



# STUDENT ENROLLMENT PROFILE

## School Year 2019 - 2020

Student ID #: \_\_\_\_\_

(Print all information)

### STUDENT INFORMATION

1. Last Name		2. First Name		3. Middle Name		4. Date of Birth	
5. Address				6. Apt No.		7. Home Telephone Number	
8. City			9. State		10. ZIP Code		
11. Student's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Respond							
12. School Last Attended/Address:				Address			
<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Other				City		State	
						Zip Code	
13. Earned High School Diploma or GED?: <input type="checkbox"/> Yes <input type="checkbox"/> No							
14. Race: <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White							
15. Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Residential Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Shelter <input type="checkbox"/> Living with family/friend							

### PARENT CONTACT INFORMATION

14. Parent or Guardian		Relationship		<input type="checkbox"/> Active Military <input type="checkbox"/> Reserve Military		15. Parent or Guardian		Relationship		<input type="checkbox"/> Active Military <input type="checkbox"/> Reserve Military	
Address		Apt. No.				Address		Apt. No.			
City		State		ZIP Code		City		State		ZIP Code	
Email Address		Preferred Language of Communication				Email Address		Preferred Language of Communication			
Cell Number		Work Number				Cell Number		Work Number			
Employer's Name/Address						Employer's Name/Address					
City		State		ZIP Code		City		State		ZIP Code	

### EMAIL AND TEXT COMMUNICATION\*

16. <input type="checkbox"/> I would like to receive email messages from CCP at the address listed above OR the address listed below. Email address: _____ @ _____		<input type="checkbox"/> I would like to receive text messages from CCP at the listed above OR the number listed below. I understand that standard messaging and data rates may apply. Cell Phone Number: ( ) _____	
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### IN CASE OF EMERGENCY

21. Emergency Contact Person (other than parent/guardian)		Relationship		Home Number		Work Number	
				( ) _____		( ) _____	
Address		City		State		Zip Code	
						Cell Number	
						( ) _____	

### RESIDENCY STATUS (CHECK ONE ☒)

22. <input type="checkbox"/> D.C. Resident (Student and parent or guardian live in D.C.) <input type="checkbox"/> Nonresident	

CCP agrees that the data/ information provided in the Student Enrollment Profile shall remain confidential and shall only be used for legitimate CCP business. I completed this form and I certify that the information above is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law.

\*Signature of Student/ Guardian with Whom Student Lives or Student who is 18 or older

Date

**Notice of Non-Discrimination** In accordance with state and federal laws, the District of Columbia Public Schools does not discriminate on the basis of actual or perceived race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, family status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an inter-family offense, or place of residence or business.