SY25-26 Enrollment Checklist

Student Name: _____   **SY25-26 Grade:** 5 6 7 8 9 10 11 12

Student Type: NEW   RETURNING

The tables below identify requirements to complete enrollment for your child at Paul PCS for SY25-26. **Enrollment is <u>not</u> <u>complete</u> until all required items (yellow) are received,** based on student grade level and type (new or returning).

Questions? Contact our enrollment team at (202) 541-6611 or enrollment@paulcharter.org.

NEW STUDENTS

Grade	Enrollment Form	Proof of Residency	Universal Health Cert.	Birth Certificate	Report Card / Transcript	Health Services Consent Form	NOTES
5	☐ Required	☐ Required	☐	☐ Required	☐	☐ Required	
6	☐ Required	☐ Required	☐	☐ Required	☐	☐ Required	
7	☐ Required	☐ Required	☐ Required	☐ Required	☐	☐ Required	
8	☐ Required	☐ Required	☐	☐ Required	☐	☐ Required	
9	☐ Required	☐ Required	☐	☐ Required	☐ Required	☐ Required	
10	☐ Required	☐ Required	☐	☐ Required	☐ Required	☐ Required	

RETURNING STUDENTS

Grade	Enrollment Form	Proof of Residency	Universal Health Cert.	Health Services Consent Form	NOTES
6	☐ Required	☐ Required	☐	☐ Required	
7	☐ Required	☐ Required	☐ Required	☐ Required	
8	☐ Required	☐ Required	☐	☐ Required	
9	☐ Required	☐ Required	☐	☐ Required	
10	☐ Required	☐ Required	☐	☐ Required	
11	☐ Required	☐ Required	☐ Required	☐ Required	
12	☐ Required	☐ Required	☐	☐ Required	

For Office Use Only:

Completed by: _____   Date: _____

Updated in Enrollment System: ☐   Date: _____   Initials: _____