

Two Rivers

New Student Registration

Student Information

Applying School Year

First Name

Middle Name

The student does not have a middle name. The student does not have a middle name.

Last Name

Suffix/Generation

Nickname

Gender

Date of Birth

Age (as of September 30 of the selected school year)

Grade for School Year 2023-2024

School

Please enter your MySchoolDC Application Tracking ID

Student's Physical Address

House Number

Street Prefix

Street Name

Street Type

Street Suffix

Apartment

City

State

Zip

Student's Mailing Address

Is Mailing Address Same as Physical Address?

Student's Housing Status

Housing Status - Is student accompanied by a parent/guardian/adult?

Special Accommodations

Does the student have an Individualized Education Plan (IEP)?

Does the student have a 504 Plan?

Has the student ever received EL/ELL/ESL (English learner/English language learner/English as a second language) support services at another school?

Military Connected

Active Military

Reserve Military

Race and Ethnicity

Is this student Hispanic/Latino?

Race Selection #1

*Was the student born in the
US?*

Home Language

Home Language

*Does your household require
translation and/or
interpretation services when
participating in school events?*

Previous School

Has your child previously attended school?

Is your student receiving speech and language therapy?

Is your student receiving occupational therapy?

Is your student receiving physical therapy?

Is your student receiving counseling?

Family Information

Enrolling Parent/Legal Guardian

Enrolling Parent/Legal Guardian must sign this form and is required to sign DC Residency Verification Form (DCRV) and provide supporting documentation to prove DC Residency.

First Name

Middle Name

Last Name

Suffix/Generation

Relationship to Student

Is contact living with student?

Contact Phone Number

Contact Phone Type

Contact Phone Ext

*I would like to add another
phone number* I would like to add another phone number

Contact Email

Secondary Parent/Legal Guardian

Secondary Parent/Legal Guardian will receive communication in addition to enrolling parent/guardian regarding your child.

First Name

Middle Name

Last Name

Suffix/Generation

Relationship to Student

Is contact living with student?

Contact Phone Number

Contact Phone Type

Contact Phone Ext

I would like to add another phone number I would like to add another phone number

Contact Email

Does this student have any siblings?

Emergency/Authorized Pick-Up

1. Designate a minimum of 2 people other than Enrolling Parent/Guardian or Secondary Parent/Legal Guardian to serve as an Emergency Contact (EC) or Authorized Pick-Up (AP). Emergency Contacts are also authorized to pick up. A maximum of 6 contacts can be provided.
2. List each person only once and use the contact type field to designate as EC or AP.
3. EC is a non-parent/guardian who can serve as a proxy in the event parent/guardian cannot be reached. This includes emergency medical treatment authorization.
4. AP is a non-parent/guardian who is authorized to pick the child up but does not have permission to make decisions in the event parent/guardian cannot be reached.

Emergency Contact 1

First Name

Middle Name

Last Name

Suffix/Generation

Contact Type

Contact Relationship

Is contact living with student?

Contact Phone Number

Contact Phone Type

Contact Phone Ext

I would like to add another phone number I would like to add another phone number

Contact Email Address

Emergency Contact 2

First Name

Middle Name

Last Name

Suffix/Generation

Contact Type

Contact Relationship

Is contact living with student?

Contact Phone Number

Contact Phone Type

Contact Phone Ext

I would like to add another phone number I would like to add another phone number

Contact Email Address

Emergency Contact 3

First Name

Middle Name

Last Name

Suffix/Generation

Contact Type
Contact Relationship
Is contact living with student?

Contact Phone Number
Contact Phone Type
Contact Phone Ext
I would like to add another phone number I would like to add another phone number

Contact Email Address

Emergency Contact 4

First Name
Middle Name
Last Name
Suffix/Generation
Contact Type
Contact Relationship
Is contact living with student?

Contact Phone Number
Contact Phone Type
Contact Phone Ext
I would like to add another phone number I would like to add another phone number

Contact Email Address

Emergency Contact 5

First Name
Middle Name
Last Name
Suffix/Generation
Contact Type
Contact Relationship
Is contact living with student?

Contact Phone Number
Contact Phone Type
Contact Phone Ext
I would like to add another phone number I would like to add another phone number

Contact Email Address

Emergency Contact 6

First Name
Middle Name
Last Name
Suffix/Generation
Contact Type
Contact Relationship
Is contact living with student?

Contact Phone Number

Contact Phone Type

Contact Phone Ext

I would like to add another phone number I would like to add another phone number

Contact Email Address

Emergency Contact Priority

Below is the priority in which emergency contacts will be called. To adjust the priority, please select the appropriate order number next to the name.

Authorized Pick-up contacts should be last since we will not contact them in the case of an emergency. Please note, the Parent/Guardian 1 must (1) match the DC residency documentation provided AND (2) be the primary residency of the enrolling student. While both parents will be listed as contacts, Parent/Guardian 1 will be the primary person contacted for communication concerning your child.

Parents/Guardians

Emergency Contacts

Health History

Medical Alert: Please describe the medical alert and the student's needs with regards to it.

Allergy

Asthma

Eczema

Other

Diabetes

Disability

Does the student take any prescriptions?

Prescription(s) Name

Are there any additional medical conditions the school should be aware of? (Type 'None' for not applicable)

Is there any additional information the school should know about the student? Please consider all health, social, family, and academic concerns. (Type 'None' for not applicable)

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.

I agree

Additional Questions

D.C. Resident (Student and/or parent/guardian live in D.C.)

What technology support does your student require to complete school work from home?

I give permission for my student to leave the school grounds in the company of Two Rivers staff members for the purpose of educational, athletic, or recreational activities.

I give permission for Two Rivers and/or its agents to take and publish photographs of my student for educational purposes, and for the purposes of promoting the school and/or its partners (e.g. EL Education).

I give permission for Two Rivers and/or its agents to video or publish my student for educational or promotional purposes.

Pickup Agreement

I understand that my student may not be picked up by anyone who is not listed on this form. I also understand that my student must be dropped off no later than 8:30AM and picked up by the close of school.

Registration Commitment

I am registering my student to attend Two Rivers PCS for the 2022-2023 school year. I certify that all the information provided above is accurate to the best of my knowledge.

DC Residency Verification Form

If you wish to upload DC Residency Verification Form, then please complete the DCRV Form by clicking the link [DCRV Form](#). Please upload the signed DCRV form below under 'Upload Supporting Documents'.

Home Language Survey

If your child is enrolling in the District of Columbia for the first time, then please complete the Home Language Survey by clicking the link [Home Language Survey](#). Please upload the signed survey below under 'Upload Supporting Documents'.

Upload Supporting Documents

You may upload supporting documents for your registration below

DC Residency Verification Form	NO DOCUMENT UPLOADED
Previous School Records	NO DOCUMENT UPLOADED
Required Enrollment Documents	NO DOCUMENT UPLOADED
Home Language Survey	NO DOCUMENT UPLOADED
Other	NO DOCUMENT UPLOADED
Other	NO DOCUMENT UPLOADED
Other	NO DOCUMENT UPLOADED
Other	NO DOCUMENT UPLOADED
Other	NO DOCUMENT UPLOADED

Certification

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.

I Agree

Electronic Signature

Must be signed by Enrolling Parent/Legal Guardian who is also signing DCRV & providing supporting documentation to prove DC residency.

Date

District of Columbia public or public charter schools prohibits discrimination on the basis of race, color, religion, creed, sex, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, genetic information, and any other class of individuals protected from discrimination under state or federal law in any aspect of school admission and assurance of a free and appropriate education.

PLEASE NOTIFY THE SCHOOL IF ANY CHANGES ARE MADE, AT ANY TIME DURING THIS SCHOOL YEAR, TO ANY OF THE INFORMATION ON THIS ONLINE REGISTRATION.