



School Year 2020/2021 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 2020/2021 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.

DCPS Student

Last Name:		First Name:			Date of Birth:	
Country of Birth:		Student ID:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		
Home Address:			Apt:	City:	State:	ZIP:
School Year 2019/2020 School Name:					City/State:	
School Year 2020/2021 School Name:				Student Email:		
Grade Level for School Year 2020/2021: <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"/> 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						
Select yes or no for each. School may follow up. <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/Custodian 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.	
Parent/Guardian/Custodian 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. Interpretation 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.

Print Name: _____ Signature: _____ Date: _____

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