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WASHINGTONYUYING.ORG

Washington Yu Ying PCS

Required Forms and Documentation for Enrollment SY24-25:

- The SY24-25 OSSE DC Residency Verification Form and required documentation (released in March 2024)
- The SY24-25 Washington Yu Ying PCS Online Registration (completed in Winter 2024. Please see the SY23-24 version attached.)
- The enrolling students' birth certificate (new students only)

Prior to the start of school, Washington Yu Ying requires:

- The DC Universal Health Form with immunization records
- The DC Oral Health Form

Washington Yu Ying Public Charter School Registration

Student Information

Student's First Name

Student's Middle Name

Student's Last Name

Suffix

Student's

Nickname/Chinese Name

Student's Birth Date

Student's Gender

SY 23-24 Grade

Home Phone

Home Address

Apt #

City

State

Zip

Ward

The Child Has A Different Mailing Address

Military Family Service

Are you a Military Family (any parents or guardian's currently serving in the military)?

Yes or No

Technology Survey

Select the options which best describe your internet access at home

- Broadband Internet Connectivity
- Cellular data Connectivity
- I have WiFi, but I'm not sure what internet connectivity I have.
- No Internet access
- Other

Internet Devices

Do you have an internet connected device that each child can regularly use at home?

*Any Internet connected
device(s) that your child
can regularly use at home?*

Please check the device(s) your child(ren) can access.

- Computer
- Tablet
- Smartphone

Demographics

PARENTS AND GUARDIANS: THE DISTRICT OF COLUMBIA, IN COMPLIANCE WITH GUIDANCE FROM THE DEPARTMENT OF EDUCATION, REQUIRES EACH STUDENT HAVE AN ETHNICITY AND RACE RESPONSE RECORDED. IF YOU DO NOT PROVIDE A RESPONSE, SCHOOL STAFF WILL BE REQUIRED TO PERFORM OBSERVER IDENTIFICATION AND PROVIDE A RESPONSE ON YOUR BEHALF.

Part A: Ethnicity

- **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Is this student Hispanic/Latino?

Part B: Race

- **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America including Central America, and who maintains a tribal affiliation or a community attachment.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- **Black or African American:** A person having origins in any of the black racial groups in Africa.
- **Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

What is the student's primary race? You will have the option to select additional races.

Country Of Birth

Was this student born in a country outside of the USA?

Home Language Survey

What is the 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** shared for immigration purposes 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.

Please use these links if you need help in any of the following languages: [Spanish](#), [Amharic](#), [French](#), [Chinese](#), [Korean](#), or [Vietnamese](#), [Russian](#)

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?

Special Education Needs

Washington Yu Ying is legally obligated to provide your student with services on their IEP. It is extremely important that you inform us if your student has an IEP. Please provide copies of all assessments or evaluations from his/her previous school.

Has your child ever required special education services before?

Does your child have an IEP or 504?

Previous School Information

Has this student previously attended school?

Birth Certificate

Please upload a copy of the student's birth certificate. Note: Your registration will not be considered complete until this document is received.

NO DOCUMENT UPLOADED

I have submitted a copy of the student's birth certificate.

My School DC Acceptance Form

If you participated in the My School DC lottery, please complete these questions to confirm your child accepts a seat in a My School DC school.

By signing this form, I authorize Washington Yu Ying to request records from the current school for the student above. I also hereby authorize Washington Yu Ying to request records from any other previous schools that the student above has attended. I understand that Washington Yu Ying 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 understand that I cannot maintain enrollment at more than one school for 2023-24 and I am confirming my enrollment at Washington Yu Ying.

I understand that once this form is submitted, I will give up my space at my current school for next school year (2023-24) and my current school will be notified that my space may be awarded to another family.

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.

How did you hear about Yu Ying?

Contact Information

Please enter in your student's contacts in the order you would like them contacted in case of an emergency.

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

Emergency Contacts

Please list at least one additional contact for emergencies.

Contact Priority

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

Sibling Information

Does your student have any siblings? (NOTE: Please also include any siblings not living in the same residence, to the best of your knowledge.)

Health Information

Physician's Name
Phone

Does your student have any special health needs that may limit participation in Physical Education classes or organized athletics?
Does your child take medication for any medical reason? (ADHD, Diabetes, Asthma, etc.)

Health Agreements / Food Allergies

Please answer the the following question(s) to the best of your ability especially with regard to LIFE THREATENING food allergies. Our lunch and teaching staff use this information to safeguard your child during snack and lunch services. Thank you for your attention to this very important section.

Does your student have any food allergies?

Beginning in SY23-24, a Universal Consent Form is required for a child to participate in DC's Student Health Services Program.

Please upload your child's Universal Consent Form.

NO DOCUMENT UPLOADED

Please upload your child's physician's note and Dietary Restriction Form.

NO DOCUMENT UPLOADED

Please upload your child's most recent Universal Health Certificate.

NO DOCUMENT UPLOADED

What is your child's most recent health exam date? DC Universal Health Certificates are valid for one calendar year from the date of the exam.

Please upload your child's most recent Dental Health Certificate.

NO DOCUMENT UPLOADED

What is your child's most recent dental examination date? Oral Health Assessment Forms are valid for one calendar year from the dental examination date.

COVID-19 Vaccine Card

If you have not previously done so, please submit a copy of your child's completed COVID-19 vaccination card using our [COVID-19 Vaccination Form](#).

Hospital Preference

Preferred Hospital:

Medical Treatment/Insurance

How is this student insured?

Please note: If you do not have these items available right now and/or do not have a scanner or electronic copies of the Medicaid or Health Insurance Card, please continue on through the form and submit. Upon completion you will need to submit a copy to the school in order to finalize your student's registration.

Please upload a copy of the Medicaid or Health Insurance Card.

NO DOCUMENT UPLOADED

Agreements

The Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Washington Yu Ying PCS, with certain exceptions, obtain your consent prior to the disclosure of personally identifiable information from your child's education records. However, Washington Yu Ying PCS may disclose appropriately designated 'directory information' without consent, unless you have advised the LEA to the contrary in accordance with the LEA's procedures. The primary purpose of directory information is to allow Washington Yu Ying PCS to include this type of information from your child's education records in certain school publications. If you do not want Washington Yu Ying PCS to disclose directory information from your child's education records without your prior consent, you must notify the LEA by the first day of school.

Parent Volunteer Agreement

I understand that Washington Yu Ying PCS requires a commitment from parents/guardians for 20 hours of volunteer service, per student enrolled, to the school each year.

Volunteer Background Check Form

Volunteers or visitors who will spend more than 8 hours on school property per school year need to complete and pass the mandatory background check. Per Yu Ying policy, individuals volunteering for more than 8 hours during the school year, must have a background check prior to their first volunteer experience. Please download and fill out the background check form, scan the completed copy, and upload OR turn in to the front office. If you have any questions please contact hr@washingtoneying.org. [Click Here](#)

Volunteer Background Upload

Please note: If you do not have these items available right now and/or do not have a scanner or electronic copies of the documents, please continue on through the form and submit. Upon completion you will need to submit these documents to the school.

Volunteer Background Check Form

NO DOCUMENT UPLOADED

Directory Consent

Each year Washington Yu Ying lists an electronic class directory of student and parent names and parent email addresses on our Parent Portal. The Parent Portal and class directory are accessible only by Yu Ying staff and families.

I give permission for Yu Ying to list the described information in the Class Directory.

Photographic Consent

Washington Yu Ying Public Charter School or media may take photographs of your student during the school year and at school events. These photos may be used for Yu Ying's website, literature, and in other promotional material. It is our policy to not include names with photographs.

I agree to the use of my student's picture by Washington Yu Ying PCS

I agree to have my child participate in press related activities

Phone and Text/SMS Contact Consent

Yu Ying may occasionally contact parents by phone or text/SMS messaging using an automated alert system, for non-emergency purposes. This is to inform parents of scheduled school closings, upcoming events, or other pertinent school information. In order to comply with the Telephone Consumer Protection Act we are required to get your consent for any non-emergency contact of this nature. If you do NOT wish to be contacted for non-emergency reasons via phone or text/SMS please indicate by checking 'No' below.

Please note we are legally allowed to contact you for emergency purposes including weather closures, incidents of threats or violence to the school due to fire, dangerous persons, health risks and unexcused absences.

*Consent to receiving SMS
phone or Text messages
from the school via phone*

Student Technology Agreements

Use Agreement

Please take a moment to review the [Student Technology Use Agreement](#), and acknowledge below that you have read this with your child, and that you both understand the responsibilities that come with your access to technology at Yu Ying. This will be reviewed in class with your students prior to their having access to technology, but we require your acknowledgement prior to their being given access to devices.

I acknowledge that I have reviewed the Student Technology Use Agreement with my child

Loan Agreement

Should your child need to quarantine for COVID or require remote learning for other circumstances, and always with school approval, we do offer the use of temporary technology loans. Note that we do not approve general requests for technology loans. These are only intended for extraordinary circumstances. Please take a moment to review the [Student Technology Loan Agreement](#), and acknowledge below that you have

read and agree. Your acknowledgement here and electronic signature at the end of this form will act as a legally binding agreement that you will follow the terms of this agreement.

I acknowledge that I have reviewed the Student Technology Loan Agreement

Residency Verification

I have submitted the Residency Verification Form for SY 23-24 to Yu Ying.

Please review the [required verification documents](#).

Free and Reduced-Priced Meals

For more information about Free and Reduced-Priced Meals, please download and review the [2023-2024 NSLP letter](#).

I understand that I have been given the information and opportunity to view/print documentation about Free and Reduced-Priced Meals

Notice of Non-Discrimination and Grievance Procedures

In accordance with Title VI of the Civil Rights Act of 1964 ('Title VI'), Title IX of the Education Amendments of 1972 ('Title IX'), Section 504 of the Rehabilitation Act of 1973 ('Section 504'), Title II of the Americans with Disabilities Act of 1990 ('ADA'), and the Age Discrimination Act of 1975 ('The Age Act'), applicants for admission and employment, students, parents, employees, sources of referral of applicants for admission and employment, and all unions or professional organizations holding collective bargaining or professional agreements with Washington Yu Ying PCS are hereby notified that [Washington Yu Ying PCS] does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities.

Students, parents, and/or guardians having inquiries concerning Washington Yu Ying PCS compliance with Section 504 or the ADA as it applies to students or who wish to file a complaint regarding such compliance should contact:

Section 504 & ADA Coordinator at 202-635-1950, who has been designated by Washington Yu Ying PCS to coordinate its efforts to comply with the regulations implementing Section 504 and ADA. For inquiries or to file a complaint regarding Washington Yu Ying PCS compliance with ADA, Section 504 as it relates to employees or third parties, and compliance with Title VI, Title IX, and the Age Act as it relates to students, employees and third parties contact:

Section 504, ADA, Title VI, Title IX, and Age Act Coordinator: Learning Support Coordinator at 202-635-1950

Before & After Care

REEF is our before and after care program. This is an interest survey. It is NOT registering you for the program. You will receive more information by email later in the summer.

*Will you need before or
after care (REEF) this
school year?*

Electronic Signature

The electronic signature below and its related fields are treated by Washington Yu Ying PCS like a handwritten signature on a paper form.

I affirm that all the information provided is true and correct to the best of my knowledge.

I Agree
Electronic Signature
Date