DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

School Year 2024-2025 Enrollment Packet

Welcome to the 2024-2025 school year (SY24-25) with DC Public Schools! Please complete this enrollment packet for the upcoming SY24-25. Step-by-step instructions are included below. You can locate all documents online at https://enrolldcps.dc.gov/. Translations are available in Amharic, Chinese, French, Spanish, and Vietnamese. DCPS is committed to protecting the right of every student to attend public school regardless of immigration status or national origin. Accordingly, DCPS allows all eligible District of Columbia residents to attend its schools without inquiring about a student's or family's immigration status.

At DCPS it is our mission to ensure that each of our schools provides a world-class education that prepares ALL our students, regardless of background or circumstance, for success in college, career, and life. It is an honor and a privilege to serve all students, and we look forward to another wonderful school year.

Step 1. Complete the forms in this packet.

A. Enrollment Form
B. Residency Verification Form
C. Technology Form
D. Consents
E. Notifications of Student and Parent/Guardian Rights
F. Universal Health Certificate

Additional forms are located at https://enrolldcps.dc.gov/.

Step 2. Gather your supporting documents. Supporting documents may be required to enroll your student:

New to DCPS (*never previously attended a DC public school*)

A. One proof of age – examples include a birth certificate, hospital records, previous school records, passport, or baptismal certificate
B. Proof of residency – see *Residency Verification Form* for a complete list of acceptable documents and verification methods
C. Home language survey – *see Enrollment Form* for this survey

Returning to a DCPS school

- Proof of residency – *see Residency Verification Form for a complete list of acceptable documents and verification methods*

Step 3. Submit the packet and any supporting documents to your student's school enrollment team.

Step 4. Mark your calendar to complete the Free and Reduced-Price Meals (FARM) Application.

The FARM application to determine household eligibility for free lunch will be available July 1 for the upcoming school year. The list of this year's schools that have paid lunch as well as the application are available at https://dcps.dc.gov/farm or at your school's front office. Families **must** re-submit this application annually.

Please note DCPS is required by law to annually verify the District residency of each family seeking to enroll in DCPS. DCPS conducts residency verification upon enrollment (residency must be verified within **ten calendar days** from the date the student first seeks to enroll). If you are unable to verify District residency in accordance with District requirements or fail to agree to pay non-resident tuition, your student will be at risk for exclusion from DCPS. For any questions, please contact the DCPS Enrollment Team at enroll@k12.dc.gov.

There are three admission methods for enrollment in DCPS: by right, by My School DC Lottery, and by Formal Placement. Every compulsory age student who lives in Washington, DC, has at least one right-to-attend or "in-boundary" DCPS school per grade band — a school where they can enroll at any time. Identify your in-boundary school at https://enrolldcps.dc.gov/node/41. For additional information related to admission methods, please review the DCPS Enrollment and Lottery Handbook: httpunles://enrolldcps.dc.gov/node/66.

***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

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:** ❑ Male ❑ Female ❑ 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: *check only one*
❑ Pre-K3 ❑ Pre-K4 ❑ Kindergarten ❑ 1st ❑ 2nd ❑ 3rd ❑ 4th ❑ 5th
❑ 6th ❑ 7th ❑ 8th ❑ 9th ❑ 10th ❑ 11th ❑ 12th ❑ Adult Education

Housing Status: *check only one* ❑ Permanent (own, rent) ❑ Hotel/Motel ❑ Shelter ❑ Doubled Up ❑ Unsheltered

Do the following apply to the student? ❑ **Y** ❑ **N** In or awaiting Foster Care ❑ **Y** ❑ **N** Unaccompanied Youth (not in permanent housing)

Ethnic Designation: *check only one* ❑ Hispanic/Latino ❑ Non-Hispanic/Non-Latino

Race: *check all that apply* ❑ American Indian/Alaska Native ❑ Asian ❑ Native Hawaiian/Pacific Islander ❑ Black ❑ White

Does student have the following? ❑ **Y** ❑ **N** Allergies ❑ **Y** ❑ **N** Required medication ❑ **Y** ❑ **N** Dietary restrictions
Select yes or no for each. School may follow up. ❑ **Y** ❑ **N** 504 Plan ❑ **Y** ❑ **N** IEP for special education services

Parent/Guardian/Custodia

Contact One

First Name:	**Last Name:**	**Relationship to Student:**
Email:	**Phone:** ❑ Cell ❑ Landline	
❑ Same as student **Address:**	**Phone:** ❑ Cell ❑ Landline	
Apt: **City/State:**	**ZIP:**	❑ I do NOT want to receive text /email communications about my student.

Contact Two

First Name:	**Last Name:**	**Relationship to Student:**
Email:	**Phone:** ❑ Cell ❑ Landline	
❑ Same as student **Address:**	**Phone:** ❑ Cell ❑ Landline	
Apt: **City/State:**	**ZIP:**	❑ 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_____

DC Residency Verification Form – 2024-25 School Year

Use this form to verify that you are a District resident and therefore you or your student is eligible to enroll in a DC public or public charter school. All forms and supporting residency documentation are submitted to the enrolling school.

Step One: Choose the residency verification method that best applies to you.

Details of the available methods for verifying your DC residency are provided on page two. **Choose ONE** after completing sections 2 and 3 below. To be eligible to enroll in a DC public or public charter school tuition-free: 1) the enrolling person must be the parent, adult student, or the valid legal guardian, custodian or Other Primary Caregiver (OPC) with proper documentation; 2) **the enrolling person has established a physical presence in the District of Columbia**; and 3) the enrolling person has submitted valid and proper documentation that establishes residency as set forth in law and regulations.

Step Two: Provide information about student and enrolling person.

Student First Name:	**Student Last Name:**	**DOB:**

Name of School in the 2024-25 School Year:

Enrolling person (see page 2) > **First Name:**	**Last Name:**

I am the: ☐student's legal parent/guardian/custodian ☐student's Other Primary Caregiver and completed the OPC Form ☐adult student ☐minor parent and completed the sworn statement

Address of enrolling person:			**Apt #:**
City:	**State:**	**ZIP:**	**DC Resident:** ☐Yes ☐No
Email:		**Phone:**	

Step Three: Sign Certification of Residency Requirements.

- I certify that I am the adult student or the student's legal parent, guardian, custodian, or Other Primary Caregiver (OPC) and am submitting valid and proper residency documentation accordingly or have identified myself as a non-resident and understand the required tuition agreement and tuition payment needed for enrollment.
- I certify that I have established and will maintain a physical presence in the District, defined as the "actual occupation and inhabitance of a place of abode with the intent to dwell for a continuous period of time"; and I am submitting valid and proper documentation to verify residency, as set forth in 5A DCMR § 5004; or, I have identified myself as a non-resident and will complete the required tuition agreement and tuition payment.
- I consent to the disclosure of whether I was determined to meet the residency requirements for any government funded financial assistance program (such as, Medicaid, Temporary Assistance for Needy Families [TANF], or Supplemental Nutrition Assistance Program [SNAP]) in which I am enrolled for the sole purpose of verifying District residency for DC public or charter school enrollment. By signing below, I am saying: I authorize the Office of the State Superintendent of Education (OSSE) to obtain my personally identifiable DC residency status information from other state or federal agencies, including but not limited to, the DC Department of Human Services (DHS), the DC Housing Authority (DCHA) and the Department of Health Care Finance (DHCF). OSSE will protect my information and follow all applicable laws regarding the protection and use of this information.
- I understand that enrollment of the above-named student in District of Columbia Public Schools, 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 submission of valid and proper documentation verifying residency** or by completion of a tuition agreement and tuition payments.
- I understand that even if the documentation I provide appears to be satisfactory, OSSE or school officials, with reasonable basis, may seek further information to verify the student's residency or the OPC status of the adult enrolling the student.
- If the District of Columbia, through OSSE, determines that I am not a resident or an approved non-resident under 5A DCMR § 5007, I understand that I am liable for payment of retroactive tuition for the student, and that the student may be withdrawn from school.
- I understand that if I provide false information or documentation, I can be referred to DC Office of the Inspector General for criminal prosecution or to the DC Office of the Attorney General for prosecution under the False Claims Act and under DC Code § 38-312 which provides that 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 understand that this form and all supporting documentation to this form, including all other OSSE forms used to verify residency, will be retained by the school. I consent to their disclosure to OSSE, external auditors and other District agencies including but not limited to the DC Office of the Inspector General and the DC Office of the Attorney General, upon request, for the purposes of ensuring the accuracy of my District residency.
- I understand that the District of Columbia may use whatever legal means it has at its disposal to verify my residence.
- To verify residency to attend District of Columbia schools, I authorize the Office of Tax and Revenue (OTR) to review and confirm my District tax filings for a period of 3 tax years and to provide the results of that review to the OSSE's Office of Enrollment and Residency.
- **I agree to notify the school of any change of residence for myself or the student within three school days of such change and complete a DC Residency Verification Form**.

Enrolling Person SIGN HERE: _____ **DATE:** _____

Step Four: Submit this completed form and applicable documentation to your school.

SCHOOL OFFICIAL USE ONLY The following method was used to verify District of Columbia residency. Choose ONE method.

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 and the DC Office of the Attorney General, upon request.

School Official Name (print): _____ **Signature**: _____ **Date**: _____

Method A: School official verified
☐ OSSE Residency Verified (QLIK, ASPEN, or CBO Subsidy)
☐Homeless liaison verified
☐Ward of DC

Method B: Select one document
☐Pay stub
☐DC Gov. financial assistance
☐Certified DC Tax Form-D40
☐ Military housing orders
☐ Embassy letter

Method B: Select two documents
☐DC motor vehicle registration
☐DC driver's license/non-driver ID
☐ Lease with payment
☐Utility bill with payment

☐**Method C:** Home visit

☐**Non-resident**

Enrolling person, follow ONE of the methods (A-C) to verify your DC residency.

A

Verify with a school official. If you are experiencing homelessness, a ward of the District and/or a participant of a District public benefits program, such as Medicaid, SNAP, or TANF–your school may already have your information. Check with your school official or the school's homeless liaison.

Verify through the Office of Tax and Revenue (OTR). Re-enrolling families/students are often able to verify residency using OTR residency verification process. The enrolling person must have paid taxes in DC during the previous fiscal year and have the student's Social Security number. The student must be re-enrolling in the same local education agency and enrolling in grades K-12. Login to the system at ossedctax.com. If successful, your verification will then be available for your school to confirm.

B

Verify by submitting supporting documentation. *All* items must include the same name and address of the enrolling person as completed on the DC residency verification form and school-based enrollment documents.

ONE item is needed from this list.

- A valid **pay stub** issued within 45 days of the school's review of this form. Must contain withholding of only DC personal income tax for the current tax year and no other states listed for deduction, even if the amount is zero. It must also show a DC personal income tax withholding amount greater than zero for both the current tax year and current pay period.
- **Unexpired official documentation of financial assistance from the Government of the District of Columbia,** issued to the enrolling person within the past 12 months and current at the time presented to the school, including, but not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Security Income, housing assistance or other programs.
- **Certified copy of Form D40** by the DC Office of Tax and Revenue (OTR), with evidence of payment of DC taxes for the current or most recent tax year and must bear the OTR stamp.
- **Military housing orders or statement on military letterhead**, issued within the past 12 months and current at the time presented to the school. The housing order must be an official correspondence and cite the specific DC address of residence. The order must indicate that the enrolling person is currently residing and not an intent to reside.
- **Embassy letter** issued within the past 12 months. Must contain an official embassy seal and signature of embassy official; and indicate that the enrolling person currently resides, or will reside, on embassy property in DC during the relevant school year.

OR

TWO different items are needed from this list.

- **DC motor vehicle operator's permit** or official government-issued non-driver identification that is valid and unexpired.
- **DC motor vehicle registration** that is valid and unexpired. Temporary registrations are not acceptable.
- **Lease or rental agreement (including a military lease)** that is valid and unexpired **with a separate proof of payment of rent**, such as receipt of payment, money order, or copy of cashed check.
  The lease must contain the start date, monthly rent amount, name of landlord, and be signed by the enrolling person and landlord.
  The separate proof of payment must be for a period within two months immediately preceding the school's review of this form and match the monthly rent amount stated on the lease.
- **Utility bill** (***only gas, electric, and water bills are acceptable***) **with a separate paid receipt showing payment of the bill**, such as receipt of payment printout, money order, or copy of cashed check.
  The utility bill must be for a period within the two months immediately preceding the school's review of this form.
  The separate proof of payment must be for the specific bill submitted. The most common submission is two consecutive bills where the second bill shows payment on the first bill. A credited amount on a bill and government agency letter subsidizing payment for utility are also acceptable proofs of payment. All payments must be confirmed and not scheduled for a future date.

C

Verify through a home visit. If you are unable to verify through one of the above methods, speak with your school official about a home visit. The visit must occur inside the residence and demonstrate that the enrolling person and the student reside in the home.

Enrolling as a non-resident student

Non-resident students are only eligible to attend a District public school if there are no eligible DC residents on the waitlist, the LEA agrees to enroll the student, there is a signed tuition agreement in place with the Office of the State Superintendent of Education, and an initial tuition payment has been made. To complete a tuition agreement and tuition payment, please email osse.residency@dc.gov. Non-residents are not eligible for enrollment through the District's Pre-K Enhancement and Expansion Funding Program.

Persons eligible to enroll a student.

- **Parent** - a natural parent, stepparent, domestic partner, or parent by adoption who has custody or control of a student, including joint custody.
- **Guardian** - an appointed legal guardian of a student by a court of competent jurisdiction.
- **Custodian** - a person to whom physical custody has been granted by a court of competent jurisdiction.
- **Other Primary Caregiver** - is a person other than a parent or court-appointed custodian or guardian who is the primary provider of care or control and support to a student who resides with him or her, *and* whose parent, custodian, or guardian is unable to supply such care and support due to serious family hardship.
- **Adult Student** - A student who is 18 years of age or older, or who has been emancipated from parental control by marriage, operation of statute, or the order of a court of competent jurisdiction.

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

School Year 2024/2025 Technology Form

Use this form to sign up for Parent Portal and share your level of access to high-speed internet and technology.

DCPS Student		
First Name:	**Last Name:**	**Date of Birth:**
SY 2024/2025 School:		
Student Email:		

Parent Portal *Grants access to view your student's grades, attendance, and report cards via Aspen, DCPS' student information database.*

Would you like to be granted access to the Parent Portal in Aspen? ❑ **Yes** ❑ **No**

If yes, list the contact emails that should have access to Parent Portal:

Email 1:

Email 2:

Email 3:

Technology Access Survey *DCPS is striving to understand the technology needs of all our families.*

Does your student have access to a reliable internet connection at home?

❑ **Yes**

❑ **No**

Does your student have access to a laptop/tablet at home? Check only one.

❑ **My child has access to a laptop/tablet provided by DCPS**

❑ **My child has access to a personal or non-DCPS laptop/tablet**

❑ **My child has no laptop/tablet at home**

Technology Acceptable Use Policy Acknowledgement

DCPS provides students and staff with access to the internet, data and network systems (DCPS network). DCPS also provides students with access to computers, tablets, and/or other technology devices such as printers (DCPS devices or technology). The DCPS network and DCPS technology are provided to students for educational, research, and career development purposes. The use of DCPS Network and DCPS Technology is governed by DCPS' Student and Staff Technology and Network Acceptable Use Policy available here: https://dcps.tech/aup. Failure to use DCPS devices, technology, or network in line with the Student and Staff Technology and Network Acceptable Use Policy may result in disciplinary action. By checking the box below, you acknowledge that you have read and understand the Technology Acceptable Use Policy and agree to all terms and conditions outlined in the policy.

☐ **By checking this box I confirm that I have read, understood, and agree to the terms and conditions outlined in the DCPS Technology Acceptable Use Policy. I also confirm that I want my student to receive access to DCPS devices, technology, and network. I acknowledge that these items are owned by DCPS, are being loaned to my student for instructional and academic purposes only and must be returned upon request. Failure to return devices may result in a fee being charged to me.**

School Year 2024/2025 Consents

Use this form to tell DC Public Schools your preferences on 1) DCPS using your student's image, voice, and schoolwork and 2) releasing your student's information to military recruiters and 3) acknowledging expectations for school visitors.

DCPS Student	
First Name:	**Last Name:**

OPTIONAL – Media Consent and Release

By signing below, I hereby grant the District of Columbia, including DCPS, and its employees and agents, contractors, successors, and assignees the right to: (1) record my student's image and voice; (2) edit such recordings at their discretion; and (3) use such recordings, along with the artwork and written work of my student on videotape, in photographs, in digital media, and in any other form of electronic or print media (such photographs, digital media, and other electronic or print media containing my student's image, voice, artwork or written work are collectively referred to as "Media"). I understand that this release does not grant DCPS or the District of Columbia the right to disclose any biographical or other identifying information regarding my student and that I may revoke this consent at any time by contacting my school.

I hereby release DCPS and the District of Columbia, their successors, and their assignees and anyone lawfully using any Media 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. I understand that the provisions of this release are legally binding. This consent is valid in perpetuity for any Media created through the end of the school year and can be revoked by me at any time.

❑ I consent. ❑ I do not consent.

Print Name: _____ **Signature:** _____ **Date:** _____

OPTIONAL – Release of Information to Military Recruiters (6th through 12th Grade)

Federal laws require that DCPS provide military recruiters, upon request, with the name, address, and telephone number ("information") of all 6th through 12th grade students unless the parent/legal guardian of a student (or the student if an adult) has opted out of such disclosure by signing below. This consent is valid through your student's time enrolled at a DCPS and can be revoked at any time.

❑ I request that DCPS not release my student's/my (if student is an adult) information to military recruiters.

Print Name: _____ **Signature:** _____ **Date:** _____

REQUIRED – Expectations for School Visitors - Acknowledgement Form

I acknowledge that I have been made aware of the DCPS Expectations for School Visitors available at https://dcps.dc.gov/publication/expectations-school-visitors.

Print Name: _____ **Signature:** _____ **Date:** _____

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

School Year 2024/2025 Notifications

This document outlines the rights of parents/guardians and their DCPS student.

Every Student Succeeds Act of 2015

This notice is to inform you that if you are the parent of a student attending a Title I school, you have the right to request information regarding the professional qualifications of your student's classroom teachers under the Every Student Succeeds Act of 2015. At any time, you may ask for the following information:

- Whether a teacher has met District of Columbia qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction;
- Whether a teacher is teaching under an emergency or other provisional status through which District of Columbia qualification or licensing criteria have been waived;
- Whether a teacher is teaching in the field of discipline of the teacher's certification;
- Whether a student is being provided services by paraprofessionals (non-certified instructional aides that assist in the classroom under teacher supervision) and, if so, the qualifications of the paraprofessionals.

A current list of DCPS Title I schools may be found at https://dcps.dc.gov/publication/list-title-i-and-non-title-i-schools. Please submit all requests and any other questions you may have related to this notice to DC Public Schools by email to dcps.hrdataandcompliance@dc.gov or by fax to (202) 535-2483.

Protection of Pupil Rights Amendment

This notice informs parents/guardians and eligible students (emancipated minors or students 18 and older) of their rights regarding the administration of surveys and physical examinations/screenings and the collection and use of personal information for marketing purposes. These rights are stated in the Protection of Pupil Rights Amendment (20 U.S.C. § 1232h; 34 CFR Part 98) ("PPRA") and are provided in this document as well. DCPS has developed and adopted policies regarding these rights, as well as procedures to protect student privacy in the administration of surveys and the collection, disclosure, and use of personal information for marketing, sales, or other distribution purposes. DCPS notifies affected parents/guardians and eligible students in advance of any protected information surveys (defined below) and physical examinations/screenings administered to students. For all physical examinations/screenings and all surveys requiring passive consent, DCPS provides parents and eligible students with notices containing information about the examination/screening or survey and stating that they can opt a student out of participating in the activity. As a parent/guardian of a student or as an eligible student, you have the following rights under the PPRA:

1. **Consent to surveys**. Under the PPRA, parents/guardians and eligible students must provide active consent before students are required to submit to a survey, analysis, or evaluation that is funded in whole or in part by a program of the U.S. Department of Education (USDE) and concerns one or more of the following categories of protected information:
    - Political affiliations or beliefs of the student or student's parent;
    - Mental or psychological problems of the student or student's family;
    - Sexual behavior or attitudes;
    - Illegal, antisocial, self-incriminating, or demeaning behavior;
    - Critical appraisals of others with whom respondents have close family relationships;
    - Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
    - Religious practices, affiliations, or beliefs of the student or student's parent; and
    - Income, other than as required by law to determine program eligibility.

While not required under the PPRA, DCPS requires active consent for *any* survey, regardless of funding source, with one or more questions related to the above categories.

2. **Ability to opt out**. Parents/Guardians and eligible students will always have an opportunity to opt a student out of the following:
    - Any survey that does not ask questions related to the protected categories;
    - Any student focus groups or interviews conducted by an outside party conducting research on behalf of DCPS;
    - Any nonemergency, invasive physical exam or screening required as a condition of attendance administered by the school or its agent and not necessary to protect the immediate health and safety of a student (except hearing, vision, and scoliosis screenings and any physical exam/screening required under state law); and
    - Any activities involving collection, disclosure, or use of personal information collected from students for marketing, sale, or distribution (this does not apply to the collection, disclosure, or use of personal information collected from students for the *exclusive* purpose of developing, evaluating, or providing educational products or services for, or to, students or educational institutions).
3. **Right to inspect**. Parents/Guardians and eligible students, upon request and before their administration or usage, may inspect:
    - All surveys of students, regardless of whether they ask questions related to protected categories, their funding source, and whether created by DCPS or an outside party;
    - Instruments used to collect personal information for any marketing, sales, or other distribution purposes; and

- Instructional material used as part of the educational curriculum.

Parents/guardians and eligible students who believe their rights have been violated may file a complaint at the following address: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202.

The Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act (FERPA) affords parents/guardians and students aged 18 or older ("eligible students") certain rights with respect to a student's education records. This document is meant to notify you of specific important rights you have:

1. **The right to inspect and review the student's education records** within 45 days of the day the District of Columbia Public Schools (DCPS) receives a request for access. Parents/Guardians or eligible students should submit to the school principal a written request that identifies the record(s) they wish to inspect. The school principal or other appropriate school official will make arrangements for access and notify the parent/guardian or eligible student of the time and place where the records may be inspected or if the requested records do not exist.
2. **The right to request amendment of the student's education records** that the parent/guardian or eligible student believes are inaccurate, misleading or otherwise in violation of the student's privacy rights under FERPA. Parents/Guardians or eligible students may submit to the school principal a written request, clearly identifying the part of the record they want changed, and specify why it should be changed. If DCPS decides not to amend the record as requested by the parent/guardian or eligible student, the school will notify the parent/guardian or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent/guardian or eligible student when notified of the right to a hearing.
3. **The right to consent (in writing) to disclosures of personally identifiable information** contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. For example, DCPS discloses education records without consent to officials of another school or school district in which a student seeks or intends to enroll, or is already enrolled, when such disclosure is requested for purposes of the student's enrollment or transfer. In addition, FERPA authorizes disclosure without consent to school officials whom DCPS has determined to have legitimate educational interests. A school official is a person employed by DCPS as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person or company with whom DCPS has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent/guardian, student or other volunteer serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record to fulfill their professional responsibility.
4. **The right to file a complaint** with the U.S. Department of Education concerning alleged failures by DCPS to comply with the requirements of FERPA. The name and address of the office that administers FERPA are Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Ave. SW, Washington, DC 20202.
5. **The right to withhold disclosure of directory information**. At its discretion, DCPS may disclose basic "directory information" that is generally not considered harmful or an invasion of privacy without the consent of parents/guardians or eligible students in accordance with the provisions of District law and FERPA. Parents/Guardians or eligible students may instruct DCPS to withhold any or all the information identified above by completing the Release of Student Directory Information section below within ten (10) school days of the students' enrollment. If the below release is not provided within ten (10) school days of enrollment, DCPS will assume that the below information may be designated as directory information for your student for the remainder of the school year.

OPTIONAL – Do Not Release Student Directory Information

You may elect to restrict the information DCPS releases. Please mark the items below that you do *not* want DCPS to disclose without your consent, if any:

- ❑ Student Name
- ❑ Student Address
- ❑ Parent/Guardian Email
- ❑ Grade Level
- ❑ Participation in Officially Recognized Activities and Sports
- ❑ Weight and Height of Members of Athletic Teams
- ❑ Names of Schools Previously Attended
- ❑ Student's Date and Place of Birth
- ❑ Diplomas/Awards Received
- ❑ Dates of Attendance
- ❑ Student Telephone Listing
- ❑ Name of School Attending

By signing below, I affirm that:

- DCPS shall not disclose any information item next to which I have placed a checked;
- I hereby consent that DCPS may disclose any information item that I have not checked; and
- I understand that DCPS may still disclose information next to which I have placed a check if it is required to do so or if it is otherwise permissible under FERPA.

Student Name: _____ **Parent/Guardian Name:** _____

Signature: _____ **Date:** _____