



Welcome to the 2026-2027 school year (SY26-27) with DC Public Schools! Please complete this enrollment packet for the upcoming SY26-27. 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. Additional forms are located at <https://enrolldcps.dc.gov/>.

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

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

New to DCPS

- Proof of age and student legal name – examples include a birth certificate, hospital records, court order, adoption decree, previous school records, passport, visa, naturalization forms, or baptismal certificate
- Proof of parental relationship or guardianship – examples include a birth certificate, hospital records, court order, adoption decree, or proof of paternity, coupled with a state issued ID.
- Proof of residency – see *Residency Verification Form* for a complete list of acceptable documents and verification methods

Returning to a DCPS school

- State issued ID for enrolling persons
- Proof of parental relationship or guardianship is required if there is a different enrolling person from the previous school year. – *see above*
- 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, including the health and immunization forms that are required by the first day of school.

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, My School DC Lottery, and 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: <https://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>.*



School Year 2026/2027 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 2026/2027 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					
Legal First Name:		Legal Last Name:		Date of Birth:	
Address:		Student ID:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
		Apt:	City/State:		ZIP:
SY 2025/2026 School or Early Childhood Program:				City/State:	
SY 2026/2027 School:			Student Email:		
Grade Level for School Year 2026/2027: check only one					
<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: check only one					
<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: check only one					
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Non-Hispanic/Non-Latino			
Race: check all that apply					
<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	
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	Contact One		Legal 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 want to receive text/email communications about my student. <input type="checkbox"/> I would like to be granted access to the Parent Portal in Aspen.		
Parent/Guardian/Custodian	Contact Two		Legal 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 want to receive text /email communications about my student. <input type="checkbox"/> I would like to be granted access to the Parent Portal in Aspen.		

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. Learn about supports: dcps.dc.gov/service/supports-english-learners-els

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.*

Name:	Relationship to Student:	Phone:
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
Legal 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 SY26-27, and I am confirming my enrollment for SY26-27 at the school listed above. I understand that if I am enrolling because 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 – 2026-27 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 2026-27 School Year:					
Enrolling person (see page 2) > First Name:			Last Name:		
I am the:					
<input type="checkbox"/> student's parent	<input type="checkbox"/> student's legal guardian/custodian (provide proof)*	<input type="checkbox"/> student's Other Primary Caregiver and completed the OPC Form	<input type="checkbox"/> minor parent and completed the sworn statement		
<input type="checkbox"/> adult student		<input type="checkbox"/> legal guardian signing on behalf of an adult student (limited uses)**			
Address of enrolling person:					Apt.:
City:	State:	ZIP:	DC Resident:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email:			Phone:		

Step Three: Sign Certification of Residency Requirements.

- I agree to notify the school within three (3) school days of any change in my residence and complete a new DC Residency Verification Form.
- I certify that I am the adult student or the student's legal parent, guardian, custodian, or Other Primary Caregiver (OPC); that I have established and will maintain a physical presence in the District as defined in 5A DCMR § 5004; and that I am submitting valid documentation to verify residency or have identified myself as a non-resident and will complete the required tuition agreement and payment.
- I authorize OSSE to obtain and verify information about my residency status from the District, the Federal government and any state or local government agency or program (including agencies in Maryland and Virginia), including but not limited to the DC Department of Human Services (DHS), DC Housing Authority (DCHA), Department of Health Care Finance (DHCF), Virginia Department of Taxation, Maryland Comptroller's Office, the Department of Motor Vehicles, and programs such as Medicaid, Temporary Assistance for Needy Families [TANF], or Supplemental Nutrition Assistance Program [SNAP], for the purpose of verifying my residency for enrollment in a DC public or public charter school. OSSE will protect my information in accordance with applicable federal, District and state laws.
- I authorize OSSE or its designee to verify any document submitted to prove residency, including but not limited to paystubs or employment records, and to contact other individuals listed on enrollment records (e.g., another parent, guardian, custodian, or OPC) to confirm my residency.
- I understand that if OSSE determines I am not a resident or an approved non-resident under 5A DCMR § 5007, I may have to pay back tuition and the student may be withdrawn.
- I understand that providing false information or documentation may result in referral to DC Office of the Inspector General (OIG) for criminal prosecution or to the DC Office of the Attorney General (OAG) civil penalties under DC Code § 38-312, including fines up to \$2,000 or imprisonment up to 90 days.
- I understand that this form and supporting documentation will be kept by the school. I agree that it can be shared with OSSE, external auditors, and other District agencies (e.g., OIG, OAG) for verification purposes.
- I authorize OSSE's Office of Enrollment and Residency and the DC Office of Tax and Revenue (OTR) to share and review my District tax filings for up to three (3) years to confirm residency.

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: _____

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|--|---|---|--|
| Method A: School official verified | Method B: Select one document | Method B: Select two documents | <input type="checkbox"/> Method C: Home visit |
| <input type="checkbox"/> OSSE Residency Verified (QLIK, ASPEN, or CBO Subsidy) | <input type="checkbox"/> Pay stub | <input type="checkbox"/> DC motor vehicle registration | |
| <input type="checkbox"/> Homeless liaison verified | <input type="checkbox"/> DC Gov. financial assistance | <input type="checkbox"/> DC driver's license/non-driver ID | |
| <input type="checkbox"/> Ward of DC | <input type="checkbox"/> Certified DC Tax Form-D40 | <input type="checkbox"/> Lease with proof of payment | <input type="checkbox"/> Non-resident |
| <input type="checkbox"/> Address Confidentiality Program (ACP) | <input type="checkbox"/> Military housing orders | <input type="checkbox"/> Utility bill with proof of payment | |
| | <input type="checkbox"/> Embassy letter | | |

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 ossedtax.com. If successful, your verification will then be available for your school to confirm.

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.

<p>ONE item is needed from this list.</p> <ul style="list-style-type: none"> • 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. Sections related to federal and District taxes may not be redacted. • 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. 	<p>OR</p>	<p>TWO different items are needed from this list.</p> <ul style="list-style-type: none"> • 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. <i>The lease</i> must contain the start date, monthly rent amount, name of landlord, and be signed by the enrolling person and landlord. <i>The separate proof of payment</i> 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. If your <i>proof of payment</i> amount differs from your lease, provide your school with a signed letter from the property owner explaining the difference. Contact your school for details. • 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. <i>The utility bill</i> must be for a period within the two months immediately preceding the school’s review of this form. <i>The separate proof of payment</i> 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.
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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. Supporting legal documents shall be provided.
- **Custodian*** - a person to whom physical custody has been granted by a court of competent jurisdiction. Supporting legal documents shall be provided.
- **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.
****Legal Guardian signing on behalf of an adult student**- this option should only be selected if an adult student is unable to sign for themselves due to incapacitation (physical or mental). All other adult students shall self-enroll.



School Year 2026-2027 Technology Form

Use this form to share your level of access to high-speed internet and technology.

DCPS Student

Legal First Name:	Legal Last Name:	Date of Birth:
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SY 2026-2027 School:

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 2026/2027 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) opting into sending attendance reminders to student cell phones.

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: _____

OPTIONAL – Text Message Reminder to Student Cell Phones (6th through 12th Grade)

I, the undersigned, understand that providing my child's cell phone number is optional and will be used exclusively to send attendance-related text messages to my child, who is in grades 6-12. I consent to the secure storage of this information and understand that it will not be released as "Directory" information. I also acknowledge that my child or I have the right to opt out of receiving text messages at any time by using the opt-out provision included in each text message.

Student’s Name and Cell Phone Number: _____ and ____-____-____.

Print Name: _____ Signature: _____ Date: _____

OPTIONAL – Panorama Survey Opt-Out (3rd through 12th Grade)

In fall and spring, DCPS administers the district-wide Panorama Student Survey to **grades 3 and up** to help DCPS and school administrators understand how students perceive their school experience. The survey is voluntary and confidential. Teachers can see your child’s average scores on different topics on the survey, but cannot see student answers to individual questions. Students’ names will never be used in reports about the survey. The survey asks students in grades 6 and up about their gender and sexual identity. These questions help the district promote equitable treatment for all students. Students can skip these or any other questions.

If you would like to opt-out your student from taking the district-wide surveys, please fill out this form: [School Year 2026-27 Panorama Student Survey Opt-Out](#). The form, survey questions, and previous results are all available at dcps.dc.gov/surveys.

OPTIONAL – Consent to Share Student Attendance Records with Healthcare Providers

The Collaborative for Attendance Resources in Education and Health (CARE-H) program is a partnership between DCPS and local medical providers for students who are enrolled at DCPS. The CARE-H program aims to support student health and reduce absenteeism, because students who are healthy are better able to attend school and learn. In order for the CARE-H program to work, DCPS schools must provide information on my child's school attendance to my child's healthcare providers.

By signing this consent, I give permission to DCPS to securely share attendance information with my child's doctor(s), nurse(s) and medical office staff. This information will help these healthcare professionals provide special outreach and medical attention to students and their families, when needed. This will also allow DCPS to work with these healthcare professionals to keep my child healthy and successful at school. I acknowledge and understand that I will have the opportunity to review the records and the right to challenge the contents of such records.

This authorization will continue through my child's enrollment at DCPS, unless I withdraw my consent in writing. I can withdraw my consent at any time. NOTE: If DCPS wishes to share or discuss other parts of my child's academic record with my child's medical team, I will be asked to provide separate consent.

I consent. I do not consent.

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



School Year 2026-2027 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 DCPS by email to dcps.hrdataandcompliance@k12.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 local 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, DC 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:

- The right to inspect and review the student's education records** within 45 days of the day 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.
- 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.
- 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.
- 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.
- 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:

- | | | |
|--|---|--|
| <input type="checkbox"/> Student Name | <input type="checkbox"/> Participation in Officially Recognized Activities and Sports | <input type="checkbox"/> Diplomas/Awards Received |
| <input type="checkbox"/> Student Address | <input type="checkbox"/> Weight and Height of Members of Athletic Teams | <input type="checkbox"/> Dates of Attendance |
| <input type="checkbox"/> Parent/Guardian Email | <input type="checkbox"/> Names of Schools Previously Attended | <input type="checkbox"/> Student Telephone Listing |
| <input type="checkbox"/> Grade Level | <input type="checkbox"/> Student’s Date and Place of Birth | <input type="checkbox"/> 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 Legal Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

This is a summary of vaccines required for children to enter key grades in the District of Columbia. **The number of ✓ is the total number of doses needed to enter those grades.** More detail on the requirements is available at dchealth.dc.gov/immunizations.

To start Pre-K3*	To start Kindergarten	To start 7 th grade	To start 11 th grade
DTaP ✓✓✓✓✓	DTaP ✓✓✓✓✓	DTaP ✓✓✓✓✓	DTaP ✓✓✓✓✓
Polio ✓✓✓	Polio ✓✓✓✓	Polio ✓✓✓✓	Polio ✓✓✓✓
Chickenpox ✓	Chickenpox ✓✓	Chickenpox ✓✓	Chickenpox ✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓
Hepatitis A ✓✓	Hepatitis A ✓✓	Hepatitis A ✓✓	Hepatitis A ✓✓
Pneumococcal (PCV) ✓✓✓✓		Tdap ✓	Tdap ✓
Haemophilus Influenzae Type B (Hib) ✓✓✓ (✓) <i>Depending on brand used</i>		HPV ✓	HPV ✓✓
		Meningococcal (ACWY) ✓	Meningococcal (ACWY) ✓✓

✓ = number of doses

*Your Pre-K3 child may become eligible for a booster dose of vaccines against MMR, Chickenpox, Polio, and Diphtheria/Tetanus/Pertussis when they turn 4 years of age. We highly encourage getting these on time, however these will not count against the attendance requirement mid-year.

Universal Health Certificate

Use this form to report your child’s physical health to their school/child care facility. This is required by DC Official Code §38-602. Have a licensed medical professional complete part 2–4. Access health insurance programs at dchealthlink.com. You may contact the Health Suite Personnel through the main office at your child’s school.

Part 1: Child Personal Information To be completed by parent/guardian.						
Child Last Name:		Child First Name:		Date of Birth:		
School or Child Care Facility Name:			Student Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
Home Address:		Apt:	City:	State:	Zip:	
Ethnicity: (check all that apply) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer						
Race: (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer						
Parent/Guardian Name:				Parent/Guardian Phone:		
Emergency Contact Name:				Emergency Contact Phone:		
Insurance Type: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> None			Insurance Name/ID #:			
Has the child seen a dentist/dental provider within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No						
I give permission to the signing health examiner/facility to share the health information on this form with my child’s school, child care, camp, or appropriate DC Government agency. In addition, I hereby acknowledge and agree that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under DC Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct. I understand that this form should be completed and returned to my child’s school every year.						
Parent/Guardian Signature: _____				Date: _____		
Part 2: Child’s Health History, Exam, and Recommendations To be completed by licensed health care provider.						
Date of Health Exam:	BP: _____ <input type="checkbox"/> NML <input type="checkbox"/> ABNL	Weight: _____ <input type="checkbox"/> LBS <input type="checkbox"/> KG	Height: _____ <input type="checkbox"/> IN <input type="checkbox"/> CM	BMI:	BMI Percentile:	
Vision Screening Acuity Level: For Children 3–6 years of age, only a (Pass/Fail) will be required. Those age 6 years and over will require vision acuity levels for this section.						
Vision Screening:	Left eye: 20/_____ L: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Right Eye: 20/_____ R: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected	<input type="checkbox"/> Wears glasses	<input type="checkbox"/> Referred	<input type="checkbox"/> Not tested
Hearing Screening: (check all that apply) <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Tested <input type="checkbox"/> Uses Device <input type="checkbox"/> Referred						

Does the child have any of the following health concerns? (check all that apply and provide details below)

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Sickle cell |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Heart failure | <input type="checkbox"/> Significant food/medication/environmental allergies that may require emergency medical care. <i>Details provided below.</i> |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Kidney failure | <input type="checkbox"/> Long-term medications, over-the-counter-drugs (OTC) or special care requirements. <i>Details provided below.</i> |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Language/Speech | <input type="checkbox"/> Significant health history, condition, communicable illness, or restrictions. <i>Details provided below.</i> |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Obesity | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Scoliosis | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | |

Provide details. If the child has Rx/treatment, please attach a complete Medication/Medical Treatment Plan form; and if the child was referred, please note.

TB Assessment | Positive TB tests should be referred to Primary Care Provider for evaluation. For questions call DC Health TB Control at 202-698-4040. Visit dchealth.dc.gov/page/tuberculosis-basics for more information on Tuberculosis.

What is the child’s risk level for TB? <input type="checkbox"/> High > complete skin test and/or IGRA blood test <input type="checkbox"/> Low	Skin Test Date:	IGRA Blood Test Date:
	Skin Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive, CXR Negative <input type="checkbox"/> Positive, CXR Positive <input type="checkbox"/> Positive, Treated	IGRA Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Positive, Treated

Additional notes on TB test:

Lead Exposure Risk Screening | All lead levels must be reported to DC Childhood Lead Poisoning Prevention. Call (202) 481-3837 or fax (202) 535-2607.

ONLY FOR CHILDREN UNDER AGE 6 YEARS <i>Every child must have 2 lead tests by age 2</i>	1st Test Date:	1st Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:	1st Serum/Finger Stick Lead Level:
	2nd Test Date:	2nd Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:	2nd Serum/Finger Stick Lead Level:
	3rd Test Date:	3rd Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:	3rd Serum/Finger Stick Lead Level:

Universal Health Certificate

Part 3: Immunization Information | To be completed by licensed health care provider.

Child Last Name:	Child First Name:				Date of Birth:		
Immunizations	In the boxes below, provide the dates of immunization (MM/DD/YY)						
	1	2	3	4	5		
Diphtheria, Tetanus, Pertussis (DTP, DTaP)							
DT (<7 yrs.)/ Td (>7 yrs.)							
Tdap Booster							
DTaP-IPV							
DTap-IPV-Hib							
DTap-HepB-IPV							
DTap-IPV-Hib-HepB							
Haemophilus influenza Type b (Hib)							
Hepatitis B (HepB)							
Polio (IPV, OPV)							
Measles, Mumps, Rubella (MMR)							
Measles							
Mumps							
Rubella							
Varicella			Child had Chicken Pox (month & year): _____ Verified by (name & title): _____				
Pneumococcal Conjugate							
Hepatitis A (HepA) (Born on or after 01/01/2005)							
Human Papillomavirus (HPV)							
Meningococcal Vaccine (ACWY)							
Influenza (Recommended)							
Rotavirus (Recommended)							
COVID-19 (Recommended)							
Other							

The child is **behind on immunizations** and there is a plan in place to get him/her/them back on schedule.
Next appointment is: _____

Universal Health Certificate

Medical Exemption (if applicable)

I certify that the above child has a valid medical contraindication(s) to being immunized at the time against:

- Diphtheria Tetanus Pertussis Hib HepB Polio (All 3 serotypes) Measles
 Mumps Rubella Varicella Pneumococcal HepA Meningococcal (ACWY) HPV
 COVID-19

Is this medical contraindication permanent or temporary? Permanent Temporary until: (date) _____

Alternative Proof of Immunity (if applicable)

I certify that the above child has laboratory evidence of immunity to the following and I've attached a copy of the titer results.

- Diphtheria Tetanus Pertussis Hib HepB Polio (All 3 serotypes) Measles
 Mumps Rubella Varicella Pneumococcal HepA HPV

Part 4: Licensed Health Practitioner's Certifications | To be completed by licensed health care provider..

This child has been appropriately examined and health history reviewed and recorded in accordance with the items specified on this form. At the time of the exam, this child is **in satisfactory health** to participate in all school, camp, or child care activities except as noted on page one. No Yes

This child is cleared for **competitive sports**. NA No Yes Yes, pending additional clearance from: _____

I hereby certify that I examined this child and the information recorded here was determined as a result of the examination.

Licensed Health Care Provider Office Stamp **Provider Name:**

Provider Phone:

Provider Signature:

Date:

OFFICE USE ONLY | Universal Health Certificate received by School Official and Health Suite Personnel.

School Official Name:

Signature:

Date:

Health Suite Personnel Name:

Signature:

Date:

Oral Health Assessment Form

For all students aged 3 years and older, use this form to report their oral health status to their school/childcare facility.

Instructions

- Complete Part 1 below. Take this form to the child/student's dental provider. The dental provider should complete Part 2.
- Return fully completed and signed form to the student's school/childcare facility.

Part 1: Child/Student Information (To be completed by parent/guardian)

First Name _____ Last Name _____ Middle Initial _____

School or Child Care Facility Name _____

Student ID _____ Date of Birth

		/			/				
--	--	---	--	--	---	--	--	--	--

(MMDDYYYY):

Current Gender Identity: _____

Home Address: _____ Home State: _____ Home Zip Code

--	--	--	--	--

School Grade	Day- care	Pre-K3	Pre-K4	K	1	2	3	4	5	6	7	8	9	10	11	12	Adult Ed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: Child/Student's Oral Health Status (To be completed by the dental provider)

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Does the patient have at least one tooth with apparent cavitation (untreated caries)? This does NOT include stained pit or fissure that has no apparent breakdown of enamel structure or non-cavitated demineralized lesions (i.e. white spots). | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the patient have at least one treated carious tooth ? This includes any tooth with amalgam, composite, temporary restorations, or crowns as a result of dental caries treatment. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the patient have at least one permanent molar tooth with a partially or fully retained sealant ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the patient have untreated caries or other oral health problems requiring care before his/her routine check-up? (Early care need) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the patient have pain, abscess, or swelling? (Urgent care need) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. How many primary teeth in the patient's mouth are affected by caries that are either: | | |
| a. Untreated <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | |
| b. Treated with fillings/crowns? <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | |
| 7. How many permanent teeth in the patient's mouth are affected by caries that are either: | | |
| a. Untreated <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | |
| b. Treated with fillings/crowns <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | |
| c. Extracted due to caries? <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | | |
| 8. What type of dental insurance does the patient have? | Medicaid | Private Insurance |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | Other | None |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Dental Provider Name _____	Dental Office Stamp
Dental Provider Signature _____	
Dental Examination Date _____	

This form replaces the previous version of the DC Oral Health Assessment Form used for entry into DC Schools, all Head Start programs, and childcare centers. This form is approved by the DC Health and is a confidential document. Confidentiality is adherent to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for the health providers and the Family Education Right and Privacy Act (FERPA) for the DC Schools and other providers.