

Washington Global Public Charter School  
525 School St SW, Washington, DC 20024  
(o): 202-796-2415 (f): 202-479-1047  
Enrollment Application Checklist for SY2020-2021

Student Name: _____		Grade: _____		
Parent Name: _____		Phone Number: _____		
Item	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 Caregiver



WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL

525 SCHOOL ST SW, WASHINGTON, DC 20024

[www.washingtonglobal.org](http://www.washingtonglobal.org)

2020-2021 SCHOOL YEAR ENROLLMENT FORM

<b>FOR OFFICE USE ONLY:</b>			Date Read: _____	Time Read: _____	Staff Initials: _____
<b>STUDENT DATA</b>					
Student Name (Print): _____			Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Student ID: _____	
<b>Current School &amp; Grade (SY 19-20):</b>			<b>Grade (SY 20-21):</b>		
Birthdate:    /    /			Race/Ethnicity: _____		
Home Address: _____			City/State: Washington, DC    Zip Code: _____		
<b>FAMILY DATA</b>					
Who does the child live with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Relative <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other: _____					
Mother/Guardian (Print): _____					
Home Address (if different from student): _____					
Home Phone: _____		Work Phone: _____		Cell/Pager: _____	
Mother/Guardian Employer: _____			<b>Email Address:</b> _____		
Father/Guardian (Print): _____					
Home Address (if different from student): _____					
Home Phone: _____		Work Phone: _____		Cell/Pager: _____	
Father/Guardian Employer: _____			<b>Email Address:</b> _____		
<b>SIBLING INFORMATION</b>					
If you have other children enrolling or attending Washington Global Public Charter School, please complete the following:					
Student Name: _____		Current Grade: _____		<input type="checkbox"/> New	<input type="checkbox"/> Returning
Student Name: _____		Current Grade: _____		<input type="checkbox"/> New	<input type="checkbox"/> Returning
Student Name: _____		Current Grade: _____		<input type="checkbox"/> New	<input type="checkbox"/> Returning
<b>EMERGENCY CONTACT AUTHORIZATION TO RELEASE STUDENT(S):</b>					
In case of emergency, the following relatives, friends, neighbors may be contacted and my child may be released to their custody					
<b>Emergency Contact 1:</b>			<b>Relationship:</b>		
Home Phone: _____		Work Phone: _____		Cell Phone: _____	
<b>Emergency Contact 2:</b>			<b>Relationship:</b>		
Home Phone: _____		Work Phone: _____		Cell Phone: _____	
<b>Emergency Contact 3:</b>			<b>Relationship:</b>		
Home Phone: _____		Work Phone: _____		Cell Phone: _____	

Student Uniform Shirt Size: \_\_\_\_\_ IEP: \_\_\_\_\_ 504 Plan: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>NON-DISCRIMINATION POLICY</b>
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.
<b>THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)</b>
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 educational 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 Washington Global PCS to include this type of information from your child's educational records in certain school publications.
If you do not want Washington Global to disclose directory information from your child's education records without your prior written consent, you must notify the LEA in writing by 8/31/2020.
<b>PENALTY FO FALSE INFORMATION</b>
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

## 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 #:** \_\_\_\_\_



# 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"/> adult student <input type="checkbox"/> student's Other Primary Caregiver and completed the OPC Form <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.

<b>A</b>	<p><b>Verify with a school official.</b> 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><b>Verify through the Office of Tax and Revenue (OTR).</b> 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 <a href="https://ossedctax.com">ossedctax.com</a>. If successful, your verification will then be available for your school to confirm.</p>				
<b>B</b>	<p><b>Verify by submitting supporting documentation.</b> 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> <table border="1"> <thead> <tr> <th data-bbox="105 441 836 493">ONE item is needed from this list to verify residency.</th><th data-bbox="836 441 1563 493">TWO items are needed from this list to verify residency.</th></tr> </thead> <tbody> <tr> <td data-bbox="105 493 836 1453"> <ul style="list-style-type: none"> <li>A valid <b>pay stub</b> 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.</li> <li><b>Unexpired official documentation of financial assistance from the Government of the District of Columbia</b>, 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.</li> <li><b>Certified copy of Form D40</b> 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.</li> <li><b>Current military housing orders or statement on military letterhead</b>, must be official correspondence and cite the specific DC address of residence.</li> <li><b>Embassy letter</b> issued within the past 12 months. 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The separate proof of payment must be for a period within two months immediately preceding the school’s review of this form and match the monthly rent amount stated on the lease.</i></li> <li><b>Utility bill (only gas, electric, and water bills are acceptable) with a separate paid receipt showing payment of the bill</b>, such as receipt of payment printout, money order, or copy of cashed check. <i>The utility bill must be for a period within the two months immediately preceding the school’s review of this form. The separate proof of payment must be for the specific bill submitted. The most common submission is two consecutive bills where the second bill shows payment on the first bill. A credited amount on a bill and government agency letter subsidizing payment for utility are also acceptable proofs of payment.</i></li> </ul> </td></tr> </tbody> </table>	ONE item is needed from this list to verify residency.	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<b>C</b>	<p><b>Verify through a home visit.</b> 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](mailto: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.



# Home Visitation Consent & Verification Form –2020-21 School Year

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:	
Enrolling Person:			
I am the: <input type="checkbox"/> student's 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:
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:	<input type="checkbox"/> yes <input type="checkbox"/> no
Step 4	Is there evidence that the enrolling person resides at the residence? Describe:		<input type="checkbox"/> yes <input type="checkbox"/> no
Step 5	Is there evidence that student resides at the residence? Describe:		<input type="checkbox"/> yes <input type="checkbox"/> no
Step 6	Check only one: <input type="checkbox"/> I have confirmed District residency of the enrolling person by conducting a home visit. <input type="checkbox"/> I have confirmed District residency of the enrolling person and student by conducting a home visit (OPC Only). <input type="checkbox"/> I was <u>unable</u> to confirm District residency of the enrolling person by conducting a home visit. <input type="checkbox"/> I was <u>unable</u> 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: _____			

## Guidance for School Official conducting home visit

	Reason for conducting home visit:	Items to confirm:
or	Residency verification of parent, guardian, custodian	<input type="checkbox"/> Parent, guardian, custodian has custody of student <input type="checkbox"/> Parent, guardian, custodian resides at the residence
	Verification of Other Primary Caregiver (OPC)	<input type="checkbox"/> Evidence that the OPC resides at the residence <input type="checkbox"/> Evidence that the student resides at the residence

### Possible items to look for when confirming residence

The following items *could* be used to confirm the person enrolling the student and/or the student resides at the residence. **This is not an exhaustive list.**

- Personal hygiene products/toiletries
- Personal effects such as clothing, shoes, or items normally worn or carried on the person
- Sleeping area
- Student's school work
- Personal photos
- Mail





DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

## HOME LANGUAGE SURVEY INSTRUCTIONS FOR LEAS

**PURPOSE:** The Home Language Survey is used to determine if the student is eligible to take an English language proficiency screener. The screener score determines if the student is identified as an English learner or not an English learner. Students who are identified as English learners have the right to participate in the English language instructional program at school. **Federal law<sup>1</sup> requires schools to offer eligible students an English language instructional program so they may attain English language proficiency and achieve academic success.**

The Home Language Survey is **not** used to determine a family's immigration status; a family's residency status; or if the student is an English learner (this is determined by the English language proficiency screener).

### HOW TO ADMINISTER THE SURVEY

- Provide **all** families enrolling their child in a District of Columbia school for the **first** time the OSSE Home Language Survey. The form is in English, Spanish, Amharic, French, Chinese, Korean and Vietnamese.
  - **For LEAs that provide the Home Language Survey within their online enrollment form**, be sure to provide the information for families in the grey box and the questions exactly as stated, including the translations into English, Spanish, Amharic, French, Chinese, Korean and Vietnamese.
  - **For re-enrolling students or students transferring within DC**, check the Early Access to English Learner Data application to verify the student's EL status and previous screening and/or ACCESS scores. It is **not** necessary to give this survey to families who are re-enrolling their child in a District of Columbia school.
- Reasonable efforts should be made to help the family understand the purpose of the survey and how to complete it. If needed, provide language support to families who may not be able to read or understand it.
  - Skilled interpreters should be made available for families who need language assistance to complete the survey<sup>2</sup>. This includes who are illiterate, need sign language, and/or need braille.
  - The Language Line, a telephonic interpreting service where an interpreter participates in the conversation between the school and the family over the telephone, is one resource schools can use.

- Ensure the survey has been completed, signed, and dated by the parent or guardian.
- A school official, such as the registrar, must sign and date the bottom of the form upon receipt from the parent or guardian.
- Keep the signed and dated survey in the student's file.
- If a family refuses to complete the survey, make a reasonable effort to help the family understand the purpose of the survey and how to complete it; including providing language assistance, if necessary. If, after reasonable efforts have been made, the family still refuses to complete the survey, note the refusal and date on the survey and do not flag the student for English language proficiency screening.

### HOW TO PROCESS THE HOME LANGUAGE SURVEY RESPONSES

- If the response to question 1, 2 or 3 is a language other than English, refer the student to the appropriate LEA staff, e.g., English learner coordinator, for English language proficiency screening.
- The screener must be administered within 30 days of the student's first day attending the school (Stage 5 enrollment). OSSE's [Delivering Education Services to English Learners](#) lists state-approved screeners.
- If the response to questions 1, 2 and 3 is English only, the student is considered proficient and does not need to be screened.
- The fourth question "For additional information only: What other languages are spoken in your home?" must not be used to determine screening. It is included to provide the school additional information about the student and family's multilingual assets.
- Enter the language(s) listed on questions 1 and/or 2 in your LEA's School Information System (SIS) under the "native language" field. The language entered must correspond to the three-digit code for a valid language on the International Organization of Standardization list ([www.iso.org](http://www.iso.org)).

<sup>1</sup> ESSA sec. 1112 requires local education agencies using Title I or Title III funds to provide a language instruction educational program and not later than 30 days into the school year, inform parents of an English learner identified for participation or participating in such a program.

<sup>2</sup> Refer to [Delivering Educational Services to English Learners](#) and the [Office of Human Rights website](#) for more information about the Language Access Act, covered entities and resources.





## 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. For all students who are enrolling in a DC school for the first time, parents must complete the OSSE Home Language Survey at the time of enrollment. The purpose of the three questions below is to determine if your child needs English language proficiency screening. If the answers to questions 1, 2 or 3 indicate a language other than English, the school must screen your child for possible identification as an English learner using a screener test.

**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 and is not shared with Immigration and Customs Enforcement (ICE). 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.

This form must be signed and dated by the parent/guardian and school official and kept in the student's file.

Student's Last Name

Student's First Name

School Name

1. What is the primary language used in the home?

2. What is the language most often used by the student?

3. What language or languages did the student use first?

For additional information only:

What other languages are spoken in your home?

Signature of Parent/Guardian

Date

Signature of School Official

Date

To be completed by School Official:

Refer for English language proficiency screening? ☐ Yes ☐ No

**Washington Global Public Charter School**  
525 School St 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 field trip, I hereby give the school personnel permission to use their judgement 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 field trip 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 field trip.

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 field trip if they have behavioral infractions or attendance issues. School will be in session for students who are not attending the field trip.**

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

**Washington Global Public Charter School**

525 School St SW, Washington, DC 20024

***2020-2021 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 medical.

**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:** \_\_\_\_\_

# 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. |
| <input type="checkbox"/> Behavioral     | <input type="checkbox"/> Kidney failure    | <i>Details provided below.</i>                                                                                        |
| <input type="checkbox"/> Cancer         | <input type="checkbox"/> Language/Speech   | <input type="checkbox"/> Long-term medications, over-the-counter-drugs (OTC) or special care requirements.            |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Obesity           | <i>Details provided below.</i>                                                                                        |
| <input type="checkbox"/> Developmental  | <input type="checkbox"/> Scoliosis         | <input type="checkbox"/> Significant health history, condition, communicable illness, or restrictions.                |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Seizures          | <i>Details provided below.</i>                                                                                        |
| <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:			
	Quantiferon Results:			

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 <sup>st</sup> Test Date:	1 <sup>st</sup> Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:	1 <sup>st</sup> Serum/Finger Stick Lead Level:
	2 <sup>nd</sup> Test Date:	2 <sup>nd</sup> Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:	2 <sup>nd</sup> Serum/Finger Stick Lead Level:
HGB/HCT Test Date:		HGB/HCT Result:	

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

<b>Child Last Name:</b>					<b>Child First Name:</b>			<b>Date of Birth:</b>		
<b>Immunizations</b>	<b>In the boxes below, provide the dates of immunization (MM/DD/YY)</b>									
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 <b>apparent cavitation</b> (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 <b>treated carious tooth</b> ? 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 <b>partially or fully retained sealant</b> ?	<input type="checkbox"/>	<input type="checkbox"/>		
Q4 Does the patient have untreated caries or other oral health problems requiring <b>care before his/her routine check-up? (Early care need)</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Q5 Does the patient have <b>pain, abscess, or swelling? (Urgent care need)</b>	<input type="checkbox"/>	<input type="checkbox"/>		
Q6 How many <b>primary teeth</b> in the patient's mouth are affected by caries that are either <b>untreated or treated with fillings/crowns</b> ?	<div>Total Number</div> <table border="1"> <tr> <td></td><td></td> </tr> </table>			
Q7 How many <b>permanent teeth</b> in the patient's mouth are affected by caries that are either <b>untreated, treated with fillings/crowns, or extracted due to caries</b> ?	<div>Total Number</div> <table border="1"> <tr> <td></td><td></td> </tr> </table>			
Q8 What type of dental insurance does the patient have?	<div>Medicaid</div> <input type="checkbox"/>	<div>Private Insurance</div> <input type="checkbox"/>		
	<div>Other</div> <input type="checkbox"/>	<div>None</div> <input type="checkbox"/>		

Dental Provider Name \_\_\_\_\_  
Dental Provider Signature \_\_\_\_\_  
Dental Examination Date \_\_\_\_\_

Dental Office Stamp

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.