



Welcome to the 2020/2021 school year with DC Public Schools! Please complete this enrollment packet for the upcoming school year 2020/2021. We've made each of the forms available as fillable PDFs so you can type your answers and have information pre-populate throughout the packet.

When you're done, simply print the packet, gather your supporting documents, and take them to your school's front office. 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 of 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 Form
- C. Consent Forms (Media Consent and Release, Release of Information to Military Recruiters, and Social Emotional Health Services)
- D. My School DC Seat Acceptance (*if applicable*)
- E. Notifications of Student and Parent/Guardian Rights
- F. Immunization Requirements
- G. Universal Health Form
- H. Oral Health Form

Step 2. Gather your supporting documents.

A few supporting documents are required to enroll your student:

New to any DCPS 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 Form for a complete list of acceptable documents and verification methods*
- C. Home language survey – *see Enrollment Form for this survey*

Returning to your current DCPS school

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

Step 3. Submit all the packet and support documents to your student's school office.

Enrollment packets should be brought to your student's 2020/2021 school typically during business hours.

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

The FARM application for households to receive free lunch will be available July 1, 2020. Applications are available online at <https://dcps.dc.gov/farm> or from your school's front office. All families are encouraged to submit an application.

Please note DCPS is required by law to annually verify the District residency of each family seeking to enroll in DCPS. DCPS conducts this 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 you fail to agree to pay non-resident tuition, your student will be at risk for exclusion from attending DCPS. For any questions, please contact the DCPS Enrollment Team at enroll@k12.dc.gov.

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 2020/2021 Enrollment Form

Use this form to enroll each of your new or returning students in a DC public school. Submit this form in-person at the school your student will attend for the 2020/2021 school year. All questions below must be answered. Please note residency must be verified within **ten calendar days** from the date you submit this form.

DCPS Student

Last Name:		First Name:			Date of Birth:	
Country of Birth:		Student ID:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		
Home Address:			Apt:	City:		State: ZIP:
School Year 2019/2020 School Name:					City/State:	
School Year 2020/2021 School Name:				Student Email:		
Grade Level for School Year 2020/2021: <i>check only one</i>						
<input type="checkbox"/> Pre-K3 <input type="checkbox"/> Pre-K4 <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Adult Education						
Migrant Status: In the past 36 months, has the student, their child, spouse, parent or guardian engaged in migrant work (meaning they moved and worked seasonally in jobs related to agriculture or fishery)? <input type="checkbox"/> No <input type="checkbox"/> Yes						
Housing Status: <i>Check only one</i> <input type="checkbox"/> Permanent (own, rent) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Shelter <input type="checkbox"/> Doubled Up <input type="checkbox"/> Unsheltered						
Do the following apply to the student? <input type="checkbox"/> Y <input type="checkbox"/> N In or awaiting Foster Care <input type="checkbox"/> Y <input type="checkbox"/> N Unaccompanied Youth (not in permanent housing)						
Ethnic Designation: <i>check only one</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino						
Race: <i>check all that apply</i> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Ntv Hawaiian/ Pac Islr <input type="checkbox"/> Black/African Am <input type="checkbox"/> White						
Does student have the following? <input type="checkbox"/> Y <input type="checkbox"/> N Allergies <input type="checkbox"/> Y <input type="checkbox"/> N Required medication <input type="checkbox"/> Y <input type="checkbox"/> N Dietary restrictions						
Select yes or no for each. School may follow up. <input type="checkbox"/> Y <input type="checkbox"/> N 504 Plan <input type="checkbox"/> Y <input type="checkbox"/> N IEP for special education services						

Parent/Guardian/Custodian	Caregiver One	First Name:		Last Name:		Relationship to Student:		
		Email:				Phone:		<input type="checkbox"/> Cell <input type="checkbox"/> Landline
		<input type="checkbox"/> Same as student		Address:		Phone:		<input type="checkbox"/> Cell <input type="checkbox"/> Landline
		Apt:	City:	State:	ZIP:	<input type="checkbox"/> I do NOT want to receive text /email communications about my student.		
Parent/Guardian/Custodian	Caregiver Two	First Name:		Last Name:		Relationship to Student:		
		Email:				Phone:		<input type="checkbox"/> Cell <input type="checkbox"/> Landline
		<input type="checkbox"/> Same as student		Address:		Phone:		<input type="checkbox"/> Cell <input type="checkbox"/> Landline
		Apt:	City:	State:	ZIP:	<input type="checkbox"/> I do NOT want to receive text /email communications about my student.		

Home Language Survey *Only complete if this is your initial enrollment into DCPS.*
 If answers to the questions 1, 2 or 3 indicate a language other than English, your student's English proficiency will be evaluated to ensure that services are offered to students who need them. For questions, please call the Language Acquisition Division at 202-671-0750.

What is the primary language used in the home? _____ (specify language)

What is the language most often used by the student? _____ (specify language)

What language or languages did the student use first? _____ (specify language)

In what language would you like to receive information from the school? *If "other" is selected, written correspondence will be sent in English. Interpretation will be provided when requested.*

English Spanish Amharic French
 Chinese Vietnamese Other: _____

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

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

Student's Siblings in DCPS *Please provide information for all of the student's siblings who attend any DCPS school.*

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Full Name:				
Date of Birth:				

Certification of Person Enrolling Student

I confirm all the information provided above is correct to the best of my knowledge. I understand that DCPS will keep this information confidential and will use it for DCPS business only. I understand that providing false information is punishable by law.

Print Name: _____ Signature: _____ Date: _____

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



DC Residency Verification Form –2020-21 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 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 2020-21 School Year School:					
Enrolling person > First Name:			Last Name:		
I am the:		<input type="checkbox"/> student's legal parent/guardian/custodian		<input type="checkbox"/> student's Other Primary Caregiver and completed the OPC Form	
<input type="checkbox"/> adult student				<input type="checkbox"/> minor parent and completed the sworn statement	
Address of enrolling person:					
City:		State:	ZIP:	DC Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:			Phone:		

Step Three: Sign Certification of Residency Requirements.

- I certify that I am the parent or the valid guardian, custodian, or Other Primary Caregiver 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 inhabitation 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 5-A 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 residency information if enrolled in a government-funded financial assistance program (Medicaid, TANF, SNAP) for the sole purpose of verifying District residency. By signing below, I am saying: I authorize the Office of the State Superintendent of Education (OSSE) to obtain my personally identifiable 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 Other Primary Caregiver 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 5-A 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 D.C. 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 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.
- I am aware that the District of Columbia may use whatever legal means it has at its disposal to verify my residence and I consent to the disclosure of residency information to the appropriate local authorities for verification and/or investigation.
- I agree to notify the school of any change of residence for myself or the student within three school days of such change.

Enrolling Person SIGN HERE: _____ DATE: _____

Step Four: Bring 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 or ASPEN)
- 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	<p>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, Supplementation Nutrition Assistance Program, or Temporary Assistance for Needy Families – your school may already have your information. Check with your school official or the school’s homeless liaison.</p> <p>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.</p>	
	<p>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>	
B	OR	<p>ONE item is needed from this list to verify residency.</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. • 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, the State Child Health Insurance Program (SCHIP), Supplemental Security Income, housing assistance or other programs. • Certified copy of Form D40 by the DC Office of Tax and Revenue, with evidence of payment of DC taxes for the current or most recent tax year and must bear the DC Office of Tax and Revenue stamp. • Current military housing orders or statement on military letterhead, must be official correspondence and cite the specific DC address of residence. • 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 and student or the adult student currently reside, or will reside, on embassy property in DC during the relevant school year.
	<p>TWO items are needed from this list to verify residency.</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. • Lease or rental agreement 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. • 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. 	
C	<p>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.</p>	

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, 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.



School Year 2020/2021 Consents

Use this form to tell DC Public Schools your preferences on 1) sharing your student’s information in the media; 2) providing social emotional services to your student; and 3) releasing your student’s information to military recruiters.

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, 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 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.

Parent/Guardian Name: _____ Signature: _____ Date: _____

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

Federal laws require that DCPS provides 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.

Parent/Guardian Name: _____ Signature: _____ Date: _____

OPTIONAL – Social Emotional Health Services

DCPS has highly qualified professionals and partners who help students experiencing stress, sadness, anger, and/or other emotions that can impact their lives. If you consent to a screening to determine level of need, your student’s information will be reviewed by the School Mental Health Team and will be handled confidentially to ensure your student’s privacy. If it is determined that your student needs therapeutic services, you will be notified and included in any plan for services, consistent with best practices. If you consent below, this consent is valid through the end of the school year and can be revoked at any time. For more information, contact the School Mental Health team at school.mentalhealth@k12.dc.gov.

- If you are not interested in having your student screened, please check this box and sign below: I do not consent.
- If you consent to have your student screened, please check which of the following your student is experiencing and sign below:

Parental divorce/separation Homelessness Foster care
 Incarcerated parent Death of close family Other trauma: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____



MY SCHOOL DC

The Public School Lottery

MySchoolDC.org

SEAT ACCEPTANCE FORM

2020-21 School Year

Parents/Guardians: If you participated in the My School DC lottery, please complete this form to confirm your child accepts a seat in a My School DC school and submit it with other enrollment requirements to the school in person.

Student Information

You must fill out one form for each child you are enrolling that participated in the My School DC lottery.

First and Last Name:

Date of Birth (MM/DD/YYYY):

Current School (2019-20):

Current Grade (2019-20):

Enrolling School (2020-21):

Enrolling Grade (2020-21):

Records Release

Please read and sign the bottom of this form so that the enrolling school can request your child's records.

By signing this form, I 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 sign the bottom of this form to confirm your understanding of each statement and your child's enrollment for 2020-21.

I understand that I cannot maintain enrollment at more than one school for 2020-21 and I am confirming my enrollment at the "Enrolling School" above.

I understand that once this form is submitted, I will give up my space at my current school for next school year (2020-21) 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 Information

This should be the same person completing the form.

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

FOR OFFICE USE ONLY

Application Tracking #: _____



School Year 2020/2021 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 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.

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. The DCPS Survey Calendar, available at <https://dcps.dc.gov/surveys>, notifies parents/guardians and eligible students, at the beginning of each school year and on a continuing basis, of the specific or approximate dates of protected information surveys 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 forms indicating they wish to 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.** Parents/Guardians and eligible students must 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 parents; and
 - Income, other than as required by law to determine program eligibility.
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 of protected information not funded by the USDE;
 - 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:
 - Surveys of protected information of students and surveys created by third parties;
 - 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:

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 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.
- 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 write the school principal, clearly identify 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 in order to fulfill his or her 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 of the information identified above by completing the Release of Student Directory Information section below.

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 I have placed a checked above;
- I hereby consent that DCPS may disclose any information item that I have not checked; and
- However, I understand that DCPS may still disclose this information if it is required to do so or if it is permissible under FERPA.

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

Signature: _____ **Date:** _____

All students attending school in DC must present proof of appropriately spaced immunizations by the first day of school. Please complete and return your student’s school health forms including the [Universal Health Certificate](#) and [Oral Health Assessment Form](#).
ALL STUDENTS SHOULD RECEIVE AN ANNUAL FLU VACCINE

My student should receive these vaccine doses upon school enrollment*	
 <p>2-3 years old</p> <p>Preschool to Head Start</p>	<p>The following vaccines are typically received before the age of 2:</p> <ul style="list-style-type: none"> 4 doses of Diphtheria/Tetanus/Pertussis (DTaP) 3 doses of Polio 1 dose Varicella if no history of chickenpox 1 dose of Measles/Mumps/Rubella (MMR) 3 doses of Hepatitis B 2 doses of Hepatitis A 3 or 4 doses depending on the brand of Hib (Haemophilus Influenza Type B) 4 doses of PCV (Pneumococcal)
 <p>4-6 years old</p> <p>Kindergarten to 1st Grade</p>	<p>Additional doses needed <u>after</u> receiving the vaccines listed above:</p> <ul style="list-style-type: none"> 1 dose of Diphtheria/Tetanus/Pertussis (DTaP) 1 dose of Polio 1 dose of Varicella if no history of chickenpox 1 dose of Measles/Mumps/Rubella (MMR)
 <p>7-10 years old</p> <p>2nd Grade to 5th Grade</p>	<p>Consult your doctor and make sure your student received <u>all</u> the vaccines listed above!</p>
 <p>11+ years old</p> <p>6th Grade to High School</p>	<p>Additional vaccines needed <u>after</u> receiving <u>all</u> vaccine doses listed above:</p> <ul style="list-style-type: none"> 1 dose of Tdap 2 doses of Meningococcal (Men ACWY) 2 or 3 doses of Human Papillomavirus Vaccine (HPV)

*The spacing and number of doses required may vary. Please contact your child’s health care provider. For additional information, contact DC Health’s Immunization Program at (202) 576-7130.

DC HEALTH 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 <https://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:			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"/> LB <input type="checkbox"/> KG	Height: _____ <input type="checkbox"/> IN <input type="checkbox"/> CM	BMI: _____	BMI Percentile: _____
Vision Screening: Left eye: 20/____ Right eye: 20/____ <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. Details provided below. |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Kidney failure | <input type="checkbox"/> Long-term medications, over-the-counter-drugs (OTC) or special care requirements. Details provided below. |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Language/Speech | <input type="checkbox"/> Significant health history, condition, communicable illness, or restrictions. Details provided below. |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Obesity | |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Scoliosis | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: _____ |

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 TST should be referred to Primary Care Physician for evaluation. For questions call T.B. Control at 202-698-4040.

What is the child's risk level for TB? <input type="checkbox"/> High → complete skin test and/or Quantiferon test <input type="checkbox"/> Low	Skin Test Date:	Quantiferon 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	
	Quantiferon 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 202-654-6002 or fax 202-535-2607.

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

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)									
Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5					
DT (<7 yrs.)/ Td (>7 yrs.)	1	2	3	4	5					
Tdap Booster	1									
Haemophilus influenza Type b (Hib)	1	2	3	4						
Hepatitis B (HepB)	1	2	3	4						
Polio (IPV, OPV)	1	2	3	4						
Measles, Mumps, Rubella (MMR)	1	2								
Measles	1	2								
Mumps	1	2								
Rubella	1	2								
Varicella	1	2	Child had Chicken Pox (month & year): Verified by: _____ (name & title)							
Pneumococcal Conjugate	1	2	3	4						
Hepatitis A (HepA) (Born on or after 01/01/2005)	1	2								
Meningococcal Vaccine	1	2								
Human Papillomavirus (HPV)	1	2	3							
Influenza (Recommended)	1	2	3	4	5	6	7			
Rotavirus (Recommended)	1	2	3							
Other	1	2	3	4	5	6	7			

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

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 Measles
 Mumps Rubella Varicella Pneumococcal HepA Meningococcal HPV

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 Measles
 Mumps Rubella Varicella Pneumococcal HepA Meningococcal 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**. N/A 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/child care facility.

Instructions

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

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

First Name _____ Last Name _____ Middle Initial _____

School or Child Care Facility Name _____

Date of Birth (MMDDYYYY)

--	--	--	--	--	--	--	--

Home Zip Code

--	--	--	--	--	--

School Grade	Day-care	PreK3	PreK4	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"/>

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

	Yes	No		
Q1 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"/>		
Q2 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"/>		
Q3 Does the patient have at least one permanent molar tooth with a partially or fully retained sealant ?	<input type="checkbox"/>	<input type="checkbox"/>		
Q4 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"/>		
Q5 Does the patient have pain, abscess, or swelling? (Urgent care need)	<input type="checkbox"/>	<input type="checkbox"/>		
Q6 How many primary teeth in the patient's mouth are affected by caries that are either untreated or treated with fillings/crowns ?	Total Number			
	<input type="text"/>			
Q7 How many permanent teeth in the patient's mouth are affected by caries that are either untreated, treated with fillings/crowns, or extracted due to caries ?	Total Number			
	<input type="text"/>			
Q8 What type of dental insurance does the patient have?	Medicaid	Private Insurance	Other	None
	<input type="checkbox"/>	<input type="checkbox"/>	<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 child care 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 (HIPPA) for the health providers and the Family Education Right and Privacy Act (FERPA) for the DC Schools and other providers.