



### School Year 2021/2022 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 2021/2022 school year. All questions below must be answered. Please note residency must be verified within **ten calendar days** from the date you submit this form.

<b>DCPS Student</b>					
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:	
SY 2020/2021 School or Early Childhood Program:				City/State:	
SY 2021/2022 School:			Student Email:		
Grade Level for School Year 2021/2022: <i>check only one</i>					
<input type="checkbox"/> Pre-K3 <input type="checkbox"/> Pre-K4 <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <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"/> Ntv Hawaiian/ Pac Islr <input type="checkbox"/> Black/African Am <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					

<b>Parent/Guardian/Custodian</b>	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:		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.			
<b>Parent/Guardian/Custodian</b>	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:		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 answers to the questions 1, 2 or 3 indicate a language other than English, your 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.

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 two adults listed above cannot be reached, only the persons below have permission to pick up the student.*

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

**Student's Siblings in DCPS** *Please provide information for all of 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 SY21-22, and I am confirming my enrollment at the SY21-22 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 \_\_\_\_\_