



# DC Residency Verification Form – 2021-22 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.

<b>Student First Name:</b>	<b>Student Last Name:</b>	<b>DOB:</b> DOB
<b>Name of 2021-22 School Year School:</b> Academy of Hope APCS		
<b>Enrolling person &gt; First Name:</b>		<b>Last Name:</b>
<b>I am the:</b> <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		
<b>Address of enrolling person:</b> Address of enrolling person		
<b>City:</b> Washington	<b>State:</b> DC	<b>ZIP:</b>
<b>Email:</b>		<b>Phone:</b>
<b>DC Resident:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

## 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 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 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 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.

**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 or ASPEN)
- ☐ Homeless liaison verified
- ☐ Ward of DC

#### Method B: Select one document

- ☐ Pay stub
- ☐ DC Gov. financial assistance
- ☐ Certified DC Tax Form-D40
- ☐ Military housing orders
- ☐ Embassy letter

#### Method B: Select two documents

- ☐ DC motor vehicle registration
- ☐ DC driver's license/non-driver ID
- ☐ Lease with payment
- ☐ Utility bill with payment

#### ☐ Method C: Home visit

☐ Non-resident



## Enrolling person, follow ONE of the methods (A-C) to verify your DC residency.

- A Verify with a school official.** If you are experiencing homelessness, a ward of the District, and/or a participant of a District public benefits program, such as Medicaid, Supplementation Nutrition Assistance Program, or Temporary Assistance for Needy Families – your school may already have your information. Check with your school official or the school’s homeless liaison.
- A Verify through the Office of Tax and Revenue (OTR).** Re-enrolling families/students are often able to verify residency using OTR residency verification process. The enrolling person must have paid taxes in DC during the previous fiscal year and have the student’s Social Security number. The student must be re-enrolling in the same local education agency and enrolling in grades K-12. Login to the system at [ossedtax.com](https://ossedtax.com). If successful, your verification will then be available for your school to confirm.
- B Verify by submitting supporting documentation.** All items must include the same name and address of the enrolling person as completed on the DC residency verification form and school-based enrollment documents.
- | ONE item is needed from this list.   | TWO different items are needed from this list.   |
|--|--|
| <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 (CHIP), 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 (OTR), with evidence of payment of DC taxes for the current or most recent tax year and must bear the OTR 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. Must contain an official embassy seal and signature of embassy official; and indicate that the enrolling person currently resides, or will reside, on embassy property in DC during the relevant school year.</li> </ul> | <ul style="list-style-type: none"> <li>• <b>DC motor vehicle operator’s permit</b> or official government-issued non-driver identification that is valid and unexpired.</li> <li>• <b>DC motor vehicle registration</b> that is valid and unexpired.</li> <li>• <b>Lease or rental agreement</b> that is valid and unexpired <b>with a separate proof of payment of rent</b>, such as receipt of payment, money order, or copy of cashed check. <i>The lease</i> must contain the start date, monthly rent amount, name of landlord, and be signed by the enrolling person and landlord. <i>The separate proof of payment</i> must be for a period within two months immediately preceding the school’s review of this form and match the monthly rent amount stated on the lease.</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</i> must be for a period within the two months immediately preceding the school’s review of this form. <i>The separate proof of payment</i> must be for the specific bill submitted. The most common submission is two consecutive bills where the second bill shows payment on the first bill. A credited amount on a bill and government agency letter subsidizing payment for utility are also acceptable proofs of payment.</li> </ul> |
- C Verify through a home visit.** If you are unable to verify through one of the above methods, speak with your school official about a home visit.

## 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, domestic partner, 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.





District of Columbia  
Office of the State Superintendent of Education

## 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

Academy of Hope APCS

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

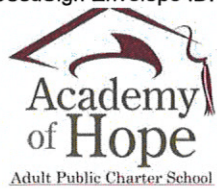
Signature of School Official

Date

To be completed by School Official:

Refer for English language proficiency screening? ☐ Yes ☐ No





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## Notification of Rights under FERPA

The Family Educational Rights and Privacy Act (FERPA) affords parents and students age 18 or older ("eligible students") certain rights with respect to the student's education records. These rights are:

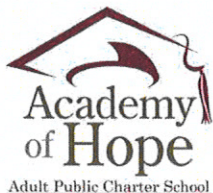
- (1) **The right to inspect and review** the student's education records within 45 days of the day Academy of Hope Adult Public Charter School (AoH) receives a request for access. Parents or eligible students should submit to the Chief Programs Officer a written request that identifies the record(s) they wish to inspect. The Chief Programs Officer (CPO) or other appropriate school official will make arrangements for access and notify the Parent or eligible student of the time and place where the records may be inspected.
- (2) **The right to request amendment** of the student's education records that the parent or eligible student believes are inaccurate, misleading or otherwise in violation of the student's privacy rights under FERPA. Parents or eligible students may write the Chief Program Officer, clearly identify the part of the record they want changed, and specify why it should be changed. If AoH decides not to amend the record as requested by the Parent or eligible student, the school will notify the Parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the Parent or eligible student when notified of the right to a hearing.
- (3) **The right to consent to disclosures of personally identifiable information** contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. For example, FERPA authorizes disclosure without consent to school officials whom AoH has determined to have legitimate educational interests. A school official is a person employed by AoH as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person or company with whom AoH has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.
- (4) **The right to withhold disclosure of directory information.** At its discretion, AoH may disclose basic "directory information" that is generally not considered harmful or an invasion of privacy without the consent of parents or eligible students in accordance with the provisions of District law and FERPA. Directory information includes:

- |   |   |
|---|---|
| A. Student Name   | F. Weight and Height of Members of Athletic Teams |
| B. Student Address  | G. Diplomas and Awards Received                   |
| C. Student Telephone Listing                                    | H. Student's Date and Place of Birth              |
| D. Name of School Attending                                     | I. Names of Schools Previously Attended           |
| E. Participation in Officially Recognized Activities and Sports | J. Dates of Attendance                            |

Parents or eligible students may instruct AoH to withhold any or all of the information identified above (i) by completing the "Release of Student Directory Information" Form available at the school, or (ii) by notifying in writing to the Director of Accountability, at Academy of Hope – Adult Public Charter School, 601 Edgewood St NE Suite 25, Washington, DC 20017. The release or notification must be provided within 30 days of the issuance of this notice.

- (5) **The right to file a complaint** with the U.S. Department of Education concerning alleged failures by AoH to comply with the requirements of FERPA. The name and address of the office that administers FERPA are: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Ave. SW, Washington, DC 20202.





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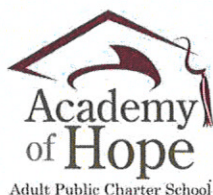
## **Notification of Right under FERPA – Student Receipt Acknowledgement**

By signing below, I acknowledge that I have received information about my rights under the Family Educational Rights and Privacy Act (FERPA).

Student's Printed Name

Student's Signature

Date



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**CONSENT AND RELEASE TO BE FILMED/ PHOTOGRAPHED/ INTERVIEWED  
AND FOR USE OF IMAGE/VOICE**

I, \_\_\_\_\_, allow Academy of Hope Adult Public Charter School and its educational partners the right to photograph and/or record my image and/or voice and to use the videotape, film, or photographs in any electronic or print medium. I further allow Academy of Hope Adult Public Charter School and its educational partners the right to use my image and/or voice on the Internet, in brochures and in any other medium and consent to such use. I release Academy of Hope Adult Public Charter School and its educational partners using my image and/or voice from any and all claims, damages, liabilities, costs and expenses arising from the use of my image and/or voice. I understand that the provisions of this release are legally binding.

I understand that the provisions of this release are legally binding (check one, please).

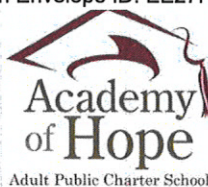
☐ **I consent.**                      ☐ **I do not consent.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature





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Complete this form ONLY if you would like Academy of Hope APCS to release school information to an authorized person and/or organization.

## AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, authorize Academy of Hope Adult Public Charter School to:

<input type="checkbox"/>	Release the following information	<input type="checkbox"/> treatment summary <input type="checkbox"/> history/intake <input type="checkbox"/> diagnosis <input type="checkbox"/> academic records <input type="checkbox"/> attendance records <input type="checkbox"/> other (specify) _____ _____	For the purpose of: <input type="checkbox"/> evaluation/assessment <input type="checkbox"/> coordination of services <input type="checkbox"/> other (specify) _____ _____ _____
<input type="checkbox"/>	Obtain the following information	<input type="checkbox"/> treatment summary <input type="checkbox"/> history/intake <input type="checkbox"/> diagnosis <input type="checkbox"/> academic records <input type="checkbox"/> attendance records <input type="checkbox"/> other (specify) _____ _____	For the purpose of: <input type="checkbox"/> evaluation/assessment <input type="checkbox"/> coordination of services <input type="checkbox"/> other (specify) _____ _____ _____
<input type="checkbox"/>	Exchange the following information	<input type="checkbox"/> treatment summary <input type="checkbox"/> history/intake <input type="checkbox"/> diagnosis <input type="checkbox"/> academic records <input type="checkbox"/> attendance records <input type="checkbox"/> other (specify) _____ _____	For the purpose of: <input type="checkbox"/> evaluation/assessment <input type="checkbox"/> coordination of services <input type="checkbox"/> other (specify) _____ _____ _____
Organization:			
Contact Person:			
Address:			
Phone Number:			

\_\_\_\_\_  
Learner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date



## Intake Application

### Part I: Location and Program of Interest

For what term are you enrolling?

Spring 2021 - 2021 , Evening

April 19, 2021-June 30, 2021

Location

Academy of Hope - Northeast - Ward 5

2315 18th Place Northeast

Washington, District of Columbia 20018

United States

Which programs and classes are you interested in?

### Part II: Personal Information

First Name

Last Name

Birthdate

Gender

In which country were you born?

US

Native Language

English

Ethnicity

Race

Are you a student with disabilities?

Do any of the following apply to you?

Why have you decided to enroll?

Qualify for better employment

#### Contact Information

Ward

Address

Does one of these situations apply?

None

Home Phone

Mobile Phone

Work Phone

What is your preferred phone?

Mobile Phone

Personal Email Address

#### Emergency Contact

Emergency Contact First Name

Emergency Contact Last Name



Emergency Contact Relationship

Emergency Contact Phone

Address

US

Authorize emergency contact?

No

Academy of Hope will need a completed release consent form authorizing Academy of Hope to speak with this contact about your attendance or progress.

### Part III: Family/Income Information

Marital Status

How many dependents live with you?

0

Do you receive any of these benefits?

What is your yearly income?

### Part IV: Employment

Are you currently employed?

Do you receive SSI/SSDI?

How many jobs do you currently have?

#1:

Employer Name

Employment Start Date

Employment Type

Employment Hours/Week

Employment Rate Amount

Employment Rate Type

Employment Benefits

Paid holidays, Paid sick days

### Part V: Education Information

Last School Attended Name

Last School Attended Country

US (Washington DC)

What was your last grade completed?

Do you have a high school diploma?

Can you get a copy of your transcript?

Do you have any certifications?

### Part VI: Additional Information

How did you discover Academy of Hope?

Bus advertisement



.....

**Opt into SMS / text messaging?**

Yes ☒

In order to participate in SMS messaging service, you must indicate your willingness to receive SMS/text messages to your phone. If you would like to receive text messages from the Academy of Hope, you must "opt in" for this service.

**Part VII: Signature**

Signature

Date

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