **Không** ☐ **Có _____ (xin ghi rõ ngôn ngữ nào)**
3. **Xin cho biết liên hệ của quý vị với con em?**
   ☐ **Cha** ☐ **Mẹ** ☐ **Giám hộ** ☐ **Liên hệ khác (xin ghi rõ)**

_____

Nếu trả lời của câu hỏi 1 hoặc 2 là " Có ", luật lệ đòi hỏi con em quý vị phải được thẩm định trình độ thông thạo Anh ngữ.

አማርኛ (Amharic)

1. በቤትዎ ውስጥ ከእንገሊዘኛ ሌላ የሚነገር ቋንቋ አለ ?
   ☐ የለም ☐ አዎን _____ (ቋንቋውን ይጥቀሱ)
2. ልጅዎ ከእንገሊዘኛ ሌላ የሚነጋገርብት ሌላ ቋንቋ አለ?
   ☐ የለም ☐ አዎን _____ (ቋንቋውን ይጥቀሱ)
3. ለልጁ ያለዎት ዝምድና ምንድን ነው?
   ☐ አባት ☐ እናት ☐ አሳዳጊ ☐ ሌላ_____ (ይግለጹ)

ለጥያቄ 1 ወይም 2 መልስዎ "አዎን" ከሆነ ፣ የልጅዎ የእንገሊዘኛ ቋንቋ ቅልጥፍና ችሎታው ደረጃ እንዲገመገም ህጉ ያዛል።

School Official's Comments:

_____ _____

School Official Signature **Date** **Parent/Guardian Signature** **Date**

MY SCHOOL DC
Learn • Apply • Enroll
MySchoolDC.org

ENROLLMENT FORM
2017-18 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:* ____/____/____ MONTH DAY YEAR	
Current School (2016-17):	*Current Grade (2016-17):*	
Enrolling School (2017-18):	*Enrolling Grade (2017-18):*	

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 2017-18.***

☐ I understand that by submitting this form, I am confirming the enrollment of the student above in the enrolling school for 2017-18.

☐ I understand that I cannot maintain enrollment at more than one school for 2017-18.

☐ I understand that once this form is submitted, I will give up my space at my current school for next school year (2017-18) 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: ____/____/____ MONTH DAY YEAR

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):**

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

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 **One** of the following indicating name and address of enrolling parent/guardian.	List B **Two** of the following indicating name and address of the enrolling parent/guardian. The name and address must the same on **both** documents.
A pay stub, issued within **45 days** prior to school's review of residency documentation, showing DC address and DC tax withholding	Unexpired DC motor vehicle registration
Supplemental Security Income annual benefits notification	
Verification letter **and** Military Housing orders; **or** DEERS Statement	Unexpired DC motor vehicle operator's permit **or** official non-driver identification
An embassy letter indicating embassy sponsored housing in DC with embassy seal affixed	
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	
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) **with** 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 or at 202-478-5738.