

Enrollment Requirements Checklist

Welcome to Rocketship Public Schools! To enroll your child(ren), complete the following documents. Online registration is available.

- **Student Information** (Page 2)
- **Child Find Query & Health Form** (Page 3)
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Registration is not considered complete until the following mandatory documents are received.

- **Birth certificate, Baptismal Certificate, Passport, or Hospital Record.**
If the document does not contain the parent/guardian name, additional guardianship verification is required. Some examples of verification include:
 - Adoption decree
 - Court order of legal guardianship/custody
 - Letter of documentation from the Department of Human Services indicating guardianship
 - Letter of documentation of foster care placement
- **Current photo ID** (to verify identity, not residency)
Examples include DC driver's license or identification card, valid passport, consulate-issued photo identification, military identification, or other government-issued photo identification.
- **DC Universal Health Certificate Form** (included in this packet)
- **DC Oral Health Assessment Form** (included in this packet)
- **OSSE Home Language Survey** (included in this packet)
- **My School DC Seat Acceptance Form** (issued after enrollment offer is accepted)
- **DC Residency Verification Form (DCRV)** (included in this packet)
- **Proof of DC Residence**
EITHER One of the following with same enrolling person name and address on DCRV:
 - Pay stub within 45 days of enrollment date
 - Unexpired documentation of DC Government financial assistance
 - Certified copy of DC Tax Form-D40
 - Military housing orders
 - Embassy letter**OR Two of the following items with the same enrolling person name and address on DCRV:**
 - Unexpired DC motor vehicle registration.
 - Unexpired DC driver's license or non-driver ID.
 - Unexpired rental/lease agreement and proof of payment
 - Utility bill within 60 days of enrollment date and proof of payment

Additional documentation (if applicable)

- **Most recent Individualized Education Plan (IEP) or 504 Plan**
- **Medication Administration Form** (included in this packet)
- **Physician Food Allergy Accommodation form** (included in this packet)
- **Withdrawal Form** (from previous school with transcript that shows current grade level)

DC: 2023-2024 New Student Registration Form

Student Information

Student's Name: _____
Legal Last Name Legal First Name Middle Name

Student Date of Birth: _____ Gender: Female Male Non-Binary
Month / Day / Year

Student's Primary Home Address*: _____
* location where student sleeps each night Street, Apt. #, City, Zip Code

Student lives with: Mother Father Both Parents Legal Guardian Other: _____

Previous School Attended: _____ Previous School District: _____

Parent/Guardian Information 1

Parent/Guardian Name: _____ Relation: Mother Father Other: _____
Legal Last Name Legal First Name

Phone Number: _____ Email: _____ Parent Communication English Spanish Vietnamese Other

Parent/Guardian Information 2

Parent/Guardian Name: _____ Relation: Mother Father Other: _____
Legal Last Name Legal First Name

Phone Number: _____ Email: _____ Parent Communication English Spanish Vietnamese Other

Address (if different from above) _____
Street, Apt. #, City, Zip Code

Additional Student Demographics

Student Ethnicity: Is the student Hispanic/Latino? Yes, Hispanic or Latino No, not Hispanic or Latino

Student Race (Ethnicity is different from race. A student race must be selected. If two or more races, check all that apply.):

American indian or Alaska Native Asian Black or African American Pacific Islander or Native Hawaiian White

Student/Family Address Type: Single Family (House, Apartment, Condo, Mobile Home) Doubled-Up (Living with extended family or friend due to loss of housing) Hotel/Motel Unsheltered (Car/Campsite) Shelter (Transitional Housing Program)

I have reviewed this document and to the best of my knowledge, the information above is true and complete. The undersigned declares under penalty of perjury that they are the parents of legal guardians of the above-named student and grant the above authorizations.

Parent/Guardian Signature: _____ Date: _____

Child Query and Health Form

Child Query and Screening Consent

Student's Name: _____ Student Date of Birth: _____
Legal Last Name Legal First Name Month / Day / Year

Does your child have an active Individualized Education Program (IEP)?
 Yes No **If yes, please provide a copy*

Does your child have a recent evaluation that was completed for possible special education services?
 Yes No **If yes, please provide a copy*

Does your child have a 504 Plan?
 Yes No **If yes, please provide a copy*

Does your child receive speech/language services?
 Yes No **If yes, please provide a copy*

Did your child receive special education services when he/she was enrolled in his/her previous home/private school?
 Yes No

If yes to any of the questions above, please provide additional details: _____

Do you have any additional concerns you'd like to share? Yes No

If yes, please explain: _____

Please provide all copies of Special Education section upon enrollment

Rocketship Public Schools will be providing vision and hearing screenings to students during the school year. These screenings will be conducted during the school day. The results of the screenings will be sent home for you to review. These screenings do not replace the regular vision screenings provided by your child's health care provider. Do you give your consent for your child to participate in these screenings?

YES: I DO GIVE PERMISSION for my child to be screened.

NO: I DO NOT GIVE PERMISSION for my child to be screened.

Student Health Information

DC Universal Health Certificate Examination Date: _____ (Please provide school with a copy of the certificate)

DC Oral Health Assessment Date: _____ (Please provide school with a copy of the form)

Student Physician: _____ Physician Phone: _____

Student Dentist: _____ Dentist Phone: _____

Covered by Medicaid? Yes No If Yes, Medicaid Number: _____

Health Insurance Provider: _____

Student Health Insurance? Yes No If Yes, Group ID#: _____ Medical# _____

Does the student experience any of the following:

Allergies? Yes No

Asthma? Yes No

Diabetes? Yes No

Seizures? Yes No

Vision Problem? Yes No

Hearing Problem? Yes No

Heart Condition? Yes No

Uses Glasses? Yes No

Breathing Problem? Yes No
*due to bee stings

Physical Limitations? Yes No

Other? Yes No

If yes to any of the questions above, please provide additional details: _____

Food Allergies or Dietary Restrictions? If yes, please provide a copy from doctor _____

Is medication required at school? Yes No **if yes, please provide the "OSSE Medical Administration Form" signed by the physician*

Medication #1: _____ Diagnosis: _____ Taken at school: Yes No

Medication #2: _____ Diagnosis: _____ Taken at school: Yes No

Medication #3: _____ Diagnosis: _____ Taken at school: Yes No

I / We the undersigned declare under penalty of perjury that we are the parents or legal guardians of the above-named student and grant the above authorization.

Parent/Guardian Signature: _____

Date: _____

Home Language Survey & Media Release

Home Language Survey

Student's Name: _____ Student Date of Birth: _____
Legal Last Name Legal First Name Month / Day / Year

Directions to Parents and Guardians:

The U.S. Department of Education directs schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please do not leave any question unanswered on the "OSSE Home Language Survey." If the answer to questions 1,2 or 3 is NOT English, Rocketship Public Schools will assess the student's English language proficiency.

Media Release

Rocketship Public Schools is proud of the many accomplishments of our students and staff. Often, such accomplishments draw the attention of RPS partners, newspapers, television stations, or other media who visit our schools to photograph, videotape, record, and/or interview students and staff during various activities. In addition, we often use pictures of our students in Rocketship Public Schools publications and websites. Our education partners may also want to use student pictures and recordings for similar educational and promotional purposes. In furtherance of our goal to develop exceptional educators, we may invite educational partners (e.g., teacher credentialing organizations) to attend classroom sessions and share classroom photos and videos with these organizations to support our educators' professional development.

For your child's privacy, we must know whether or not you want your child to be photographed, videotaped, or interviewed for the purposes described above. .

Yes, I DO give permission for my child to be photographed, videotaped, or interviewed by the news and/or media for any reason and for Rocketship Public Schools to use my child's photograph, name, words and work product in school and Rocketship Public Schools publications, websites, and other marketing materials. or Rocketship Public Schools and its licensees (e.g., third-party educational support organizations and partners)—collectively "Rocketship".-Further, I authorize Rocketship to record my child's likeness and/or voice with still photography, film, videotape, or digital recording ("Recordings") and to edit such Recordings, and to use, reproduce, display, and/or distribute, and/or to make derivative works from any of the Recordings or my child's work product for educational and promotional purposes, in perpetuity. I understand and agree that use of such Recordings and work products will be without any compensation to me or my child. I understand and agree that Rocketship may display or otherwise use my child's first and last name in conjunction with its use of the Recordings and/or my child's work product. I understand and agree that Rocketship and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

No, I DO NOT give permission for my child to be photographed, videotaped, or interviewed as described above. Nor do I give my permission for Rocketship Public Schools to use my child's Recordings for the purposes described above.

I / We the undersigned declare under penalty of perjury that we are the parents or legal guardians of the above-named student and grant the above authorizations.

Parent/Guardian Signature: _____

Date: _____

Other Parent and Student Information

Additional Parent/Guardian and Student Information

Student's Name: _____ Student Date of Birth: _____
Legal Last Name Legal First Name Month / Day / Year

Is there an active court order or custody issue involving this student?

Yes No **If yes, please provide document*

Have you or a member of your family within the past 36 months relocated with the intent to obtain seasonal or temporary employment in agriculture, fishing, and dairy food processing?

Yes, this individual is a migrant worker No, this individual is not a migrant worker

Is the parent/guardian in the Military Service?

Yes No

Are you interested in your child participating in the Prepared for Liftoff program? (for 5th graders only)

Yes No

Student Emergency Contact Information

Please enter the name of the authorized contacts and their relationship to the student. DO NOT enter Parent/Guardians here if you have already entered in the Parent/Guardian section in the New Student Registration Form.

Emergency Contact 1 **required*

Last Name:	First Name:	Relationship: to Student	Phone:
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Emergency Contact 2

Last Name:	First Name:	Relationship: to Student	Phone:
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Emergency Contact 3

Last Name:	First Name:	Relationship: to Student	Phone:
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Emergency Contact 4

Last Name:	First Name:	Relationship: to Student	Phone:
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I / We the undersigned declare under penalty of perjury that we are the parents or legal guardians of the above-named student and grant the above authorizations.

Parent/Guardian Signature: _____

Date: _____

Request for Student Records

Student Request Form

This form is required of all students who will be entering grades K- 5. Please send all records and files for the following student and include all health records, test scores, portfolios, and confidential files.

Este formulario es requerido para todos los estudiantes entrando a los grados K a 5. Por favor envíe todos los registros y archivos del estudiante nombrado e incluya el historial de salud, resultados de las pruebas, portafolios, y archivos confidenciales.

Student's Last, First Name _____ Student Birth Date (Mo/Day/Year): _____
Apellido, Primer Nombre del Estudiante Fecha de Nacimiento (Mes/Día/Año)

Previous School Attended: _____ Previous School District: _____
Nombre de la escuela previamente asistida Distrito Escolar previamente asistido

2021-22 Grade Level: _____
Nivel de Grado en 2021-22

Send records to the school marked below to the attention of "Student Records":

- | | | |
|--|--|--|
| <input type="checkbox"/> Rocketship Rise Academy
2335 Reynolds Place SE
Washington, DC 20020
Phone: 202-750-7177
Email: rise@rsed.org | <input type="checkbox"/> RocketshipLegacy Prep
4250 Massachusetts Avenue SE
Washington, DC 20019
Phone: 202-803-7004
Email: dcinfo@rsed.org | <input type="checkbox"/> Rocketship Infinity Community Prep
5450 3rd Street NE.
Washington, DC 20011
Phone: 202-627-2256
Email: dcinfo@rsed.org |
|--|--|--|

I (parent(s)/legal guardian(s) hereby consent and authorize the release of my student(s) records as requested above by the school I've marked above

Parent/Guardian Signature: _____ Date: _____

Appletree Field Trip Permission

Throughout the school year, teachers will be taking their students on educational field trips that relate to the instructional areas being studied. These trips not only extend learning outside the classroom, but are special social times for the classes as well. AppleTree Early Learning Public Charter School field trips are well planned, approved by school leaders, and appropriately supervised by our staff with support from parent volunteers.

We request written permission from you in order for your child to participate in all class field trips throughout the 2019-2020 school year. Rather than ask you to give written permission each time a field trip is scheduled, we ask that you give your written permission for all field trips planned for the school year. Prior to each trip, teachers will send notification including destination, focus of trip, travel arrangements, appropriate dress, information about meals and information regarding any monies needed for the trip.

We also ask you to grant your permission for your child to take walks in the surrounding area of the school for the purposes including, but not limited to: physical fitness, parks for educational/recreational purposes, and/or local field trips. Permission also includes visits to local libraries and other educational venues as part of the normal school day.

Granting prior permission will allow your child to participate fully in all of our important off-campus learning experiences.

Thank you for your support,

Sincerely,

The AppleTree Team

This student has my permission to participate in all field trips sponsored by AppleTree Early Learning Public Charter School.

Parent/Guardian Signature: _____

Date: _____

Appletree Every Child Ready

Dear Parent,

The purpose of **Every Child Ready** is to create high quality curriculum and professional development resources for other preschools. We hope that these resources will allow children in other programs the opportunity to experience a high quality preschool program.

Through **Every Child Ready**, your child's classroom will receive additional books and literacy related materials and your child's teacher will receive curriculum materials and training. If you participate, **you may also receive books and materials that will help you support your child's learning at home.**

In order for your child to take part in this important project, we are asking you to give AppleTree project staff permission:

1. For my child's assessment results and findings to be shared with my child's teacher, other School staff, consultants, educators, AppleTree, and appropriate regulatory authorities, including the District of Columbia Public Charter School Board.
2. To videotape and photograph your child in his/her class. Videotape and photographs may be shared with your child's teacher, project staff, consultants, other educators and the public. Videotapes and photographs may be included in later curriculum and professional development products that will be commercially published and widely distributed to improve teaching and learning for all children. In the course of filming normal instruction, the teacher may use your child's first name. No other identifiable information will be disclosed regarding your child.
3. To talk with your child's teachers and other school personnel about your child's learning.

Parent/Guardian Signature: _____

Date: _____

Appletree Photography and Video Release

AppleTree Schools reserves the right to photograph/videotape its students, faculty, staff and facilities in connection with the activities of the school and to reproduce such images to promote, publicize, or explain the school or its activities. This includes the right, without limitation, to publish such images in the school newsletter, and PR/promotional materials such as marketing and admissions publications, advertisements, fundraising material, and any other school-related publication. These images may appear in any of a variety of formats and media now available or that may be available in the future, including but not limited to print, broadcast, videotape, and electronic/online media.

AppleTree Schools is in partnership with AppleTree Institute. As part of the regular program, your child's teachers will assess your child's academic and social skills. AppleTree Institute reviews the data internally and with your child's teacher to improve instruction. De-identified data are also shared with staff, consultants, educators, and in educational reports. Within this partnership, AppleTree Institute reserves the right to photograph/videotape students, faculty, staff and facilities in connection with the activities of the school and to reproduce such images to promote, publicize, or explain the school or its activities. These images may appear in any of a variety of formats and media now available or that may be available in the future, including but not limited to print, broadcast, videotape, and electronic/online media.

Please select your answer

- Yes, I DO give my permission** to AppleTree Schools to use images and/or video of my child as indicated above.
- No, I DO NOT give my permission** to AppleTree Schools to use images and/or video of my child as indicated above.

Parent/Guardian Signature: _____

Date: _____

Appletree Consent for Screenings

AppleTree Early Learning Public Charter School will be providing vision and hearing screenings to students during the school year. The Center for Blindness Prevention will provide the vision screenings. These screenings will be conducted during the school day. The results of the screenings will be sent home for you to review. Please contact us if you have any questions. These screenings do not replace the regular vision screenings provided by your child's health care provider.

- Yes, I DO give my permission** for my child to be screened.
- No, I DO NOT give my permission** for my child to be screened.

Parent/Guardian Signature: _____

Date: _____