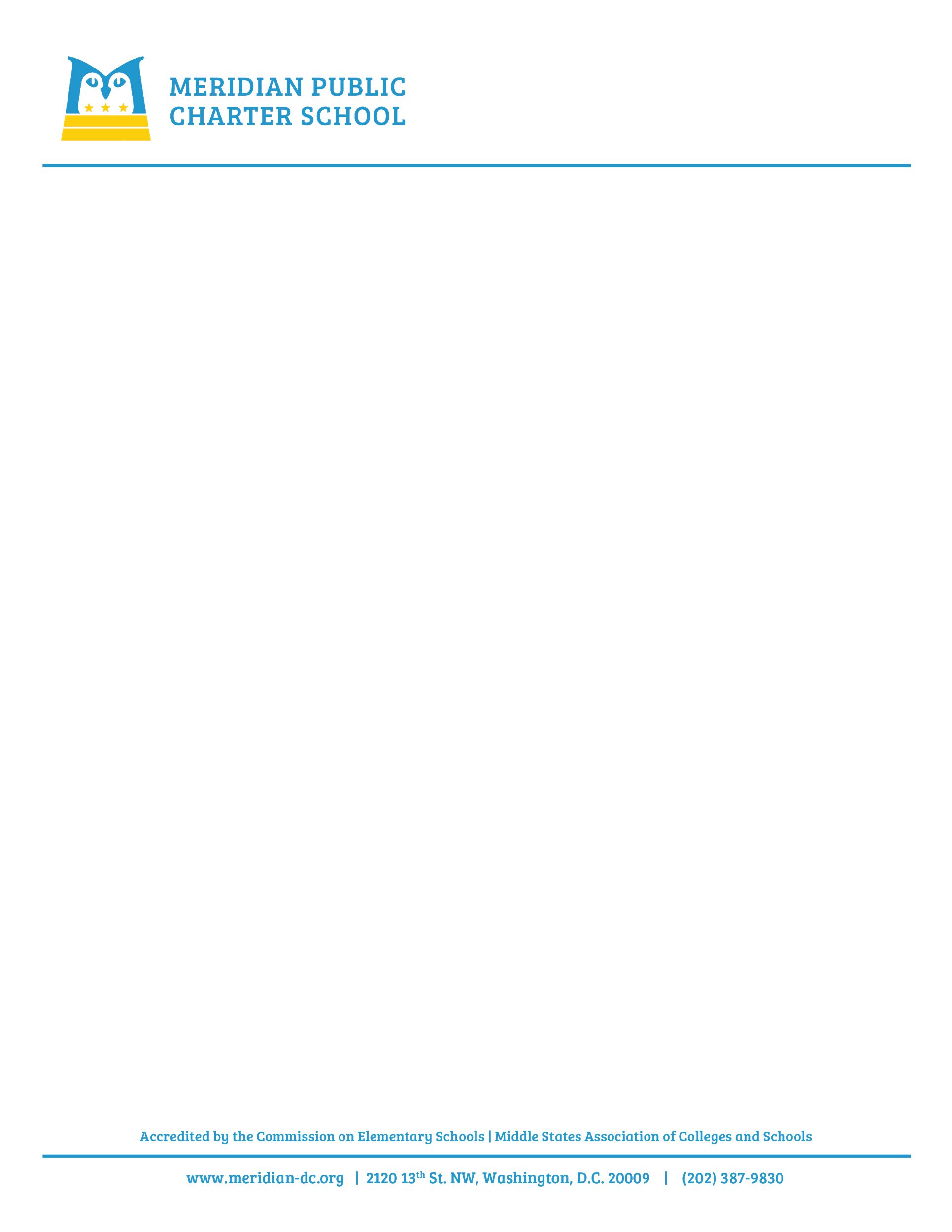
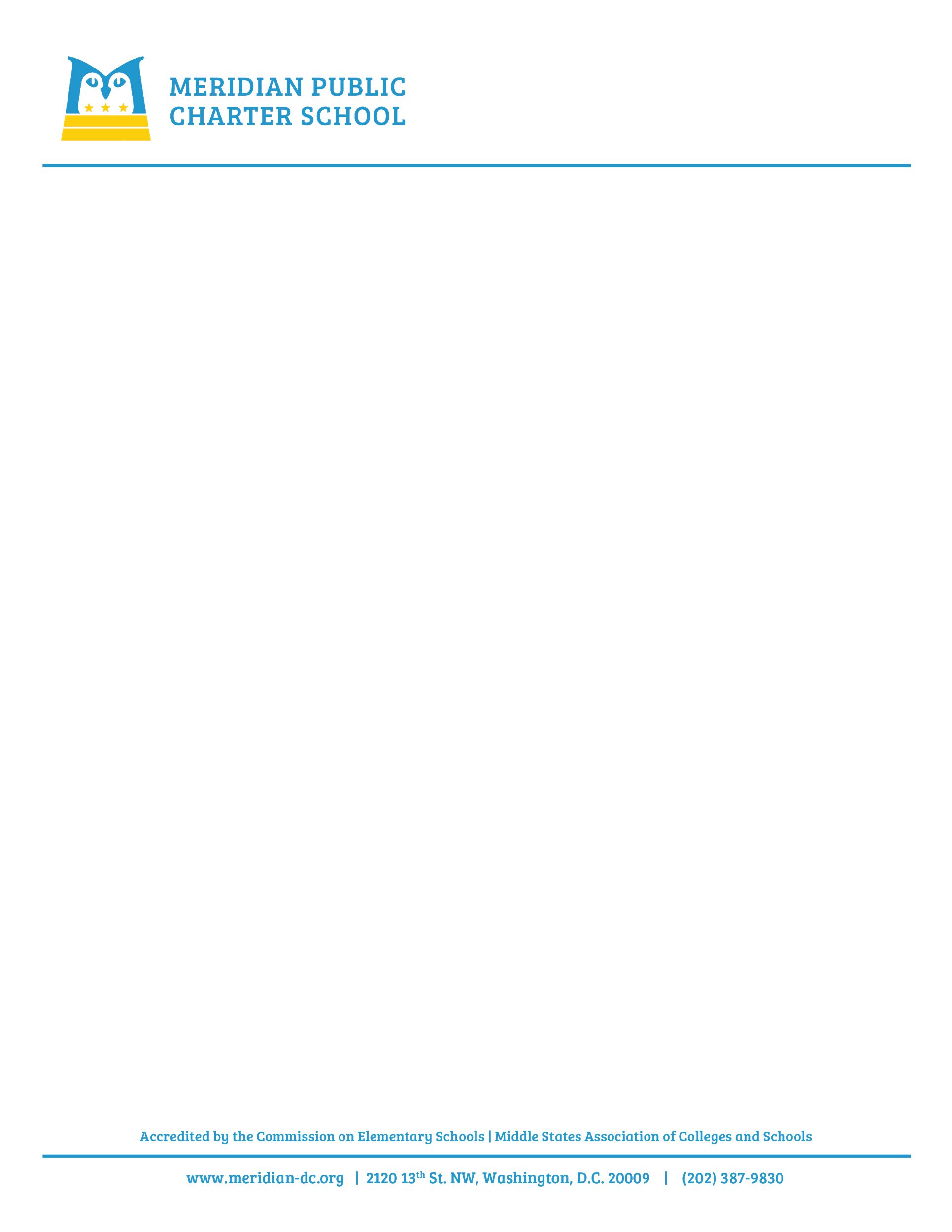
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|  | **Date Received** | **Staff Accepted** | **Comments** |
| **Enrollment Documents:** | | | |
| * Completed InfoSnap (online registration) at [**bit.ly/MPCSRegister2122**](http://bit.ly/MPCSRegister2122) |  |  |  |
| * Birth Certificate (New Student Only) |  |  |  |
| * Government Issued Parent/Guardian Identification Card |  |  |  |
| **Academic Documents:** | | | |
| * Most recent report card/ progress report   *(final report card due at the of the academic year)* |  |  |  |
| * Individualized Education Plan (IEP) or 504 plan, If applicable |  |  |  |
| **Medical Documents:** *New student = label “new” at the top of the form* | | | |
| * [Universal Health Certificate](https://www.mpcs-dc.org/s/DOH-Universal-Health-Certificate_v8-002fillable-1920.pdf) *(exam date not more than a year old up until August 30, 2021)* |  |  |  |
| * Immunization Records *(if not included w/ Health Cert)* |  |  |  |
| * Dept. of Health COVID-19 Asymptomatic Testing Consent Form – *complete at* [**bit.ly/MPCSasymptest**](http://bit.ly/MPCSasymptest) |  |  |  |
| * Dept. of Health COVID-19 Symptomatic Testing Consent Form – *complete at* [**bit.ly/MPCSsymptest**](http://bit.ly/MPCSsymptest) |  |  |  |
| * [Oral Health Assessment Form](https://www.mpcs-dc.org/s/DOH-Oral-Health_finalfillable-1920.pdf) (*exam date not more than 6 months old)* |  |  |  |
| * [Medication Treatment Authorization Form](https://www.mpcs-dc.org/s/Medication_Treatment_Authorization_Forms.pdf), if applicable |  |  |  |
| * [Asthma Action Plan](https://www.mpcs-dc.org/s/dc_revised_asthma_action_plan_english.pdf), if applicable |  |  |  |
| * [Anaphylaxis Plan](https://www.mpcs-dc.org/s/dc_revised_asthma_action_plan_english.pdf), if applicable |  |  |  |
| * Consent to Share Student Health Educational Records, if applicable *(encouraged to complete if submitting other health related plans)* |  |  |  |
| * [Dietary accommodations request form](https://app.hellosign.com/s/3dJM6n8V), if applicable |  |  |  |
| **Residency Verification Documentation:** | | | |
| * D.C Residency Form - *complete at* [**bit.ly/MPCSRV2022**](http://bit.ly/MPCSRV2022) |  |  |  |
| * Proof of Residency #1: |  |  |  |
| * Proof of Residency #2: |  |  |  |

**NOTES**:

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|  | **Fecha de recepción** | **Personal que recibió** | **Comentarios** |
| **Formularios de inscripción:** | | | |
| * Completado la inscripción en línea en [**bit.ly/MPCSRegistro2122**](http://bit.ly/MPCSRegistro2122) |  |  |  |
| * Acta de Nacimiento del estudiante (Solo estudiante nuevo) |  |  |  |
| * Identificación Oficial del Estado del Padre/Encargado de Familia |  |  |  |
| **Documentos académicos:** | | | |
| * Calificaciones más recientes/Reporte del Progreso Académico *(boleta de calificaciones final que debe entregarse al final del año académico)* |  |  |  |
| * Plan de educación individualizada (IEP) o plan 504, si corresponde |  |  |  |
| **Documentos de salud y bienestar:** *Estudiante nuevo = etiqueta "nuevo" en la parte superior del formulario* | | | |
| * [Certificado Universal de Salud](https://www.mpcs-dc.org/s/DOH-Universal-Health-Certificate_2019_SPANISH.pdf) *(fecha de examen no más de un año hasta el 30 de agosto de 2021)* |  |  |  |
| * Registro de vacunas *(si no se incluye con certificado de salud)* |  |  |  |
| * Dept. of Health COVID-19 Asymptomatic Testing Consent Form – *Completa aquí* **bit.ly/MPCSTBD** |  |  |  |
| Dept. of Health COVID-19 Symptomatic Testing Consent Form – *Completa aquí* **bit.ly/MPCSTDB** |  |  |  |
| * [Formulario de Examen Dental](https://www.mpcs-dc.org/s/DOH-Oral-Health_finalfillable-1920.pdf) (la fecha del examen no tiene más de 6 meses*)* |  |  |  |
| * [Declaración Médica Para Solicitar Adaptaciones Alimentarias](https://www.mpcs-dc.org/s/Medication_Treatment_Authorization_Forms.pdf), si es aplicable |  |  |  |
| * [Plan para el Asthma](https://www.mpcs-dc.org/s/dc_revised_asthma_action_plan_spanish.pdf), si es aplicable |  |  |  |
| * [Plan de anafilaxia](https://www.mpcs-dc.org/s/dc_revised_asthma_action_plan_english.pdf), si es aplicable |  |  |  |
| * Consentimiento para compartir los registros educativos de salud del estudiante, si corresponde (se recomienda completarlo si envía otros planes relacionados con la salud) |  |  |  |
| * [Formulario de solicitud de adecuación dietética](https://www.mpcs-dc.org/s/DCPS_Dietary_Accomodation_Request_Form_19-20_SPANISH_MPCS.pdf) , si es aplicable |  |  |  |
| **Documentación de Verificación de Residencia:** | | | |
| * Formulario de Verificación de Residencia - *Completa aquí* [**bit.ly/MPCSVdR2022**](http://bit.ly/MPCSVdR2022) |  |  |  |
| * Documentación de respaldo #1 : |  |  |  |
| * Documentación de respaldo #2: |  |  |  |

**NOTAS**:

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