



School Year 2024/2025 Enrollment Form

Use this form to enroll each of your new or returning students in a DCPS school. Submit this form to the school your student will attend for the 2024/2025 school year. All questions below must be answered. Please note District of Columbia residency must be verified within **ten calendar days** from the date you submit this form.

DCPS Student						
First Name:		Last Name:		Date of Birth:		
Country of Birth:		Student ID:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		
Address:			Apt:	City/State:		ZIP:
SY 2023/2024 School or Early Childhood Program:					City/State:	
SY 2024/2025 School:				Student Email:		
Grade Level for School Year 2024/2025: <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						
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"/> Unsheltered						
Do the following apply to the student? <input type="checkbox"/> Y <input type="checkbox"/> N In or awaiting Foster Care <input type="checkbox"/> Y <input type="checkbox"/> N Unaccompanied Youth (not in permanent housing)						
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"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White						
Does student have the following? <input type="checkbox"/> Y <input type="checkbox"/> N Allergies <input type="checkbox"/> Y <input type="checkbox"/> N Required medication <input type="checkbox"/> Y <input type="checkbox"/> N Dietary restrictions						
<i>Select yes or no for each. School may follow up.</i> <input type="checkbox"/> Y <input type="checkbox"/> N 504 Plan <input type="checkbox"/> Y <input type="checkbox"/> N IEP for special education services						

Parent/Guardian/Custodia	Contact 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:			Phone:			<input type="checkbox"/> Cell	<input type="checkbox"/> Landline
	Apt:	City/State:		ZIP:		<input type="checkbox"/> I do NOT want to receive text /email communications about my student.				
Parent/Guardian/Custodia	Contact 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:			Phone:			<input type="checkbox"/> Cell	<input type="checkbox"/> Landline
	Apt:	City/State:		ZIP:		<input type="checkbox"/> I do NOT want to receive text /email communications about my student.				

Home Language Survey *Only complete if this is your initial enrollment into DCPS.*
If your answer to any of the questions below is a language other than English, your child will be evaluated for English Language Services. If you have questions, please call the Language Acquisition Division at 202-671-0750.

What is the primary language used in the home? _____ (specify language)

What is the language most often used by the student? _____ (specify language)

What language or languages did the student use first? _____ (specify language)

In what language would you like to receive information from the school? *If "other" is selected, written correspondence will be sent in English. Oral interpretation in any language will be provided when requested.*

English Spanish Amharic French
 Chinese Vietnamese Other: _____

Emergency Contacts *If the parents or guardians of the student cannot be reached, the person(s) below will be contacted in case of emergency. Parents, guardians, and those listed as emergency contacts can pick up the student from school.*

Full Name:		Relationship to Student:		Phone:	
Full Name:		Relationship to Student:		Phone:	

Student's Siblings in DCPS *Please provide information for all the student's siblings who attend any DCPS school.*

	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. I understand that I cannot maintain enrollment at more than one school for SY24-25, and I am confirming my enrollment for SY24-25 at the school listed above. I understand that if I am enrolling as a result of receiving a waitlist offer from this school, I will be removed from waitlists of all schools ranked below this school on my My School DC application.

Print Name: _____ Signature: _____ Date: _____

SCHOOL OFFICIAL USE: Attendance Boundary: IB OOB | **Enroll Method:** Continuing OR New: IB F P Lottery ID _____