

Paul Public Charter School

Enrollment

Student Information

Enrolling Status

First Name

Middle Name

Last Name

Suffix

Date of Birth

Gender

Enrolling Grade

Preferred Communication

Language

*Is the above still your
preferred language for
communication by the
school?*

Residential Address

Address

City

State

Zip

Is the student's address different than the one above?

Type of living arrangement

Is this student's mailing address different from their residential address?

Military Connected

Is a parent/guardian of the student a member of the armed forces?

New Student Information

Race and Ethnicity

Is this student Hispanic/Latino?

What is the student's race?

*Is the student currently
enrolled at the school for
the SY23-24 school year?*

*Or, if you are completing
the form in the summer,
was the student enrolled at
and finish the SY23-24
school year at the school
named above?*

Home Language Survey

As part of the enrollment process in DC public and public charter schools, all parents and guardians must complete the Home Language Survey. For all students who are enrolling in a DC school for the first time, parents must complete the OSSE Home Language Survey at the time of enrollment. The purpose of the three questions below is to determine if your child needs English language proficiency screening. If the answers to questions 1, 2 or 3 indicate a language other than English, the school must screen your child for possible identification as an English learner using a screener test.

All DC residents, of all backgrounds, are welcome in public schools in the District of Columbia.

The Home Language Survey is **not** used for immigration purposes and is not shared with Immigration and Customs Enforcement (ICE). The Home Language Survey is **not** used to determine:

- your immigration status;

- | your residency status; or
- | if your child is an English learner.

Please let your school know if you need assistance completing the Home Language Survey.

This form must be signed and dated by the parent/guardian and school official and kept in the student's file.

The Home Language Survey is also available in Spanish, Amharic, French, Chinese, Korean and Vietnamese. Please see the main office for a copy of the survey in a different language.

Please answer the questions below.

What is the primary language used in the home?

What is the language most often used by the student?

What language or languages did the student use first?

For additional information only: What other languages are spoken in your home?

Birth Certificate

Paul PCS requires new students to submit Birth Certificates upon registration. We use Birth Certificates to resolve any data issues in state data, such as birth day, name spelling, etc.

We encourage you to upload your child's birth certificate below. If you are not able to or unwilling to do so we will reach out to you directly if we need it.

Would you like to upload a copy of your child's birth certificate now?

We want to know how you learned about Paul PCS!

How did you hear about Paul Public Charter School?

Contact Information

Contact 1

Title

First Name

Middle Name

Last Name

Suffix

Gender

Relationship to Student

Emergency Contact

Has custody

Can pick up student

Lives with student

Resides at

Contact 1 Contact Information

Phone 1 Number

Phone 1 Type

Preferred phone number?

Phone 2 Number

Phone 2 Type

Preferred phone number?

Phone 3 Number

Phone 3 Type

Preferred phone number?

Employer

Email Address

Contact 2

Title

First Name

Middle Name

Last Name

Suffix

Gender

Relationship to Student

Emergency Contact

Has custody

Can pick up student

Lives with student

Resides at

Contact 2 Contact Information

Phone 1 Number

Phone 1 Type

Preferred phone number?

Phone 2 Number

Phone 2 Type

Preferred phone number?

Phone 3 Number

Phone 3 Type

Preferred phone number?

Employer

Email Address

Additional Contact

*Would you like to add
another contact?*

Contact Priority

To adjust the order in which contacts will be called, please adjust the priority by selecting the appropriate order number next to the name.

The person you want us to contact first should be listed next to 1, and then the second person should be listed next to 2, and so on.

Medical Information

When did your child receive their last physical examination (if known)?

Allergies

Does this student have any allergies?

Asthma

*Does this student have
asthma?*

Medication

Does this student take any medicine during the school day?

District of Columbia Oral Health (Dental Provider) Assessment and Health Certificate

As part of registration, students are required to have both an oral health assessment form and health certification form completed by their dentist and physician. Please have these forms completed and return to Paul PCS.

If you have these forms ready, you will have the option below to upload them.

[Oral Health \(Dental Provider\) Assessment Form](#) (English)

[Formulario de evaluación de salud bucal](#) (Español)

[Universal Health Certificate](#) (English)

[Certificado Universal de Salud](#) (Español)

[Oral Health Assessment Form](#)

*Do you have your child's
completed and current Oral
Health (Dental Provider)
Assessment form?*

[Universal Health Certificate](#)

*Do you have your child's
completed and current
Universal Health
Certificate?*

Required Immunizations for Attendance

All parents should be aware of the required immunizations for attendance. If proof of immunization is not submitted to the school within the first 20 school days, your child will not be allowed to return to school until Paul PCS has received documentation of the required immunizations. We encourage all families to take action now and to talk with your child's health care provider about your child's immunization history and what is needed to be able to start school. If you wait you find it more difficult to get an appointment as the start of school gets closer and other parents are also trying to comply with the policy.

For more information on the School Immunization Requirements, we encourage you to read OSSE's guidance:

[Immunization Requirements Guide](#) (English)

[Guía de requisitos de inmunización para las escuelas](#) (Español)

*My initials below indicate
that I am aware of the
Immunization Attendance
policy and understand that
my child must have the
required immunizations in
place for the start of the
2024-2025 school year.*

Human Papillomavirus (HPV) Information Statement

Please read the Department of Health's [statement concerning Human Papillomavirus \(HPV\)](#).

I have read the HPV Information Statement.

You have the option to opt-out of the HPV vaccine school requirement. However, DC Health strongly proposes that children be vaccinated as recommended by the Centers for Disease Control and Prevention (CDC).

We encourage you to contact your health provider to discuss this and other vaccines.

*Have you and your child's
health care provider
decided to opt out of the
requirement for the HPV
vaccine?*

School Health Services Program

The DC Department of Health requires families to complete a consent to participate in school health services. The intent of this form is for parents to give permission for students to participate in school health services programs including receiving care from the school nurse and receiving vision and hearing screening tests. The form can be found here:

[School Health Services Consent Form](#)

Would you like to upload

*the completed School
Health Services Consent
form now?*

DC Residency

My child and I are (please select an option below):

MySchoolDC Seat Acceptance Form



The **My School DC Seat Acceptance Form** confirms that you are accepting your space after receiving a match or waitlist offer through My School DC. It also authorizes your child's current school to transfer your child's school records to their new school. The form confirms that you are giving up your child's space at their current school, forgoing feeder rights to schools related to your current school, and will be removed from the waitlists of schools you ranked below the school where you are enrolling.

Records Release

By signing this form, I 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) (20 U.S.C. § 1232g; 34 CFR Part 99).

I agree

Enrollment Confirmation

I understand that I cannot maintain enrollment at more than one school for 2024-2025 and I am confirming my enrollment at Paul Public Charter School.

I agree

I understand that once this form is submitted, I will give up my space at my current school for next school year (2024-2025) and my current school will be notified that my space may be awarded to another family.

I agree

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.

I agree

Parent/Guardian Signature

The electronic signature below and its related fields are treated by Paul Public Charter School like a handwritten signature on a paper form.

Parent/Guardian Signature

Date

Student Information Privacy

(Directory Information)

Paul reserves the right to publish basic information about our students in common things like yearbooks, performance and graduation programs, family directories etc. This basic information is contained in a student's education record and generally would not be considered harmful or an invasion of privacy if disclosed. The US Department of Education calls this basic information "directory information". At Paul directory information can include, but is not limited to:

- | Name, address, telephone listing, electronic mail address, home language, dates of attendance, and grade level;
- | Participation in officially recognized activities, performances and sports;
- | Weight and height of members of athletic teams for athletics purposes;
- | Degrees, honors, and awards received.

Paul will never share, publish, or sell anything outside of this basic information without consent.

If you opt out of allowing this information to be shared, please understand that your student's name may not appear in our publications like graduation and performance programs, newsletters, etc. You must choose to opt out of sharing this information at the time of enrollment, and cannot change your student's participation in directory information later in the year.

For more information about "directory information" and the Family Educational Rights and Privacy Act (FERPA) [click here](#)

*Privacy Agreement
selection*

Publicity Release Form

Throughout the school year, the Paul Public Charter School and our approved partners will conduct activities that may be publicized through the local or national news media. These activities may include interview sessions with news reporters; photographs of individual students or groups of students for newspapers or various school system publications including newsletters, calendars, and brochures; the use of student photos on the Paul's web site; and videotaping for local and national television news programs, cable programming, and school system promotional videos.

Please select one of the two statements below.

Students with Special Dietary Needs

Paul PCS recognizes that students may have important and varied dietary needs. The attached form allows parents to communicate special dietary needs their child may have. The purpose of this form is to ensure that the dietary needs of every student are known and properly accommodated in order to keep all of our students safe and healthy.

Please read the following [Special Dietary Needs Form](#) (Click on the **Medical Substitution Form** link) and return to Paul PCS if necessary. You will be given the option to upload it below.

I have read Paul PCS's policy concerning special dietary needs.

*Does your child have a
special dietary need?*

Uniform Policy

I understand that Paul PCS is a uniform school and my child and I will comply with the Uniform Policy that will be given to me during Orientation and published in the Family Handbook.

I agree