

## DC Scholars Public Charter School Enrollment Documents

- Online Registration
- DCRV Form
- Supporting Documents
  - Valid Health & Dental Forms
  - Child's Birth Certificate
  - Student Records from the previous School
  - MySchoolDC Seat Acceptance Form

	Question	Response Type	Notes
Student Information	What is the student's first and last name?	Text	Text Field
	Physical Address - House Number and Street ( Ex: 5601 East Capitol St.) Make sure to include Apt Number if applicable	Text	Address
	City (Ex. Washington)	Text	Text Field
	State (Ex: DC)	Dropdown (DC, MD, VA)	Single Choice
	Zip Code (Ex. 20019)	Text	Number Field
	Quadrant	Dropdown (NE,SE,NW,SW)	Single Choice
	Is the Mailing Address the same as the physical address?	Dropdown (Y/N)	Single Choice
	Student's Housing Status:	Dropdown (Permenant, Doubled-Up, Hotel/Motel, Sheltered, Unsheltered )	Single Choice
	Housing Status - Is student accompanied by a parent/guardian/adult?	Dropdown (Y/N)	Single Choice
	Student Gender	Dropdown (F/M)	Single Choice
	Student Date of Birth	Text	Date Field
	Student Age	Text	Number Field
	Enrolling Grade	Dropdown (PK3-8)	Single Choice
	Does the student have an IEP?	Dropdown (Y/N)	Single Choice
	Does the student have an 504?	Dropdown (Y/N)	Single Choice
	Is the student an English Language Learner or ELL student? (None native speaker)	Dropdown (Y/N)	Single Choice
	What is the primary language used in the home?	Dropdown (English, Spanish, French, Mandarin, Portuguese, Arabic)	Single Choice
	What is the language most often used by the student?	Dropdown (English, Spanish, French, Mandarin, Portuguese, Arabic)	Single Choice
	What language or languages did the student use first?	Dropdown (English, Spanish, French, Mandarin, Portuguese, Arabic)	Single Choice
	What other languages are spoken in your home?	Dropdown (English, Spanish, French, Mandarin, Portuguese, Arabic)	Single Choice
	MySchool DC Application Number	Text	Number Field
	Is the student Hispanic or Latino:	Dropdown (Y/N)	Single Choice
	Please select the student's race:	Dropdown (American Indian, Asian, Black or African American, Natvie Hawaiian, White)	Single Choice
	Parent First Name	Text	Text Field
	Parent Last Name	Text	Text Field
	Relationship to Student	Dropdown (Parent, Guardian, Aunt, Uncle, Step Parent, Grandmother, Grandfather)	Single Choice
Is contact living with student?	Dropdown (Y/N)	Single Choice	

Guardian Information	Contact Phone Number	Text	Number Field
	Contact Phone Type	Dropdown (Cell Phone, Landline)	Single Choice
	Contact Email	Text	Text Field
	I would like the contact to receive email messages from the school at the address listed.	Dropdown (Y/N)	Single Choice
	Physical Address - House Number and Street ( Ex: 5601 East Capitol St.) Make sure to include Apt Number if applicable	Text	Address
	City (Ex. Washington)	Text	Text Field
	State (Ex: DC)	Dropdown (DC, MD, VA)	Single Choice
	Zip Code (Ex. 20019)	Text	Number Field
	Quadrant	Dropdown (NE,SE,NW,SW)	Single Choice
	Secondary Parent First Name	Text	Text Field
	Secondary Parent Last Name	Text	Text Field
	Secondary Parent Relationship to Student	Dropdown (Parent, Guardian, Aunt, Uncle, Step Parent, Grandmother, Grandfather)	Single Choice
	Is contact living with student?	Dropdown (Y/N)	Single Choice
	Contact Phone Number	Text	Number Field
	Contact Phone Type	Dropdown (Cell Phone, Landline)	Single Choice
	Contact Email	Text	Text Field
	I would like the contact to receive email messages from the school at the address listed.	Dropdown (Y/N)	Single Choice
	Is Secondary Parent/Legal Guardian living with student?	Dropdown (Y/N)	Single Choice
	Physical Address - House Number and Street ( Ex: 5601 East Capitol St.) Make sure to include Apt Number if applicable	Text	Address
	City (Ex. Washington)	Text	Text Field
State (Ex: DC)	Dropdown (DC, MD, VA)	Single Choice	
Zip Code (Ex. 20019)	Text	Number Field	
Quadrant	Dropdown (NE,SE,NW,SW)	Single Choice	
Emergency Contact	Emergency Contact 1 - First Name	Text	Text Field
	Emergency Contact 1 - Last Name	Text	Text Field
	Emergency Contact 1 - Contact Relationship	Dropdown (Parent, Guardian, Aunt, Uncle, Step Parent, Grandmother, Grandfather, Family Friend)	Single Choice
	Is Emergency Contact 1 living with student?	Dropdown (Y/N)	Single Choice
	Emergency Contact 1 - Phone Number	Text	Number Field
	Emergency Contact 1 - Email	Text	Text Field
	Emergency Contact 2 - First Name	Text	Text Field
	Emergency Contact 2 - Last Name	Text	Text Field

	Emergency Contact 2 - Contact Relationship	Dropdown (Parent, Guardian, Aunt, Uncle, Step Parent, Grandmother, Grandfather, Family Friend)	Single Choice
	Is Emergency Contact 2 living with student?	Dropdown (Y/N)	Single Choice
	Emergency Contact 2- Phone Number	Text	Number Field
	Emergency Contact 2- Email	Text	Text Field
Medical Information	Allergies	Text	Text Field
	If yes, please explain	Text	Text Field
	Asthma	Dropdown (Y/N)	Single Choice
	Does the student take prescription medication?	Text	Text Field
	If yes, please explain	Text	Text Field
	Prescription(s) Name	Text	Text Field
	Are there any medical condition or chronic illnesses the school should be aware of?	Text	Text Field
	Is there any additional information the school should know about the student? Please consider all allergies, dietary restrictions, mental health, social, family, and academic concerns. (Type: None for not applicable)	Text	Text Field
	I hereby give permission to the staff of the school to secure medical treatment for the student while under its supervision. In the event the emergency medical treatment is required, I give consent for the student to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. I understand that the school cannot transport the student to the nearest medical facility. In the event that the student's contact cannot be contacted and if the designated emergency contact is not available, I understand and agree that the school staff will telephone 911 for emergency medical assistance.	Dropdown (Y/N)	Single Choice
	D.C. Resident (Student and/or parent/guardian live in D.C.)	Dropdown (Y/N)	Single Choice
	Photo/Video Release - I irrevocably grant to the school, their successors, and their assignees the right to record and use the image and/or voice and use the artwork and/or written work of the student, on videotape, on film, in photographs, in digital media and in other forms, and for the purposes of promoting the school and/or its partners.	Dropdown (Y/N)	Single Choice
	Use of Image - I grant the school, their successors, and their assignees the right to use, and to allow others to use, the student's image and/or voice on the Internet, in brochures, and in any other medium and hereby consent to such use, and for the purposes of promoting the school and/or its partners.	Dropdown (Y/N)	Single Choice
	I release the school, their successors, and their assignees using the student's image and/or work pursuant to this release from any and all claims, damages, liabilities, costs and expenses which I or my child now have or may have by reason of any use thereof.	Dropdown (Y/N)	Single Choice
	I agree to attend a mandatory orientation session for the 2022-2023 school year.	Dropdown (Y/N)	Single Choice
	DC Scholars Public Charter School operates a before care program Monday through Friday from 6:45am – 7:45am and an aftercare program from 3:00pm – 6:00pm Monday through Friday (times are subject to change). The program is open for Preschool (PK3) through 4th grade students only. Due to space constraints, enrollment in before and aftercare is lottery based and not guaranteed for every scholar. Before and aftercare is provided at a cost. A child may be terminated from the program if they are picked up late more than three times or for repeated behavior infractions.	Dropdown (Y/N)	Single Choice

Acknowledgement & Agreements	DC Scholars Public Charter School operates a before care program Monday through Friday from 6:45am – 7:45am and an aftercare program from 3:00pm – 6:00pm Monday through Friday (times are subject to change). The program is open for Preschool (PK3) through 4th grade students only. Due to space constraints, enrollment in before and aftercare is lottery based and not guaranteed for every scholar. Before and aftercare is provided at a cost. A child may be terminated from the program if they are picked up late more than three times or for repeated behavior infractions.	Dropdown (Y)	Single Choice
	My child has my permission to attend field trips with DC Scholars Schools. I understand that field trips are intended to serve an educational purpose and to enhance DC Scholars Schools' instructional programs. These trips are a privilege, and students may be excluded for reasons relating to attendance, grades, or behavior. Students may be transported in a school-owned or contracted vehicle, and permission is required for a student to participate in such activities. This authorization will remain in effect while my child is involved in any DC Scholars Schools program or activity. I understand that neither DC Scholars Schools nor its employees are liable for injuries sustained by my child while he/she is not on DC Scholars' property, and I assume responsibility for specifically alerting the school to any medication that my child would require during a field trip. I release and hold harmless DC Scholars Schools and its agents from any and all liability, claims, or actions arising out of participation in these trips.	Dropdown (Y)	Single Choice
	I understand that computer access is provided in DC Scholars Public Charter School for educational purposes in keeping with its academic goals, and that student use for any other purpose is inappropriate. I recognize that it is impossible for DC Scholars to restrict access to all controversial materials, and I will not hold the school responsible for materials acquired or viewed on the school network. I understand that children's computer activities at home should be supervised as they can affect the academic environment at school. As the parent or guardian, I have read the above Acceptable Use Policy and will discuss it with my child.	Dropdown (Y)	Single Choice
	District of Columbia public or public charter schools agree that the data/information is protected by FERPA and that confidential to the extent required by FERPA. The data/information shall only be used for legitimate District of Columbia public school system 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. By signing below, I acknowledge my agreement with any consents provided in this form.	Dropdown (Y)	Single Choice
	Electronic Signature	Text	Text Field
	Date	Text	Date
	I hereby 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) (20U.S.C. § 1232g; 34 CFR Part 99).	Dropdown (Y)	Single Choice
	I understand that by submitting this form, I am confirming the enrollment of the student above in the enrolling school for 2022-23.	Dropdown (Y)	Single Choice
	I understand that I cannot maintain enrollment at more than one school for 2022-23.	Dropdown (Y)	Single Choice
	I understand that once this form is submitted, I will give up my space at my current school for next school year (2022-23) and my current school will be notified that my space may be awarded to another family.	Dropdown (Y)	Single Choice
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	Dropdown (Y)	Single Choice	

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Student Information	Email Address	Text	Text Field
	Please select the scholars name (Alphabeted by Last Name)	Dropdown (Student Name)	Single Choice
	Physical Address - House Number and Street ( Ex: 5601 East Capitol St.) Make sure to include Apt Number if applicable	Text	Address
	City (Ex. Washington)	Text	Text Field
	State (Ex: DC)	Text	Single Choice
	Zip Code (Ex. 20019)	Text	Number Field
	Quadrant	Dropdown (NE,SE,NW,SW)	Single Choice
	Is the Mailing Address the same as the physical address?	Dropdown (Y/N)	Single Choice
	Student's Housing Status:	Dropdown (Permenant, Doubled-Up, Hotel/Motel, Sheltered, Unsheltere )	Single Choice
	Housing Status - Is student accompanied by a parent/guardian/adult?	Dropdown (Y/N)	Single Choice
Guardian Information	Parent First Name	Text	Text Field
	Parent Last Name	Text	Text Field
	Relationship to Student	Dropdown (Parent, Guardian, Aunt, Uncle, Step Parent, Grandmother, Grandfather)	Single Choice
	Is contact living with student?	Dropdown (Y/N)	Single Choice
	Contact Phone Number	Text	Number Field
	Contact Phone Type	Dropdown (Cell Phone, Landline)	Single Choice
	Contact Email	Text	Text Field
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	Quadrant	Dropdown (NE,SE,NW,SW)	Single Choice
	Secondary Parent First Name	Text	Text Field
	Secondary Parent Last Name	Text	Text Field
	Secondary Parent Relationship to Student	Dropdown (Parent, Guardian, Aunt, Uncle, Step Parent, Grandmother, Grandfather)	Single Choice
	Is contact living with student?	Dropdown (Y/N)	Single Choice
Contact Phone Number	Text	Number Field	

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	I would like the contact to receive email messages from the school at the address listed.	Dropdown (Y/N)	Single Choice	
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	Is Emergency Contact 1 living with student?	Dropdown (Y/N)	Single Choice	
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	Emergency Contact 1 - Email	Text	Text Field	
	Emergency Contact 2 - First Name	Text	Text Field	
	Emergency Contact 2 - Last Name	Text	Text Field	
	Emergency Contact 2 - Contact Relationship	Dropdown (Parent, Guardian, Aunt, Uncle, Step Parent, Grandmother, Grandfather, Family Friend)	Single Choice	
	Is Emergency Contact 2 living with student?	Dropdown (Y/N)	Single Choice	
	Emergency Contact 2- Phone Number	Text	Number Field	
	Emergency Contact 2- Email	Text	Text Field	
	Medical Information	Allergies	Text	Text Field
		If yes, please explain	Text	Text Field
Asthma		Dropdown (Y/N)	Single Choice	
Does the student take prescription medication?		Text	Text Field	
If yes, please explain		Text	Text Field	
Prescription(s) Name		Text	Text Field	
Are there any medical condition or chronic illnesses the school should be aware of?		Text	Text Field	
Is there any additional information the school should know about the student? Please consider all allergies, dietary restrictions, mental health, social, family, and academic concerns. (Type: None for not applicable)		Text	Text Field	

	<p>I hereby give permission to the staff of the school to secure medical treatment for the student while under its supervision. In the event the emergency medical treatment is required, I give consent for the student to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. I understand that the school cannot transport the student to the nearest medical facility. In the event that the student's contact cannot be contacted and if the designated emergency contact is not available, I understand and agree that the school staff will telephone 911 for emergency medical assistance.</p>	<p>Dropdown (Y/N)</p>	<p>Single Choice</p>
	<p>D.C. Resident (Student and/or parent/guardian live in D.C.)</p>	<p>Dropdown (Y/N)</p>	<p>Single Choice</p>
	<p>Photo/Video Release - I irrevocably grant to the school, their successors, and their assignees the right to record and use the image and/or voice and use the artwork and/or written work of the student, on videotape, on film, in photographs, in digital media and in other forms, and for the purposes of promoting the school and/or its partners.</p>	<p>Dropdown (Y/N)</p>	<p>Single Choice</p>
	<p>Use of Image - I grant the school, their successors, and their assignees the right to use, and to allow others to use, the student's image and/or voice on the Internet, in brochures, and in any other medium and hereby consent to such use, and for the purposes of promoting the school and/or its partners.</p>	<p>Dropdown (Y/N)</p>	<p>Single Choice</p>
	<p>I release the school, their successors, and their assignees using the student's image and/or work pursuant to this release from any and all claims, damages, liabilities, costs and expenses which I or my child now have or may have by reason of any use thereof.</p>	<p>Dropdown (Y/N)</p>	<p>Single Choice</p>
	<p>I agree to attend a mandatory orientation session for the 2022-2023 school year.</p>	<p>Dropdown (Y/N)</p>	<p>Single Choice</p>
	<p>DC Scholars Public Charter School operates a before care program Monday through Friday from 6:45am – 7:45am and an aftercare program from 3:00pm – 6:00pm Monday through Friday (times are subject to change). The program is open for Preschool (PK3) through 4th grade students only. Due to space constraints, enrollment in before and aftercare is lottery based and not guaranteed for every scholar. Before and aftercare is provided at a cost. A child may be terminated from the program if they are picked up late more than three times or for repeated behavior infractions.</p>	<p>Dropdown (Y/N)</p>	<p>Single Choice</p>
	<p>DC Scholars Public Charter School operates a before care program Monday through Friday from 6:45am – 7:45am and an aftercare program from 3:00pm – 6:00pm Monday through Friday (times are subject to change). The program is open for Preschool (PK3) through 4th grade students only. Due to space constraints, enrollment in before and aftercare is lottery based and not guaranteed for every scholar. Before and aftercare is provided at a cost. A child may be terminated from the program if they are picked up late more than three times or for repeated behavior infractions.</p>	<p>Dropdown (Y)</p>	<p>Single Choice</p>
<p>Acknowledgement &amp; Agreements</p>	<p>My child has my permission to attend field trips with DC Scholars Schools. I understand that field trips are intended to serve an educational purpose and to enhance DC Scholars Schools' instructional programs. These trips are a privilege, and students may be excluded for reasons relating to attendance, grades, or behavior. Students may be transported in a school-owned or contracted vehicle, and permission is required for a student to participate in such activities. This authorization will remain in effect while my child is involved in any DC Scholars Schools program or activity. I understand that neither DC Scholars Schools nor its employees are liable for injuries sustained by my child while he/she is not on DC Scholars' property, and I assume responsibility for specifically alerting the school to any medication that my child would require during a field trip. I release and hold harmless DC Scholars Schools and its agents from any and all liability, claims, or actions arising out of participation in these trips.</p>	<p>Dropdown (Y)</p>	<p>Single Choice</p>



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<p>District of Columbia public or public charter schools agree that the data/information is protected by FERPA and that confidential to the extent required by FERPA. The data/information shall only be used for legitimate District of Columbia public school system 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. By signing below, I acknowledge my agreement with any consents provided in this form.</p>	<p>Dropdown (Y)</p>	<p>Single Choice</p>
<p>Electronic Signature</p>	<p>Text</p>	<p>Text Field</p>
<p>Date</p>	<p>Text</p>	<p>Date</p>