



WASHINGTON GLOBAL PUBLIC CHARTER SCHOOL

525 SCHOOL ST SW, WASHINGTON, DC 20024

www.washingtonglobal.org

2023-2024 SCHOOL YEAR ENROLLMENT FORM

FOR OFFICE USE ONLY:			Date Read: _____	Time Read: _____	Staff Initials: _____
STUDENT DATA					
Student Name (Print): _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary		Student ID: _____	
Current School & Grade (SY 22-23): _____			Grade (SY 23-24): _____		
Birthdate: _____		Race/Ethnicity: _____			
Home Address: _____		City/State: Washington, DC		Zip Code: _____	
FAMILY DATA					
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: _____			Email Address: _____		
Father/Guardian (Print): _____					
Home Address (if different from student): _____					
Home Phone: _____		Work Phone: _____		Cell/Pager: _____	
Father/Guardian 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: 6th		<input type="checkbox"/> New	<input type="checkbox"/> Returning
Student Name: _____		Current Grade: 6th		<input type="checkbox"/> New	<input type="checkbox"/> Returning
Student Name: _____		Current Grade: 6th		<input type="checkbox"/> New	<input type="checkbox"/> 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 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 8/28/2023.
PENALTY FO 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.

SEAT ACCEPTANCE FORM

2023-24 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 Washington Global PCS and submit it with Washington Global's other enrollment requirements.

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 (2022-23):

Current Grade (2022-23):

Enrolling School (2023-24): Washington Global PCS

Enrolling Grade (2023-24):

Records Release

Please read and sign the bottom of this form so that Washington Global PCS can request your child's records.

By signing this form, I authorize Washington Global PCS to request records from the current school for the student above. I also hereby authorize Washington Global PCS to request records from any other previous schools that the student above has attended. I understand that Washington Global PCS 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 2021-22.

I understand that I cannot maintain enrollment at more than one school for 2023-24 and I am confirming my enrollment at Washington Global PCS.

I understand that once this form is submitted, I will give up my space and feeder pattern at my current school (you will still maintain rights to your K-12 DCPS in-boundary schools) for next school year (2023-24) 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 Washington Global PCS 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:** _____



DC Residency Verification Form – 2023-24 School Year

Use this form to verify that you are a District resident and therefore you or your student is eligible to enroll in a DC public or public charter school. All forms and supporting residency documentation are submitted to the enrolling school.

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

Details of the available methods for verifying your DC residency are provided on page two. **Choose ONE** after completing sections 2 and 3 below. To be eligible to enroll in a DC public or public charter school tuition-free: 1) the enrolling person must be the parent, adult student, or the valid legal guardian, custodian or Other Primary Caregiver (OPC) with proper documentation; 2) **the enrolling person has established a physical presence in the District of Columbia**; and 3) the enrolling person has submitted valid and proper documentation that establishes residency as set forth in law and regulations.

Step Two: Provide information about student and enrolling person.

Student First Name:		Student Last Name:		DOB:	
Name of School in the 2023-24 School Year: Washington Global Public Charter School					
Enrolling person (see page 2) > 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 adult student or the student's legal parent, 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 5A 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 whether I was determined to meet the residency requirements for any government funded financial assistance program (such as, Medicaid, TANF, or SNAP) in which I am enrolled for the sole purpose of verifying District residency for DC public or charter school enrollment. By signing below, I am saying: I authorize OSSE to obtain my personally identifiable DC residency status 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 5A 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 DC 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 this form and all supporting documentation to this form, including all other OSSE forms used to verify residency, will be retained by the school. I consent to their disclosure to OSSE, external auditors, and other District agencies including but not limited to the DC Office of the Inspector General and the DC Office of the Attorney General, upon request, for the purposes of ensuring the accuracy of my District residency.
- I understand that the District of Columbia may use whatever legal means it has at its disposal to verify my residence.
- I agree to notify the school of any change of residence for myself or the student within three school days of such change and complete a DC Residency Verification Form.

Enrolling Person SIGN HERE: _____ DATE: _____

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

SCHOOL OFFICIAL USE ONLY The following method was used to verify District of Columbia residency. Choose ONE method.

I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies, including but not limited to, the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.

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

Method A: School official verified

- ☐ OSSE Residency Verified (QLIK, ASPEN, or CBO Subsidy)
☐ 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



Home Visitation Consent & Verification Form – 2023-24 School Year

Use this form to consent to allowing a school official to verify District of Columbia residency by visiting your residence in-person. 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:
Name of School in the 2023-24 School Year: Washington Global Public Charter School		
Enrolling person (see page 2) > 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 Two: Consent to home visit by a school official.

I hereby consent for a school official to conduct an in-person 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 an in-person home visit by a school official.

Step 1	Date of <u>in-person</u> home visit (mm/dd/yyyy):	
Step 2	Name of people residing in the home:	Relationship to student:
Step 3	Is there evidence that the enrolling person or Other Primary Caregiver resides at the residence? <u>If OPC, please document evidence that the student lives at the residence as well.</u> Describe: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 4	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 enrolling person who consented to an in-person 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 consented to.		
Enrolling Person Name (print): _____ Signature: _____ Date: _____		
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: _____		

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:

If health conditions allow, (please choose one)

_____ (student name) has my permission to participate in all school-wide walking fieldtrips and outdoor physical education class.

_____ (student name) does not have my permission to participate in any school-wide walking fieldtrips or outdoor physical education class.

_____ (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

2023-2024 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: _____