



School Year 2019/2020 Enrollment Form

Use this form to enroll each of your new or returning students in a DC public school. Submit this form in-person at the school your student will attend for the 2019/2020 school year. All questions below must be answered.

DCPS Student										
First Name:			Last Name:				Date of Birth:			
Country of Birth:						Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary				
Home Address:				Apt:	City:		State:		ZIP:	
School Year 2018/2019		School Name:				City:		State:		
School Year 2019/2020		School Name:								
Grade Level for School Year 2019/2020: <i>check only one</i>										
<input type="checkbox"/> Pre-K3 <input type="checkbox"/> Pre-K4 <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Adult Education										
Migrant Status: In the past 36 months, has the student, their child, spouse, parent or guardian engaged in migrant work (meaning they moved and worked seasonally in jobs related to agriculture or fishery)? <input type="checkbox"/> No <input type="checkbox"/> Yes										
Housing Status: <i>check only one</i>										
<input type="checkbox"/> Permanent (own, rent) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Shelter <input type="checkbox"/> Doubled Up <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Foster Care/CFSA <input type="checkbox"/> Awaiting Foster Care <input type="checkbox"/> Unsheltered										
Ethnic Designation: <i>check only one</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino										
Race: <i>check all that apply</i> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Ntv Hawaiian/ Pac Islldr <input type="checkbox"/> Black/African Am. <input type="checkbox"/> White										
Does student have the following? <i>Check all that apply. School may follow up.</i>										
<input type="checkbox"/> 504 plan <input type="checkbox"/> Required medication <input type="checkbox"/> IEP for special education services <input type="checkbox"/> Dietary restrictions <input type="checkbox"/> Allergies										
Parent/Guardian/Custodian/Caregiver										
Caregiver One	First Name:			Last Name:			Relationship to Student:			
	Email:				Phone:			<input type="checkbox"/> Cell <input type="checkbox"/> Landline		
	<input type="checkbox"/> Same as student	Address:			Apt:	City:		State:	ZIP:	
	<input type="checkbox"/> I do NOT want to receive required communications about my student by emails/texts.									
Caregiver Two	First Name:			Last Name:			Relationship to Student:			
	Email:				Phone:			<input type="checkbox"/> Cell <input type="checkbox"/> Landline		
	<input type="checkbox"/> Same as student	Address:			Apt:	City:		State:	ZIP:	
	<input type="checkbox"/> I do NOT want to receive required communications about my student by emails/texts.									
Home Language Survey <i>If answers to the following questions indicate that a language other than, or in addition to, English is spoken in the home, the student's English proficiency will be evaluated to ensure that services are offered to students who need them. For questions, please call the Language Acquisition Division at 202-671-0750.</i>										
Is a language other than English spoken in your home? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ (specify language)										
Does your child communicate in a language other than English at home? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ (specify language)										
In what language would you like to receive information from the school? <i>If "other" is selected, written correspondence will be sent in English. Interpretation will be provided when available.</i>										
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Amharic <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____										
Emergency Contacts <i>If the two adults listed above cannot be reached, who has permission to pick up the student?</i>										
Full Name:			Relationship to Student:				Phone:			
Full Name:			Relationship to Student:				Phone:			
Student's Siblings in DCPS <i>Please provide information for all of the student's siblings who attend any DCPS school.</i>										
	Sibling 1		Sibling 2		Sibling 3		Sibling 4			
Full Name:										
Date of Birth:										
Certification of Person Enrolling Student										
I confirm all the information provided above is correct to the best of my knowledge. I understand that DCPS will keep this information confidential and will use it for DCPS business only. I understand that providing false information is punishable by law.										
Print Name: _____			Signature: _____				Date: _____			