

Washington Global Public Charter School  
 525 School St SW Washington DC 20024  
 202.796.2415(0) 202.479.1047(F)  
 Enrollment Application Checklist SY 2018-2019

Student Name _____		Grade _____		
Parent Name _____		Phone# _____		
	Complete	Incomplete	Outstanding	Comments
Application				
My Schools DC Form				
Residency Form				
Home Visitation Consent				
Home Language Survey				
Permission Slip				
Media Release				

Health Form      Dental Form    \_\_\_    McKinney Vento

\_\_\_    Other Caregiver    \_\_\_    Sworn Statement of other Primary CG



**WASHINGTON GLOBAL  
PUBLIC CHARTER SCHOOL**  
525 SCHOOL ST SW, WASHINGTON, DC 20024  
[www.washingtonglobal.org](http://www.washingtonglobal.org)  
**2018-2019 SCHOOL YEAR ENROLLMENT FORM**

**FOR OFFICE USE ONLY:** Date Read: \_\_\_\_\_ Time Read: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

*STUDENT DATA*

Student Name: (Print) \_\_\_\_\_ Gender:  M  F Student ID No.: \_\_\_\_\_  
**Current School & Grade (SY 2017-2018):** \_\_\_\_\_ **Grade (SY 2018-2019):** \_\_\_\_\_  
 Birthdate:     /     /     / \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City/State: Washington, D.C. Zip Code: \_\_\_\_\_

*FAMILY DATA*

Who does the child live with:  Mother  Father  Both  Relative  Legal Guardian  Other \_\_\_\_\_  
 Mother/ Guardian (Print) \_\_\_\_\_  
 Home Address (if different from student) \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
 Mother/Guardian's Employer: \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
 Father/Guardian (Print) \_\_\_\_\_  
 Home Address (if different from student) \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
 Father/Guardian's Employer: \_\_\_\_\_ **Email Address:** \_\_\_\_\_

*SIBLING INFORMATION*

If you have other children enrolling or attending Washington Global Public Charter School, please complete the following:  
 Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  New  Returning  
 Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  New  Returning  
 Student Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_  New  Returning

*EMERGENCY CONTACT AUTHORIZATION TO RELEASE STUDENT(S)*

In case of emergency, the following relatives, friends, neighbors may be contacted and my child may be released to their custody:  
 Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency Contact 3: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Uniform Shirt Size \_\_\_\_\_

IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_ Date \_\_\_\_\_

**NON-DISCRIMINATION POLICY**

*Washington Global PCS prohibits discrimination on the basis of a student's race, color, religion, national origin, language spoken, intellectual or athletic ability, measures of achievement or aptitude, or status as a student with special needs.*

**THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

*The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Washington Global PCS, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Washington Global PCS may disclose appropriately designated "directory information" without written consent, unless you have advised the LEA to the contrary in accordance with LEA's procedures. The primary purpose of directory information is to allow the Washington Global PCS to include this type of information from your child's education records in certain school publications. If you do not want Washington Global PCS to disclose directory information from your child's education records without your prior written consent, you must notify the LEA in writing by 8/27/2015.*

**PENALTY FOR FALSE INFORMATION**

*Any person, including any District of Columbia public school or public charter school official, who knowingly supplies false information to a public official shall be subject to payment of fine of not more than \$500, or imprisonment for not more than 90 days, or any combination thereof. The case of any such person may be referred to the Office of the Attorney General for consideration for prosecution.*



**MY SCHOOL DC**

**The Public School Lottery**

MySchoolDC.org

# SEAT ACCEPTANCE FORM

## 2018-19 School Year

**Parents/Guardians: Please complete this form to confirm your child accepts a seat in a My School DC school.**

**Student Information** \*You must fill out one form for each child you are enrolling.

First Name:	MI:	Application Tracking #:
Last Name:	Date of Birth: ____/____/____ <small>MONTH DAY YEAR</small>	
Current School (2017-18):	Current Grade (2017-18):	
Enrolling School (2018-19):	Enrolling Grade (2018-19):	

**Parent/Guardian Information** \*Should be the person completing the form and confirming residency.

First Name:	Last Name:	
Address:		
City:	State:	Zip:

**Records Release** \*Please check the *required* box below so that the enrolling school can request your child's records.

I hereby authorize the enrolling school to request records from the current school for the student above. I also hereby authorize the enrolling school to request records from any other previous schools that the student above has attended. I understand that the enrolling school will not further transfer or communicate the records to any other party or agency without my express written consent except under authority of the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).

**Enrollment Confirmation** \*Please read and check each box below to confirm your enrollment for 2018-19.\*

I understand that by submitting this form, I am confirming the enrollment of the student above in the enrolling school for 2018-19.

I understand that I cannot maintain enrollment at more than one school for 2018-19.

I understand that once this form is submitted, I will give up my space at my current school for next school year (2018-19) and my current school will be notified that my space may be awarded to another family.

I understand that if I enroll as a result of receiving a waitlist offer from this school that I will be removed from the waitlists of all schools ranked below this school on my My School DC application.

Parent/Guardian Signature:	Date: ____/____/____ <small>MONTH DAY YEAR</small>
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**THIS SECTION IS TO BE COMPLETED BY STAFF AT THE ENROLLING SCHOOL**

Date Received: ____/____/____ Time Received: _____ Printed Staff Name: _____ Staff Signature: _____	School Seal (if applicable):
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Name of LEA/School \_\_\_\_\_

### FORM 1 - DC RESIDENCY VERIFICATION FORM

#### Part A. Parent/Guardian/Caregiver or Adult Student Confirmation

I am the  parent/guardian  other primary caregiver  adult student who  is re-enrolling\*  is enrolling \_\_\_\_\_ in school.  
 (Adult Student/Student Full Name)

I, the parent/guardian/caregiver or adult student, affirm that I reside at the following address:

Street \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

*\*Re-Enrolling can only be selected if all four items in Part B are applicable.*

#### Part B. Statement of Consent (this section is for enrolling persons who verify District residency using an intra-agency agreement).

Enrolling person must initial all four statements and identify which intra-agency data sharing process is used for residency verification.

I hereby affirm that the enrolling school/LEA verified my residency during the previous school year;  I hereby appoint OSSE as the representative authorized to verify student's residency through an Interagency data-sharing process with either: (select one below)

I hereby affirm that I continue to live in the District as I did in the previous school year;  Department of Human Services to verify participation in any District of Columbia financial assistance or public benefits program; or

I hereby consent to random verification of my residency status during this school year;  Office of Tax and Revenue (OTR) to verify taxpayer status.\*\*

*\*\*Enrolling person must log in to separate residency validation system through OTR. Enrolling school will provide guidance documents.*

#### Part C. Parent/Guardian/Caregiver or Adult Student Sworn Statement of DC Residency

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 presentation of residency verification documentation. If this sworn statement is false, I understand that I am liable for payment of retroactive tuition for the student, and that the student may be withdrawn from school. Additionally, I understand that, under D.C. Code §38-312, 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 hereby waive my rights to confidentiality of information relative to my residence and understand that the District of Columbia will use whatever legal means it has at its disposal to verify my residence. I also agree to notify the school of any change of residence for myself or the student within three (3) school days of such change.

(Printed Name of Parent/Guardian/Caregiver or Adult Student) \_\_\_\_\_ (Phone Number) \_\_\_\_\_

(Signature of Parent/Guardian/Caregiver or Adult Student) \_\_\_\_\_ (Date) \_\_\_\_\_

#### Part D. School Official Confirmation

The following item(s) selected below are used and/or presented as proof of District of Columbia residency. See reverse for detailed descriptions.

- One of the following items:**
  - Pay stub within 45 days.
  - Unexpired official documentation of DC Government financial assistance.
  - Certified copy of DC Tax Form-D40.
  - Military housing orders.
  - Embassy letter.
- Two of the following items with matching names and addresses:**
  - Unexpired DC motor vehicle registration.
  - Unexpired DC driver's license or non-driver ID.
  - Unexpired lease with separate proof of payment.
  - Utility bill with separate proof of payment.
- No supporting documentation required. A signature is required by enrolling person in Part C.**
  - There is evidence that the student is homeless and the homeless liaison has provided homeless verification.
  - Child is/was a ward of the District of Columbia.
- Select if District residency was verified via intra-agency agreement.**
  - Office of Tax and Revenue verification.\*\*
  - DC financial assistance verification.
- Use only if none of the previous options apply.**
  - The person enrolling the student or the adult student has consented to a home visit.

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

School Official (Print) \_\_\_\_\_ School Official (Signature) \_\_\_\_\_ Date \_\_\_\_\_



### FORM 4 - HOME VISITATION CONSENT & VERIFICATION

This form must be completed by the parent, guardian or other primary caregiver who enrolled the student, or by the adult student enrolling him or herself.

I, \_\_\_\_\_ (Print Name), as the (check one),

Parent, guardian or other primary caregiver

**OR**

of \_\_\_\_\_ (Student Name)

adult student him/herself

do hereby consent for \_\_\_\_\_ (LEA Name)

to conduct a home visit for the purpose of validating my DC residency. Personal information that may be collected in connection with this visit is to be retained in the official record of the student and will not be transferred or disclosed outside of the school, local education agency or state education agency, except where disclosure is required by law or is pursuant to the verification of my DC Residency. This information will be used for the purpose of validating DC residency of the student's parent, guardian, or other primary caregiver, or of the adult student him/herself.

Is permission for the home visit granted?

Yes

No

*If no, a home visitation cannot be conducted by the school and you will be required by law to prove DC residency by other means.*

Home Address of Parent/Guardian/Other Primary Caregiver or Adult Student:

Street: \_\_\_\_\_

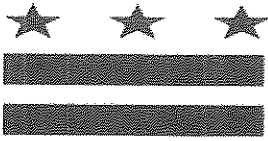
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Consenting to Home Visit (Print)      Name of Person Consenting to Home Visit (Signature)      Date

\_\_\_\_\_  
Name of Principal or Designee (Print)      Name of Principal or Designee (Signature)      Date

**Penalty for False Information:**

Any person, including any District of Columbia public school or public charter school official, who knowingly supplies false information to a public official in connection with student residency verification shall be subject to charges of tuition retroactively, and payment of a fine of not more than \$2,000 or imprisonment for not more than 90 days, but not both fine and imprisonment, pursuant to the District of Columbia Nonresident Tuition Act, approved September 8, 1960 and amended by the District of Columbia Public Schools and Public Charter School Student Residency Fraud Prevention Amendment Act of 2012 (D.C. Code §38-312). The case of any such person may be referred by the Office of the State Superintendent of Education to the Office of the Attorney General.



Office of the State Superintendent of Education

OSSE Home Language Survey (HLS) Form

Complete this Home Language Survey at the Student's initial enrollment in a District of Columbia School.

This form must be signed and dated by the Parent or Guardian.

This form must be kept in the student's file.

School: \_\_\_\_\_ Student ID #: \_\_\_\_\_
Student's Last Name: \_\_\_\_\_ Student's First Name \_\_\_\_\_

English
1. Is a language other than English spoken in your home?
2. Does your child communicate in a language other than English?
3. What is your relationship to the child?
If the answer to question 1 or 2 is Yes, the law requires your child's English language proficiency to be assessed.

REGISTRAR PROCESS:
• If a parent/guardian does not speak English and your school does not have staff that speaks the parent/guardian's language, please use the Language Line for communication (1-800-752-6096).
• If the HLS indicates a language other than English is spoken in the home, then further assessment must be conducted to determine the student's English-language proficiency level.

Español (Spanish)
1. ¿Se habla otro idioma que no sea el inglés en su casa?
2. ¿Habla el estudiante un idioma que no sea el inglés?
3. ¿Cuál es su relación con el estudiante?
Si la respuesta a la pregunta 1 ó 2 es "Sí", la ley requiere que se evalúe la fluidez de su hijo/a en el idioma inglés.

Français (French)
1. Parlez-vous une langue autre que l'anglais à la maison ?
2. Votre enfant communique-t-il dans une langue autre que l'anglais ?
3. Quel est votre relation avec l'enfant ?
Si la réponse à la question 1 ou 2 est Oui, la loi exige que les compétences de votre enfant en anglais soit évaluées.

中文 (Chinese)
1. 您家庭中是否使用不是英语的另外一种语言?
2. 您的孩子会使用不是英语的另一种语言交流吗?
3. 您和孩子的关系是什么?
如果第一或第二项问题的答案为“是”，法律要求评估您孩子的英语熟练能力 (English language proficiency)。

Tiếng Việt (Vietnamese)
1. Có ngôn ngữ nào khác ngoài tiếng Anh được nói ở nhà quý vị không?
2. Con em quý vị có nói một ngôn ngữ nào khác ngoài tiếng Anh không?
3. Xin cho biết liên hệ của quý vị với con em?
Nếu trả lời của câu hỏi 1 hoặc 2 là Có, luật lệ đòi hỏi con em quý vị phải được thăm định trình độ thông thạo Anh ngữ.

አማርኛ (Amharic)
1. በቤትዎ ውስጥ ከእንግሊዘኛ ሌላ ቋንቋ ጋር ቋንቋ አለ?
2. ልጅዎ ከእንግሊዘኛ ሌላ ቋንቋ ጋር ቋንቋ አለ?
3. ስለጅዎ ያለዎት ዝምድና ምን ዓይነት ነው?
ስጥ ዎቹ 1 ወይም 2 መልስዎ አዎን ከሆነ፣ የልጅዎ የእንግሊዘኛ ቋንቋ ትኩረት ማስጠንቀቂያ ማድረግ ይገባል።

School Official's Comments:

Signature of School Official Date Signature of Parent/Guardian Date

**Washington Global Public Charter School**  
525 School St SW  
Washington, D.C. 20024  
Parent Consent General Schoolwide Trips  
Waiver of Claims and Medical Authorization

To the Principal/Director of Washington Global Public Charter School:

\_\_\_\_\_ (Student name) has my permission to participate in schoolwide walking fieldtrips.

\_\_\_\_\_ (Parent/Guardian) agrees to direct my child to cooperate and to conform with directions and instructions of the Washington Global Public Charter School's personnel in charge of the field trip.

Should it be necessary for my child/me to have medical treatment while participating in this class, I hereby give the school personnel permission to use their judgment in obtaining medical services and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that Washington Global Public Charter School has no insurance covering such; medical or hospital costs incurred, and therefore, any cost incurred for such treatment shall be my sole responsibility.

My child is covered by medical/accident insurance  
 My child is not covered by medical/accident insurance

All persons participating in the fieldtrip are deemed to have waived all claims against the Washington Global Public Charter School and its employees for injury, accident, illness, or death occurring during or by reason of the fieldtrip.

I have read and understand the foregoing statement and agree to assume the responsibility stated and waive all claims.

\_\_\_\_\_ (Parent, Guardian, or Participating Adult)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Home and Business Phone Numbers)

**Students may be prohibited from attending the fieldtrip if they have behavioral infractions or attendance issues. School will be closed for students who are not attending the fieldtrip.**

\_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_ Date



## Washington Global Public Charter School

525 School St SW Washington DC 20024

### 2018 - 2019 MEDIA RELEASE FORM

I authorize and give full consent to Washington Global Public Charter School to make, reproduce, use, exhibit, display and broadcast, distribute and create derivative works of school- related photographs or videotape images of the student (named below) for use in connection with the activities of the school or for promoting, publicizing or describing Washington Global Public Charter School or any of its activities. This consent includes, without limitation, the right to publish such images on the Washington Global's website and Family Newsletter, public relations/promotional materials, such as marketing and admissions publications, advertisements, fundraising materials and any other Washington Global's-related publications. These images may appear in any of the wide variety of formats and media now available and that may be available in the future, including but not limited to print, broadcast, DVD, CD-ROM and electronic media.

**PLEASE INITIAL ONE:**

YES, I AUTHORIZE Washington Global to use above-stated information

NO, I DO NOT AUTHORIZE Washington Global to use above-stated information

**NAME OF STUDENT (PLEASE PRINT):**

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**NAME OF PARENT/GUARDIAN (PLEASE PRINT):**

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**SIGNATURE OF PARENT/GUARDIAN:**

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**DATE:** \_