Washington Global Public Charter School

525 School Street SW, Washington, DC 20024
202.796.2415 (o) 202.479.1047 (f)

Enrollment Application Checklist for SY 2019-2020

Student Name _____ Grade _____

Parent Name _____ Phone Number _____

	Complete	Incomplete	Outstanding	Comments
Application				
MySchoolDC 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
2019-2020 SCHOOL YEAR ENROLLMENT FORM

FOR OFFICE USE ONLY: **Date Rcad:** _____ **Time Rcad:** _____ **Staff Initials:** _____

STUDENT DATA

Student Name: (Print) Gender: ☐M ☐F Student ID No.:

Current School & Grade (SY 2018-2019): **Grade (SY 2019-2020):**

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
2019-20 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 (2018-19):	**Current Grade (2018-19):**
Enrolling School (2019-20):	**Enrolling Grade (2019-20):**

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 2019-20.

I understand that I cannot maintain enrollment at more than one school for 2019-20 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 (2019-20) 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 #:** _____

DC Residency Verification Form

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.

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

Details of all 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 in a DC public or public charter school: 1) the person enrolling the child must be the parent or the valid legal guardian, custodian or Other Primary Caregiver with proper documentation; 2) the person has established a physical presence in the District of Columbia; and 3) the person has submitted valid and proper documentation that establishes residency as set forth in law and regulations.

Step Two: Provide information about your family.

Student First Name:	**Student Last Name:**	**DOB:**
Name of SY18/19 School:	**Name of SY19/20 School:**	
Person enrolling student > First Name:	**Last Name:**	

I am the:

- ❑ adult student
- ❑ minor parent and completed the sworn statement
- ❑ student's parent/guardian/custodian
- ❑ student's other primary caregiver and completed the OPC Form

Address of person enrolling student:				
City:	**State:**	**ZIP**	**Email:**	**Phone:**

Step Three: 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 documentation accordingly;
- I certify that I have established and will maintain a physical presence in the District, defined as the "actual occupation and inhabitance of a place of abode with the intent to dwell for a continuous period of time"; and I am submitting valid and proper documentation to verify residency, as set forth in 5-A DCMR § 5004.
- 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**.
- 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 the Office of the State Superintendent of Education, determines that I am not a resident, 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 may share with 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 (3) school days of such change**.

Signature of Person Enrolling Student: _____ **Date**: _____

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

SCHOOL OFFICIAL USE ONLY The following method was used and/or presented as proof of District of Columbia residency. Choose ONE.

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**
- ❑ DC financial assistance verification
- ❑ Homeless liaison has provided homeless verification
- ❑ Ward of DC

❑ **Method B:** Office of Tax Revenue

❑ **Method C: One document**
- ❑ Pay stub
- ❑ DC Gov financial assistance
- ❑ Embassy letter
- ❑ DC Tax Form-D40
- ❑ Military housing orders

❑ **Method C: Two documents**
- ❑ DC motor vehicle registration
- ❑ DC driver's license/non-driver ID
- ❑ Lease with payment
- ❑ Utility bill with payment

❑ **Method D:** Home visit

Parents/Guardians, follow ONE of the methods (A-D) to verify your DC residency.

Method A

Verify with a school official.
If you are homeless, 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.

Method B

Verify through the Office of Tax and Revenue's website.
Re-enrolling families/students are often able to verify residency using OTR residency verification process. The person enrolling the student or the adult student must have paid taxes in DC during the previous fiscal year and have the student's social security number. Login to the system at ossedctax.com. Your information will then be sent directly to your school.

Method C

Verify by submitting supporting documentation.
Provide hard copies. The address and name on each of the items must be the same as on the completed form.

ONE item is needed from this list to verify residency.

- A valid **pay stub** issued within forty-five (45) days of providing proof of residency. Must contain the name of person enrolling the student or the name of the adult student showing his/her current DC home address and withholding of only DC personal income tax for the current tax year and no other states listed.
- **Unexpired official documentation of financial assistance from the Government of the District of Columbia,** issued to the person enrolling the student or the adult student 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 the name of person enrolling the student or the name of the adult student as evidence of payment of DC taxes for the current or most recent tax year.
- **Current military housing orders or statement on military letterhead, both of which shall include** the name of the person enrolling the student or the name of the adult student, and the residing District address.
- **Embassy letter** issued within the past twelve (12) months. Must contain the name of the person enrolling the student or the adult student and an official embassy seal. Must indicate that the caregiver and the dependent student or the adult student currently live on embassy property in DC or will reside on DC property during the relevant school year.

OR

TWO items are needed from this list to verify residency.

- Valid and unexpired **DC motor vehicle registration** showing the name of the person enrolling the student or the name of the adult student and his/her current District home address.
- Valid and unexpired **lease or rental agreement <u>with a separate proof of payment of rent</u>**, in the name of the person enrolling the student or the name of the adult student, for a period within two (2) months immediately preceding of the submission of this form, for the current DC address at which the person enrolling the student actually resides.
- Valid and unexpired **DC motor vehicle operator's permit** or official government issued non-driver identification in the name of the person enrolling the student or the name of the adult student showing his/her current DC home address.
- **Utility bill** (***only gas, electric, and water bills are acceptable***) **<u>with a separate paid receipt showing payment of the bill</u>**, from a period within the two (2) months immediately preceding the submission of this form, listing the name of the person enrolling the student or the name of the adult student and his/her current DC home address.

Method D

Verify through an alternative method.
If you are unable to verify through one of the above methods, speak with your school official about a home visit.

Home Visitation Consent & Verification Form

Use this form to consent to allowing a school official to verify District residency by visiting your residence. Complete one form per student enrolling in a DC public or public charter school.

Step One: Provide information about your family.

Student First Name:	**Student Last Name:**	**DOB:**
Full name of person enrolling the student:		

I am the:

- ❑ student's parent/guardian/custodian
- ❑ adult student
- ❑ student's other primary caregiver and completed the OPC Form
- ❑ Minor parent and completed the sworn statement

Address of person enrolling student:	**City:**	**State:**	**ZIP:**
Email:	**Phone:**		

Step Two: Consent to home visit by a school official.

I hereby consent for a school official 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 District residency. This information will be used for the purpose of validating District residency of the student's parent, guardian, or other primary caregiver, or of the adult student him/herself.

Signature of Person Enrolling Student: _____ **Date**: _____

SCHOOL OFFICIAL USE ONLY

The following information was verified by conducting a home visit by a school official.

Step 1

Date of Home Visit (mm/dd/yyyy):

Step 2

Name of people residing in the home:	Relationship to student:

Step 3

Who is the Primary Lease/Mortgage Holder:

_____

Is the student on the lease?
If no, explain:

- ❑ yes
- ❑ no

Step 4

Is there evidence that the enrolling person resides at the residence?
Describe:

- ❑ yes
- ❑ no

Step 5

Is there evidence that student resides at the residence?
Describe:

- ❑ yes
- ❑ no

Step 6

Check only one:

- ❑ **I have confirmed District residency of the enrolling person by conducting a home visit.**
- ❑ **I have confirmed District residency of the enrolling person and student by conducting a home visit (OPC Only).**
- ❑ **I was unable to confirm District residency of the enrolling person by conducting a home visit.**
- ❑ **I was unable to confirm District residency of the enrolling person and student by conducting a home visit (OPC Only).**

I certify that I am the school official authorized by the above named school to conduct a home visit for the student named above. I attest that the information herein provided is true to the best of my knowledge based on the home visit I conducted.

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

DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

For Families:

What is the Home Language Survey?

As part of the enrollment process in DC public and public charter schools, all parents and guardians must complete the Home Language Survey on the next page.

Schools use the Home Language Survey to determine if your child is eligible to take an English language proficiency screener (a short test). The screener helps your school determine if your child qualifies to participate in the school's English language instructional program. Federal law requires schools to offer qualifying students an English language instructional program so they can develop proficiency in the English language and be successful in their classes. **All DC residents, of all backgrounds, are welcome in public schools in the District of Columbia.**

The Home Language Survey is ***not*** used for immigration purposes.

The Home Language Survey is ***not*** used to determine:

- your immigration status;
- your residency status; or
- if your child is an English learner.

Please let your school know if you need assistance completing the Home Language Survey, and please be sure to sign and date the bottom.

DISTRICT OF COLUMBIA
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?**
   ☐ No ☐ Yes _____ (specify language)
2. **Does your child communicate in a language other than English?**
   ☐ No ☐ Yes _____ (specify language)
3. **What is your relationship to the child?**
   ☐ Father ☐ Mother ☐ Guardian ☐ Other (specify)_____

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?
   ☐ No ☐ Sí _____(idioma)
2. ¿Habla el estudiante un idioma que no sea el inglés?
   ☐ No ☐ Sí _____(idioma)
3. ¿Cuál es su relación con el estudiante?
   ☐ Padre ☐ Madre ☐ Guardián ☐ Otro (especifique)_____

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 ?
   ☐ Non ☐ Oui _____ (spécifiez la langue)
2. Votre enfant communique-t-il dans une langue autre que l'anglais ?
   ☐ Non ☐ Oui _____ (spécifiez la langue)
3. Quel est votre relation avec l'enfant ?
   ☐ Père ☐ Mère ☐ Tuteur ☐ Autre (spécifiez) _____

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?
   ☐ 否 ☐ 是 _____ (请指明语言)
2. 您的孩子会使用不是英语的另一种语言交流吗?
   ☐ 不会 ☐ 会 _____ (请指明语言)
3. 您和孩子的关系是什么?
   ☐ 父亲 ☐ 母亲 ☐ 监护人 ☐ 其它(请指明) _____

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?
   ☐ Không ☐ Có _____ (xin ghi rõ ngôn ngữ nào)
2. Con em quý vị có nói một ngôn ngữ nào khác ngoài tiếng Anh không?
   ☐ Không ☐ Có _____ (xin ghi rõ ngôn ngữ nào)
3. Xin cho biết liên hệ của quý vị với con em?
   ☐ Cha ☐ Mẹ ☐ Giám hộ ☐ Liên hệ khác (xin ghi rõ)

Nếu trả lời của câu hỏi 1 hoặc 2 là Có, luật lệ đòi hỏi con em quý vị phải được thẩm định trình độ thông thạo Anh ngữ.

አማርኛ (Amharic)

1. በቤትዎ ውስጥ ከእንግሊዘኛ ሌላ የሚነገር ቋንቋ አለ ?
   ☐ የለም ☐ አዎን _____(ቋንቋውን ይጥቀሱ)
2. ልጅዎ ከእንግሊዘኛ ሌላ የሚነጋገርዘት ሌላ ቋንቋ አለ?
   ☐ የለም ☐ አዎን _____(ቋንቋውን ይጥቀሱ)
3. ሰልጻ ያለዎት ዝምድና ምንድን ነው?
   ☐ አባት ☐ አናት ☐ አሳዳጊ ☐ ሌላ_____(ይግለጹ)

ለጥያቄ 1 ወይም 2 መልስዎ አዎን ከሆነ፥ የልጅዎ የእንግሊዘኛ ቋንቋ ቅልጥፍና ችሎታው ደረጃ አንዲገመገም ህጉ ያዛል።

School Official's Comments:

Signature of School Official Date

Signature of Parent/Guardian Date

Washington Global Public Charter School
525 School Street SW
Washington, DC 20024
Parent Consent – General School-wide 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 school-wide 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 Street SW
Washington, DC 20024
2019-2020 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):

_____

Name of Parent/Guardian (Please Print):

_____

Signature of Parent/Guardian:

_____

Date: _____

DISTRICT OF COLUMBIA UNIVERSAL HEALTH CERTIFICATE

Part 1: Child's Personal Information

Parent/Guardian: *Please complete Part 1 clearly and completely & sign Part 5 below.*

Child's Last Name:	*Child's First & Middle Name:*	*Date of Birth:*	*Gender:* ☐ *M* ☐ *F*	*Race/Ethnicity:* ☐ *White Non Hispanic* ☐ *Black Non Hispanic* ☐ *Hispanic* ☐ *Asian or Pacific Islander* ☐ *Other*_____
Parent or Guardian Name:	*Telephone:* ☐ *Home* ☐ *Cell* ☐ *Work*	*Home Address:*		*Ward:*
Emergency Contact Person:	*Emergency Number:* ☐ *Home* ☐ *Cell* ☐ *Work*	*City/State (if other than D.C.)*		*Zip code:*
School or Child Care Facility:	☐ *Medicaid* ☐ *Private Insurance* ☐ *None* ☐ *Other* _____	*Primary Care Provider (PCP):*		

Part 2: Child's Health History, Examination & Recommendations

Health Provider: Form must be fully completed.

DATE OF HEALTH EXAM:	WT ☐ LBS ☐ KG	HT ☐ IN ☐ CM	BP: (>3 yrs) ☐ NML ☐ ABNL	Body Mass Index (>2 yrs) (BMI)_____ %_____
HGB / HCT *(Required for Head Start)*	Vision Screening ☐ Glasses ☐ Referred Right 20/____ Left 20/____		Hearing Screening Pass_____ Fail_____ ☐ Referred	

HEALTH CONCERNS:			REFERRED or TREATED	HEALTH CONCERNS:			REFERRED or TREATED
Asthma	☐ NO	☐ YES	☐ Referred ☐ Under Rx	Language/Speech	☐ NONE	☐ YES	☐ Referred ☐ Under Rx
Seizure	☐ NO	☐ YES	☐ Referred ☐ Under Rx	Development/ Behavioral	☐ NONE	☐ YES	☐ Referred ☐ Under Rx
Diabetes	☐ NO	☐ YES	☐ Referred ☐ Under Rx	Other_____	☐ NONE	☐ YES	☐ Referred ☐ Under Rx

ANNUAL DENTIST VISIT: (Age 3 and older): Has the child seen a Dentist/Dental Provider within the last year? ☐ YES ☐ NO ☐ Referred

A. Significant health history, conditions, communicable illness, or restrictions that may affect school, child care, sports, or camp.
☐ NONE ☐ YES, please detail:

_____

_____

B. Significant food/medication/environmental allergies that may require *emergency medical care* at school, child care, camp, or sports activity.
☐ NONE ☐ YES, please detail: _____

_____

C. Long-term medications, over-the-counter-drugs (OTC) or special care requirements.
☐ NONE ☐ YES, please detail (For any medications or treatment required during school hours, a Physician's Medication Authorization Order should be submitted with this form)

_____

_____

_____

Part 3: Tuberculosis & Lead Exposure Risk Assessment & Testing:

TB RISK ASSESSMENTS	☐ HIGH→ ☐ LOW	Tuberculin Skin Test (TST) DATE:	☐ NEGATIVE ☐ POSITIVE	If **TST** Positive ☐ CXR NEGATIVE ☐ CXR POSITIVE ☐ TREATED	**Health Provider:** POSITIVE TST should be referred to PCP for evaluation. For questions, call T.B. Control: 202-698-4040
LEAD EXPOSURE RISKS	☐ YES→ ☐ NO	LEAD TEST DATE:	RESULT:	**Health Provider:** *ALL* lead levels must be reported to DC Childhood Lead Poisoning Prevention Program: Fax: 202-481-3770	

Part 4: Required Provider Certification and Signature

☐ YES ☐ NO This child has been appropriately examined & health history reviewed. At time of exam, this child is in satisfactory health to participate in all school, camp or child care activities except as noted above.

☐ YES ☐ NO This athlete is cleared for competitive sports.

☐ YES ☐ NO Age-appropriate health screening requirements performed within current year. If no, please explain:

_____

_____

Print Name	MD/NP Signature	Date
Address	Phone	Fax

Part 5: Required Parental/Guardian Signatures. (Release of Health Information)

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.

Print Name **Signature** **Date**

DISTRICT OF COLUMBIA UNIVERSAL HEALTH CERTIFICATE

Student's Name: _____/_____/_____ Date of Birth:_____/_____/_____
Last First Middle Mo. /Day/ Yr.

Sex: ☐ Male ☐ Female School or Child Care Facility:_____

Section 1: Immunization: Please fill in or attach equivalent copy with provider signature and date.

IMMUNIZATIONS	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN						
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	Chicken Pox Disease History: Yes ☐ When: Month_____ Year_____ Verified by:_____ (Health Care Provider) Name & Title				
Pneumococcal Conjugate	1	2	3	4			
Hepatitis A (HepA) (Born on or after 01/01/2005)	1	2					
Meningococcal Vaccine	1						
Human Papillomavirus (HPV)	1	2	3				
Influenza (Recommended)	1	2	3	4	5	6	7
Rotavirus (Recommended)	1	2	3				
Other							

_____ _____ _____
Signature of Medical Provider Print Name or Stamp Date

Section 2: MEDICAL EXEMPTION. For Health Care Provider Use Only.

I certify that the above student has a valid medical contraindication to being immunized at the time against: (check all that apply)

Diphtheria: (__) Tetanus: (__) Pertussis: (__) Hib: (__) HepB: (__) Polio: (__) Measles: (__) Mumps: (__) Rubella: (__) Varicella: (__) Pneumococcal: (__)

HepA: (__) Meningococcal: (__) HPV: (__)

Reason:_____

This is a permanent condition (___) or temporary condition (___) until ____/____/____.

_____ _____ _____
Signature of Medical Provider Print Name or Stamp Date

Section 3: Alternative Proof of Immunity. To be completed by Health Care Provider or Health Official.

I certify that the student named above has laboratory evidence of immunity: (Check all that apply & attach a copy of titer results)

Diphtheria: (__) Tetanus: (__) Pertussis: (__) Hib: (__) HepB: (__) Polio: (__) Measles: (__) Mumps: (__) Rubella: (__) Varicella: (__) Pneumococcal: (__)

HepA: (__) Meningococcal: (__) HPV: (__)

_____ _____ _____
Signature of Medical Provider Print Name or Stamp Date

District of Columbia Oral Health (Dental Provider) Assessment Form

Parent/Guardian Instructions:
Part 1: Please complete all sections including child's race or ethnicity. Please indicate the ward of your home address, list primary care provider, dental provider, and type of dental insurance. If the child has no dental provider and is uninsured, then please write "None" in each box.
Part 2: By signing this section the parent or guardian gives permission to the dentist or facility to share the oral health information on this form with the child's school, childcare, camp, Department of Health, or the entity representing this document. All information will be kept confidential. **This form will not be completed without parent/guardian signature. The parent/guardian must sign, print and date this part.**

Part 1: Child's Personal Information (to be completed by the parent/guardian)

Child's Last Name:	Child's First & Middle Name:	Date of Birth: MM/DD/YYYY	Gender: ❑ M ❑ F	School or Child Care facility: Grade:
Parent/Guardian Name 1:	Telephone 1: ❑ Home ❑ Cell ❑ Work	Home Address:		Ward:
Parent/Guardian Name 2:	Telephone 2: ❑ Home ❑ Cell ❑ Work	Emergency Contact:		Telephone:
Race Ethnicity: ❑ White Non-Hispanic ❑ Black Non-Hispanic ❑ Hispanic ❑ Asia or Pacific Islander ❑ Other				
Primary Care Provider (Medical):	Dentist/Dental Provider:	Type of Dental Insurance: ❑ Medicaid ❑ Private Insurance ❑ None ❑ Other		

Part 2: Required Parent/Guardian Signatures

Parent/Guardian Release of Health Information.
I give permission to the signing health examiner or facility to share the health information on this form with my child's school, childcare, camp, or Department of Health.

PRINT NAME of parent/guardian:	SIGNATURE of parent/guardian:	Date:

Dental Provider Instructions:
Part 3: Circle Yes or No in findings column. For Yes, please explain in Comments Section.
Part 4 Indicate whether the child has been appropriately examined and if treatment is complete. If treatment is incomplete, refer patient for follow up care. Dentist must sign, date, and provide required information.

Part 3: Child's Findings and Parent Recommendations (please indicate in findings column)

CONFIDENTIAL FORM

	Findings	Comments
Gingival inflammation	Y N	
Plaque and/or calculus	Y N	
Abnormal gingival attachments	Y N	
Malocclusion	Y N	
Treated Dental Caries	Y N	
Untreated dental caries	Y N	❑ Check box if Urgent
Sealants on permanent molars	Y N	
Cleft lip and palate	Y N	
Preventative services completed	Y N	What kinds of preventative services were completed? ❑ Prophy ❑ Fluoride ❑ Oral Hygiene

Part 4: Final Evaluation/Required Dental Provider Signatures

This child has been appropriately examined. Treatment ❑ is completed ❑ is not completed ❑ under treatment ❑ refused treatment ❑ not necessary.
The child has ongoing ❑ urgent ❑ non-urgent treatment needs and is under treatment ❑ by me or ❑ has been referred to:

DDS/DMD Signature:	Print Name:		
Address:	Fax:	Phone:	Date:

District of Columbia Health Certificate:
This Form replaces the previous version of the District of Columbia Oral Health (Dental Provider) Assessment Form used for entry into DC Schools, all Head Start programs, Childcare providers, camps, all school programs, sports or athletic participation, or any other District of Columbia activity requiring a physical examination. The form was approved by the DC Department of Health and follows the American Academy of Pediatric Dentistry (AAPD) Guidelines on Mandatory School-Entrance Oral Health Examination. AAPD recommends that a child be given an oral health exam within 6 months of eruption of the child's first tooth and no later than his or her first birthday. The DC Department of Health recommends that children 3 years of age and older have an oral health examination performed by a licensed dentist and have the DC Oral Health Assessment Form completed. This form 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 Rights and Privacy Act (FERPA) for the DC Schools and other providers.