



New Student Enrollment Checklist

Student Name	Student Grade	Date of Birth
Parent Name	Phone Number	Email
Home Address		

Document Title	Staff Initials	Notes	Date	Verifier Staff Initials
<input type="checkbox"/> OSSE – DC Residency Verification Form				
<input type="checkbox"/> Proof of Residency Verify Tax & Revenue Online (Must be filed 21 days prior) - ossedctax.gov Select one (1) of these: <ul style="list-style-type: none"> • Current pay stub • Unexpired DC Government document of financial assistance (TANF, SNAP, Medicaid) • Certified copy of current DC Tax form D-40 • Military housing orders • Embassy Letter Select two (2) of these: <ul style="list-style-type: none"> • Unexpired DC motor vehicle registration • Unexpired DC Driver's License or Non-driver ID • Unexpired lease with separate proof of payment • Current utility bill (gas, water, electric) with separate proof of payment or two consecutive bills <input type="checkbox"/> Home Visit <input type="checkbox"/> OSSE Verified				
<input type="checkbox"/> Court Order/caregiver documentation (if applicable)				
<input type="checkbox"/> Enrolling Parent/Guardian Photo Identification				
<input type="checkbox"/> Birth Certificate				
<input type="checkbox"/> Enrollment Express Approved Pre-Registration form <input type="checkbox"/> PowerSchool Enrollment Forms				
<input type="checkbox"/> Staff Approved PowerSchool Enrollment Forms				
<input type="checkbox"/> DC Health/School Health Services Consent Form				
<input type="checkbox"/> DOH Authorization for Emergency Medical Treatment				



New Student Enrollment Checklist

Student Name	Student Grade	Date of Birth
<input type="checkbox"/> OSSE Home Language Survey (First time to DC only)		
<input type="checkbox"/> DC Health Universal Health Certificate (<i>must be completed by doctor</i>);and <input type="checkbox"/> Immunization Records; or <input type="checkbox"/> Religious Immunization Exemption Certificate		
<input type="checkbox"/> DC Health Oral Health Assessment		
<input type="checkbox"/> DC Health Medication Plan & Procedure Form (<i>must be completed by doctor</i>)		
<input type="checkbox"/> Girls Global Records Release & Request Form		
<input type="checkbox"/> Transcript		
<input type="checkbox"/> Progress Report/Report Card		
<input type="checkbox"/> IEP/504 Information (If Applicable)		
<input type="checkbox"/> GGA School Meals Form		

I understand that the enrollment of my student is contingent upon the complete submittal of the Enrollment Documents. Any missing documentation may result in the delay or enrollment of my student's start date, for Girls Global Academy Public Charter School.

Parent Name (Printed)	Parent Signature	Date
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I hereby confirm the receipt and completion of this Enrollment documentation checklist.

Enrollment Staff Name (printed)	Enrollment Staff Title
Enrollment Staff Signature	Date



DC Residency Verification Form – 2024-25 School Year

Use this form to verify that you are a District resident and therefore you or your student is eligible to enroll in a DC public or public charter school. All forms and supporting residency documentation are submitted to the enrolling school.

Step One: Choose the residency verification method that best applies to you.

Details of the available methods for verifying your DC residency are provided on page two. **Choose ONE** after completing sections 2 and 3 below. To be eligible to enroll in a DC public or public charter school tuition-free: 1) the enrolling person must be the parent, adult student, or the valid legal guardian, custodian or Other Primary Caregiver (OPC) with proper documentation; 2) the enrolling person has established a **physical presence** in the District of Columbia; and 3) the enrolling person has submitted valid and proper documentation that establishes residency as set forth in law and regulations.

Step Two: Provide information about student and enrolling person.

Student First Name:	Student Last Name:	DOB:
Name of School in the 2024-25 School Year: Girls Global Academy PCS		
Enrolling person (see page 2) > First Name:		Last Name:
I am the: <input type="checkbox"/> student's legal parent/guardian/custodian <input type="checkbox"/> student's Other Primary Caregiver and completed the OPC Form <input type="checkbox"/> adult student <input type="checkbox"/> minor parent and completed the sworn statement		
Address of enrolling person:		Apt #:
City: Washington	State: DC	ZIP:
DC Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:	Phone:	

Step Three: Sign Certification of Residency Requirements.

- I certify that I am the adult student or the student's legal parent, guardian, custodian, or Other Primary Caregiver (OPC) and am submitting valid and proper residency documentation accordingly or have identified myself as a non-resident and understand the required tuition agreement and tuition payment needed for enrollment.
- I certify that I have established and will maintain a physical presence in the District, defined as the "actual occupation and inhabitation of a place of abode with the intent to dwell for a continuous period of time"; and I am submitting valid and proper documentation to verify residency, as set forth in 5A DCMR § 5004; or, I have identified myself as a non-resident and will complete the required tuition agreement and tuition payment.
- I consent to the disclosure of whether I was determined to meet the residency requirements for any government funded financial assistance program (such as, Medicaid, Temporary Assistance for Needy Families [TANF], or Supplemental Nutrition Assistance Program [SNAP]) in which I am enrolled for the sole purpose of verifying District residency for DC public or charter school enrollment. By signing below, I am saying: I authorize the Office of the State Superintendent of Education (OSSE) to obtain my personally identifiable DC residency status information from other state or federal agencies, including but not limited to, the DC Department of Human Services (DHS), the DC Housing Authority (DCHA) and the Department of Health Care Finance (DHCF). OSSE will protect my information and follow all applicable laws regarding the protection and use of this information.
- I understand that enrollment of the above-named student in District of Columbia Public Schools, public charter schools, or other schools providing educational services funded by the District of Columbia is based on my representation of **bona-fide DC residency, including this sworn statement of physical presence and my submission of valid and proper documentation verifying residency** or by completion of a tuition agreement and tuition payments.
- I understand that even if the documentation I provide appears to be satisfactory, OSSE or school officials, with reasonable basis, may seek further information to verify the student's residency or the OPC status of the adult enrolling the student.
- If the District of Columbia, through OSSE, determines that I am not a resident or an approved non-resident under 5A DCMR § 5007, I understand that I am liable for payment of retroactive tuition for the student, and that the student may be withdrawn from school.
- I understand that if I provide false information or documentation, I can be referred to DC Office of the Inspector General for criminal prosecution or to the DC Office of the Attorney General for prosecution under the False Claims Act and under DC Code § 38-312 which provides that any person who knowingly supplies false information to a public official in connection with student residency verification shall be subject to payment of a fine of not more than \$2,000 or imprisonment for not more than 90 days, but not both a fine and imprisonment.
- I understand that this form and all supporting documentation to this form, including all other OSSE forms used to verify residency, will be retained by the school. I consent to their disclosure to OSSE, external auditors and other District agencies including but not limited to the DC Office of the Inspector General and the DC Office of the Attorney General, upon request, for the purposes of ensuring the accuracy of my District residency.
- I understand that the District of Columbia may use whatever legal means it has at its disposal to verify my residence.
- To verify residency to attend District of Columbia schools, I authorize the Office of Tax and Revenue (OTR) to review and confirm my District tax filings for a period of 3 tax years and to provide the results of that review to the OSSE's Office of Enrollment and Residency.
- I agree to notify the school of any change of residence for myself or the student within three school days of such change and complete a DC Residency Verification Form.

Enrolling Person SIGN HERE: _____ DATE: _____

Step Four: Submit this completed form and applicable documentation to your school.

SCHOOL OFFICIAL USE ONLY The following method was used to verify District of Columbia residency. Choose ONE method.

I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies, including but not limited, to the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.

School Official Name (print): _____	Signature: _____	Date: _____
Method A: School official verified <input type="checkbox"/> OSSE Residency Verified (QUIK, ASPEN, or CBO Subsidy) <input type="checkbox"/> Homeless liaison verified <input type="checkbox"/> Ward of DC	Method B: Select one document <input type="checkbox"/> Pay stub <input type="checkbox"/> DC Gov. financial assistance <input type="checkbox"/> Certified DC Tax Form-D40 <input type="checkbox"/> Military housing orders <input type="checkbox"/> Embassy letter	Method B: Select two documents <input type="checkbox"/> DC motor vehicle registration <input type="checkbox"/> DC driver's license/non-driver ID <input type="checkbox"/> Lease with payment <input type="checkbox"/> Utility bill with payment <input type="checkbox"/> Method C: Home visit <input type="checkbox"/> Non-resident

Enrolling person, follow ONE of the methods (A-C) to verify your DC residency.

Verify with a school official. If you are experiencing homelessness, a ward of the District and/or a participant of a District public benefits program, such as Medicaid, SNAP, or TANF—your school may already have your information. Check with your school official or the school's homeless liaison.

A Verify through the Office of Tax and Revenue (OTR). Re-enrolling families/students are often able to verify residency using OTR residency verification process. The enrolling person must have paid taxes in DC during the previous fiscal year and have the student's Social Security number. The student must be re-enrolling in the same local education agency and enrolling in grades K-12. Login to the system at ossedtax.com. If successful, your verification will then be available for your school to confirm.

Verify by submitting supporting documentation. All items must include the same name and address of the enrolling person as completed on the DC residency verification form and school-based enrollment documents.

ONE item is needed from this list.

- A valid **pay stub** issued within 45 days of the school's review of this form. Must contain withholding of only DC personal income tax for the current tax year and no other states listed for deduction, even if the amount is zero. It must also show a DC personal income tax withholding amount greater than zero for both the current tax year and current pay period.
- **Unexpired official documentation of financial assistance from the Government of the District of Columbia**, issued to the enrolling person within the past 12 months and current at the time presented to the school, including, but not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Security Income, housing assistance or other programs.
- **Certified copy of Form D40** by the DC Office of Tax and Revenue (OTR), with evidence of payment of DC taxes for the current or most recent tax year and must bear the OTR stamp.
- **Military housing orders or statement on military letterhead**, issued within the past 12 months and current at the time presented to the school. The housing order must be an official correspondence and cite the specific DC address of residence. The order must indicate that the enrolling person is currently residing and not an intent to reside.
- **Embassy letter** issued within the past 12 months. Must contain an official embassy seal and signature of embassy official; and indicate that the enrolling person currently resides, or will reside, on embassy property in DC during the relevant school year.

TWO different items are needed from this list.

- **DC motor vehicle operator's permit** or official government-issued non-driver identification that is valid and unexpired.
- **DC motor vehicle registration** that is valid and unexpired. Temporary registrations are not acceptable.
- **Lease or rental agreement (including a military lease)** that is valid and unexpired **with a separate proof of payment of rent**, such as receipt of payment, money order, or copy of cashed check.
The lease must contain the start date, monthly rent amount, name of landlord, and be signed by the enrolling person and landlord.
The separate proof of payment must be for a period within two months immediately preceding the school's review of this form and match the monthly rent amount stated on the lease.
- **Utility bill (only gas, electric, and water bills are acceptable) with a separate paid receipt showing payment of the bill**, such as receipt of payment printout, money order, or copy of cashed check.
The utility bill must be for a period within the two months immediately preceding the school's review of this form.
The separate proof of payment must be for the specific bill submitted. The most common submission is two consecutive bills where the second bill shows payment on the first bill. A credited amount on a bill and government agency letter subsidizing payment for utility are also acceptable proofs of payment. All payments must be confirmed and not scheduled for a future date.

OR

C Verify through a home visit. If you are unable to verify through one of the above methods, speak with your school official about a home visit. The visit must occur inside the residence and demonstrate that the enrolling person and the student reside in the home.

Enrolling as a non-resident student

Non-resident students are only eligible to attend a District public school if there are no eligible DC residents on the waitlist, the LEA agrees to enroll the student, there is a signed tuition agreement in place with the Office of the State Superintendent of Education, and an initial tuition payment has been made. To complete a tuition agreement and tuition payment, please email osse.residency@dc.gov. Non-residents are not eligible for enrollment through the District's Pre-K Enhancement and Expansion Funding Program.

Persons eligible to enroll a student.

- **Parent** - a natural parent, stepparent, domestic partner, or parent by adoption who has custody or control of a student, including joint custody.
- **Guardian** - an appointed legal guardian of a student by a court of competent jurisdiction.
- **Custodian** - a person to whom physical custody has been granted by a court of competent jurisdiction.
- **Other Primary Caregiver** - is a person other than a parent or court-appointed custodian or guardian who is the primary provider of care or control and support to a student who resides with him or her, *and* whose parent, custodian, or guardian is unable to supply such care and support due to serious family hardship.
- **Adult Student** - A student who is 18 years of age or older, or who has been emancipated from parental control by marriage, operation of statute, or the order of a court of competent jurisdiction.

Student Number: Grade: Pre-Registered

There are 1 previous responses to this form. (0 pending, 0 approved, 0 rejected)
Last response status: submitted

1. Student Demographics

Please write name as it appear on legal documents (i.e. birth certificate, adoption paperwork).

First Name *

Middle Name

Last Name *

Suffix

Jr, IV, etc

Preferred Name

Date of Birth *

MM/DD/YYYY

Gender *

Female

Male

Non-binary

Grade Level *

Age

Student Cell Phone

XXX-XXX-XXXX

Student Email

Student Instagram

Did your student enroll in a school in the US for the first time in the last 12 months? *

Yes No

Race/Ethnicity

Is the student Hispanic or Latino? *

A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Yes No

Race Descriptions

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 American or Alaska 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.

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.

Race *

Please select all that apply

Eligibility for Free and Reduced Lunch

Does the student qualify for free or reduced-price lunch? (Further information and forms will be distributed in July to confirm eligibility)

Yes No

Pronouns Preference

Inclusion is important to us, we would like to be inclusive in our use of pronouns. What is your student's pronoun preference?

She/her/hers

School Aged Siblings

Please list the student's siblings that are current or prospective GGA-aged students. Press the Add Row button to add a sibling.

Add Row

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Legend

Icons - Date Entry

Student Number: Grade: Pre-Registered

There are 1 previous responses to this form. (0 pending, 0 approved, 0 rejected)

Last response status: **submitted**

2. Student Address

Physical Address

Street *

City *

State *

Zip Code *

Primary Phone *

XXX-XXX-XXXX

Mailing Address

Copy from Physical

Mailing Street *

Mailing City *

Mailing State *

Mailing Zip Code *

Student Number:

Grade: Pre-Registered

There are 1 previous responses to this form. (0 pending, 0 approved, 0 rejected)

Last response status: submitted

3. Student Contacts

Guardians and Emergency Contacts *

Please list all parents/legal guardians and at least two (2) emergency contacts apart from the parents/legal guardians.

Parent/Guardians listed in the Family section are automatically considered emergency contacts and are authorized pick-ups. Please list at least 2 additional adults who Girls Global can contact in the event of an emergency as well as adults who may pick your student up from Girls Global. You may identify them as "Emergency" or "School Pick-Up." Please note the following:

1. Emergency contacts are also considered authorized pick-ups.
2. Any adult picking up your student must show a valid picture ID.
3. We will not release your student to anyone who is not on this list.

To add a contact:

- Click the white "Add" button on the top right corner of the table to add contacts to the table below. Use the pencil icon to edit a row. Use the 'X' to remove a row.
- Add an address, phone number, and email address in the window that appears.
- You may rearrange the addresses, phone numbers or email addresses you submit by clicking and dragging the rows. The top ranked row is considered the preferred address or number.
- Please indicate if the phone number is a Mobile, Home, Work, or Daytime number.
- Please indicate if the email address is your current email or an additional email address.

Add

Lives with Student

Custody

School Pickup

Emergency Contact

Data Access

Submit this form to save changes.

How did you hear about GGA? *

Please select how you heard about Girls Global Academy.

Personal Research

v24.3.0.0

Student Number: Grade Pre-Registered

There are 1 previous responses to this form. (0 pending, 0 approved, 0 rejected)

Last response status: submitted

4. Student Information

Current Class Information

In an effort to know our students, Girls Global Academy would like to know more about the classes your student is currently enrolled in.

Recent Report Card or Test Scores

Transcript, Report Card/Progress Report allow us to align our curriculum and instruction to best serve each student. Must provide transcript and or most recent report card/progress report at time of enrollment to finalize.

Upload

If the student has taken a world language course, what language is it? If other, please specify. *

Spanish Mandarin (Chinese) NA Other

What math course did the student take most recently? If other, please specify. *

Math 8 Algebra I Geometry Algebra II Other

Has your student been retained at their current or previous school? *

Yes No

Has your student been suspended at their current or previous school? *

Yes No

Has your student been expelled or asked to withdraw from current or previous school? *

Yes No

Student Services

Girls Global Academy is committed to know our students and to serve every learner. To be able to provide services and supports to help our students, please provide more information on the supports your student may need.

Does your student have an Individual Education Plan commonly known as an IEP? *

Yes No Unsure

Does your child have an Accommodation Services Plan, commonly known as 504 Plan? *

Yes No Unsure

Does your student currently receive English Language Learner Services (known as ELL) ? *

Yes No Unsure

Does your student qualify for Extended School Year (ESY)? *

Yes No Unsure

Does your student qualify for transportation services? *

Yes No Unsure

Does your student currently receive counseling services? *

Yes No Unsure

Does your student currently receive speech and language services? *

Yes No Unsure

Does your student currently receive occupational therapy? *

Yes No Unsure

Does your student currently receive physical therapy? *

Yes No Unsure

Does your student currently receive Behavior Support Services? *

Yes No Unsure

Does your student have an Behavior Implementation Plan? *

Yes No Unsure

Can you tell us if your student has or is experiencing any of the following (mark all that apply)?

Abandonment or Neglect	Alcoholism (Parent)	Death of a close relative or friend
Death by Suicide (Family member or Friend)	Domestic Violence	Foster Care
Mentally ill Parent	Homelessness	Incarcerated Parent
Sexual Abuse	Parental Separation/Divorce	Physical or Mental Abuse
	Visual Impairment	Other

Can you tell us if your student needs or may need any of the following services (mark all that apply)?

Individual counseling	Group counseling	Referral services
Tools to cope with trauma	Other	

Please provide additional information that would help us better support your student:

Other Student Information

Student Uniform Sizes

What is the student's size for a TSHIRT? *

Small Medium Large X-Large 2X

3X

4X

What is the student's size for a POLO SHIRT? *

Small

Medium

Large

X-Large

2X

3X

4X

What is the student's size for MESH GYM SHORTS? *

Small

Medium

Large

X-Large

2X

3X

4X

Technology at Home Survey

Girls Global Academy wants to understand your student's current access to technology so we can better support your needs.

Does your student have access to the internet at home? *

Yes

No

Does your student have access to computer at home for school work? *

Yes, they have their own laptop

Yes, they have access to a shared computer

Sometimes

No

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Student Number: Grade: Pre-Registered

There are 1 previous responses to this form. (0 pending, 0 approved, 0 rejected)
 Last response status: **submitted**

5. Permissions/Agreements

Handbook Acknowledgement

Parent/Student Handbook *

I have read and reviewed the 2024-25 Parent/Student Handbook and will review with my child. I understand that not following the policies outlined in the manual may result in loss of privileges or outright suspension and/or expulsion from school. If a student is expelled from GGA they are not eligible to enroll again.

Yes, I understand

Permissions

Photo and Media Release *

We hope to use images of your student for promotional and school culture purposes and ask that you provide your consent. By signing below, I hereby grant the Girls Global Academy, including its employees and partners the right to: (1) record my student's image and voice; (2) edit such recordings at their discretion; and (3) use such recordings, along with the artwork and written work of my student on videotape, in photographs, in digital media, and in any other form of electronic or print media. I understand that this release does not grant GGA the right to disclose any biographical or other identifying information regarding my student and that I may revoke this consent at any time by contacting my school. I hereby release Girls Global Academy, their successors, and their assignees and anyone using my child's image and/or voice, artwork, and/or written work pursuant to this release from any and all claims, damages, liabilities, costs and expenses which I or my child now have or may hereafter have by reason of any use thereof. I understand that the provisions of this release are legally binding. This consent is valid through the end of the school year and can be revoked at any time.

I consent

I do not consent

Local Field Trips *

Girls Global Academy believes in enhancing the curriculum through off site field trips. These trips, supervised by GGA staff and its partners, would occur during the school day and within the local community. You will be notified when your student will be off site via calendar invite, email from staff and or a monthly field trip calendar. For any field trips outside the school day or beyond the local community, we would provide an additional consent form for each occurrence.

I give my child permission to participate

I DO NOT give my child permission to participate

Counseling Services Consent (From a Licensed Professional Counselor) *

Girls Global has highly qualified professionals to help students experiencing stress, sadness, anger, or other emotions that can impact their lives. GGA will adhere to all confidentiality guidelines to protect the privacy of your student. By signing below, you authorize GGA school professionals to begin the process of working with your student. You will be notified and included in any plan for services, consistent with best practices. Your student's information will be reviewed by the Student

Supports Team and will be handled confidentially. This consent is valid through the end of the school year and can be revoked at any time.

I consent

I do not consent

Release of Information

In accordance with Section 8528 of the act titled Elementary and Secondary Education Act of 1965 (ESEA), this school is required to provide names, addresses, and phone numbers of high school students to institutions of higher education as well as military recruiters. A high school student aged 18+ or the parent of a student under 18 may request the information not be released without prior written parental consent.

Military Release *

I give permission to the school to release the name, address, and phone numbers of the student to military recruiters.

Yes

☐ No

Higher Education *

I give permission to the school to release the name, address, and phone numbers of the student to institutions of higher education.

Yes

☐ No

Family Educational Rights and Privacy Act (FERPA Notice) *

All Girls Global Academy employees are required to protect the records containing information pertaining to students. The Family Educational Rights and Privacy Act (FERPA) is a federal law that affords parents and students over 18 years of age (eligible students) certain rights with respect to the student's education records. These rights include:

- The right to inspect and review the student's education records within 45 days of the day the school receives a request for access.
- The right to request the amendment of the student's education records that the parent or eligible student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.
- The right to privacy of personally identifiable information (PII) in the student's education records, except to the extent that FERPA authorizes disclosure without consent.
- The right to opt out of school designated directory information.
- The right to file a complaint with the U.S. Department of Education concerning alleged failures by Girls Global Academy to comply with the requirements of FERPA.

I have read and acknowledge receipt of our FERPA rights and responsibilities stated and linked above.

I agree

Guardian Signature

I consent to the use of electronic signatures *

I consent

v24.3.0.0

Legend

Icons  - Date Entry

Student Number: Grade: Pre-Registered

There are 1 previous responses to this form. (0 pending, 0 approved, 0 rejected)
Last response status: submitted

1. Residence Survey

McKinney-Vento Homeless Assistance Act - Enrollment of Children & Youth Experiencing Homelessness

Children and youth in homeless situations can stay in the school they last attended when permanently housed (school of origin) or enroll in any public school that students living in the same attendance area are eligible to attend.

Please indicate your student's housing status.

Permanent

Hotel/Motel

Sheltered

Unsheltered

Doubled Up

Proof of Residency

You are required to provide acceptable documentation to prove residency in the District of Columbia.

The required OSSE DC Residency Verification Form must be signed in-person or with an electronic signature via Docu-Sign. DocuSign access is provided through GGA. For more information on what forms of supporting documentation are acceptable, click Acceptable Methods to Prove Residency or call GGA, [202.600.4822](tel:202.600.4822) ext. 105.

Verify through the Office of Tax and Revenue (OTR)

Re-enrolling families/students are often able to verify residency using OTR residency verification process. The enrolling person must have paid taxes in DC during the previous fiscal year and have the student's Social Security number. The student must be re-enrolling in the same local education agency and enrolling in grades K-12. Login to the system at ossedctax.com. If successful, your verification will then be available for your school to confirm. You may also email your confirmation email to admissions@girlsglobalacademy.org.

One item is needed from this list.

A valid pay stub issued within 45 days of the school's review of this form.

Unexpired official documentation of financial assistance from the Government of the District of Columbia

Certified copy of Form D40 by the DC Office of Tax and Revenue (OTR)

Current military housing orders or statement on military letterhead with separate receipt of payment

Embassy letter

OSSE Verified

Home Visit

OSSE Residency Verified (QLIK, ASPEN, or CBO Subsidy)

Homeless liaison verified

Ward of DC

Two different items are needed from this list.

Note: Proof of payment must be dated within 60 days

- DC motor vehicle registration
- DC driver's license/non-driver ID
- Unexpired lease with separate receipt of payment (equal total amount of rent)
- Utility bill (only gas, electric, and water bills are acceptable) with a separate paid receipt showing payment of the bill

Proof of Residency

Upload

Parent/Guardian Signature

I certify that the above information is correct to the best of my knowledge.

I consent to the use of electronic signatures *

I consent

v24.3.0.0

Legend

Icons  - Date Entry

Student Number: Grade: Pre-Registered

There are 1 previous responses to this form. (0 pending, 0 approved, 0 rejected)

Last response status: submitted

2. Birth Certificate & Proof of ID

Birth Certificate

You are required to provide documentation proving parental/guardianship and the student's birth certificate verifying proof of age.

Was the student born in the United States? *

Yes

No

Birth Documentation Provided

Certified copy of the pupil's birth certificate (long form)

Official Court Records

Upload Birth Documentation

Upload

Enrolling Parent/Legal Guardian Proof of Identification

The enrolling parent/ legal guardian is defined as the student's biological parent or court appointed person who will submit their proof of DC residency. This parent/legal guardian will be the primary person contacted for communication concerning your student.

We require proof of identification for the parent/legal guardian such as a driver's license/non-driver ID or passport.

Upload Proof of Identification

Upload

Guardian in the Military *

Either parent or guardian is on active duty in the military

Either parent or guardian is a traditional member of the Guard or Reserve

Either parent or guardian is a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title

None of the above

v24.3.0.0

Student Number: Grade: Pre-Registered

There are 1 previous responses to this form. (0 pending, 0 approved, 0 rejected)
Last response status: submitted

4a. Health Information

Medical Contacts

Doctor Name

Last, First

Doctor Phone

XXX-XXX-XXXX

When did your child last see the doctor?

Dentist Name

Last, First

Dentist Phone

XXX-XXX-XXXX

When did your child last see the dentist?

Does your child currently have health insurance?

Yes

No

Health-Insurance Provider

Policy Number

Insurance Card Upload

Upload

Medical History

Allergies

Press the Add Row button to add additional allergies.

Add Row

Does the student use an EpiPen? *

Yes

No

Does the student use an inhaler? *

Yes

No

Medications

All medications to be administered during school hours (including non-prescription medications) must have the Medication and Medical Procedure Treat Plan form completed. Please have the student's medical doctor complete and return to GGA prior to administration. The Nurse or Operations Associate will contact you to arrange medication/medical supply drop-off.

Press the Add Row button to add additional medications

Add Row

Dietary Restrictions

Please provide information about your students dietary restrictions. The School will do its best to fulfill your dietary needs, but may not be able to accommodate all needs. You may be contacted for further information based on your responses.

Does your student have any special dietary needs? *

Yes

No

DC Health | Universal Health Certificate

Please download the physical form using this link, have it filled out by your child's doctor, and attach it to this form.

Universal Health Certificate Upload

Upload

DC Health | Universal Oral Health Certificate

Please upload the oral form using this link, have it filled out by your child's dentist, and attach it to this form.

Oral Health Certificate Upload

Upload

Student Number: Grade: Pre-Registered

There are 1 previous responses to this form. (0 pending, 0 approved, 0 rejected)
Last response status: submitted

4b. Health Authorizations

Consent To Emergency Treatment *

This is to certify that I, legal parent/guardian of _____, hereby grant permission to Girls Global Academy to obtain medical care from any licensed physician, hospital or medical clinic for the student named herein at such time as either parent or guardian cannot be contacted in person or by phone.

I agree I do not agree

Liability Statement *

As it pertains to all activities, I hereby waive, release, absolve, indemnify, and agree to not hold activity sponsors, organizers, supervisors, and participants, for any claim arising out of injury to the student or accidents that may occur during the activity.

I agree I do not agree

Consent to Share Medical Information *

I give permission for the nurse to share necessary medical information with teacher(s)/staff as the nurse deems appropriate.

I agree I do not agree

Parent/Guardian Signature

I consent to the use of electronic signatures *

I consent

v24.3.0.0

Legend

Icons  - Date Entry

Student Number: Grade: Pre-Registered

There are 2 previous responses to this form. (0 pending, 0 approved, 0 rejected)
Last response status: **submitted**

1. Acknowledgment of Completion

Acknowledgement of Seat Acceptance *

My School DC no longer requires schools to collect the Seat Acceptance Form as part of their registration process. However, the enrollment confirmations listed below are still enforced and I understand that:

- I cannot maintain enrollment at more than one school for the 2024-25 school year and I am confirming my enrollment at Girls Global Academy.
- I am giving up my space at my current school for next school year (2024-25) and my current school will be notified that my space may be awarded to another family.
- If I enroll as a result of receiving a waitlist offer from Girls Global Academy, I will be removed from the waitlists of all schools ranked below this school on my My School DC application.

I acknowledge

Acknowledgement of completion *

I, as a parent/guardian, have completed/submitted the following forms for my student accurately and to the best of my knowledge:

- Student Demographics
- Student Address
- Student Contacts
- Permissions/Agreements
- Residency Survey
- Birth Certificate/Proof of Identity
- Health Information
- Health Authorizations

I acknowledge

I consent to the use of electronic signatures *

I consent

v24.3.0.0

Legend

Icons  - Date Entry



HOME LANGUAGE SURVEY INSTRUCTIONS FOR LEAS

PURPOSE: The Home Language Survey is used to determine if the student is eligible to take an English language proficiency screener. The screener score determines if the student is identified as an English learner or not an English learner. Students who are identified as English learners have the right to participate in the English language instructional program at school. **Federal law¹ requires schools to offer eligible students an English language instructional program so they may attain English language proficiency and achieve academic success.**

The Home Language Survey is **not** used to determine a family's immigration status; a family's residency status; or if the student is an English learner (this is determined by the English language proficiency screener).

HOW TO ADMINISTER THE SURVEY

- Provide **all** families enrolling their child in a District of Columbia school for the **first** time the OSSE Home Language Survey. The form is in English, Spanish, Amharic, French, Chinese, Korean and Vietnamese.
 - For LEAs that provide the Home Language Survey within their online enrollment form, be sure to provide the information for families in the grey box and the questions exactly as stated, including the translations into English, Spanish, Amharic, French, Chinese, Korean and Vietnamese.
 - For re-enrolling students or students transferring within DC, check the Early Access to English Learner Data application to verify the student's EL status and previous screening and/or ACCESS scores. It is **not** necessary to give this survey to families who are re-enrolling their child in a District of Columbia school.
- Reasonable efforts should be made to help the family understand the purpose of the survey and how to complete it. If needed, provide language support to families who may not be able to read or understand it.
 - Skilled interpreters should be made available for families who need language assistance to complete the survey². This includes who are illiterate, need sign language, and/or need braille.
 - The Language Line, a telephonic interpreting service where an interpreter participates in the conversation between the school and the family over the telephone, is one resource schools can use.

- Ensure the survey has been completed, signed, and dated by the parent or guardian.
- A school official, such as the registrar, must sign and date the bottom of the form upon receipt from the parent or guardian.
- Keep the signed and dated survey in the student's file.
- If a family refuses to complete the survey, make a reasonable effort to help the family understand the purpose of the survey and how to complete it; including providing language assistance, if necessary. If, after reasonable efforts have been made, the family still refuses to complete the survey, note the refusal and date on the survey and do not flag the student for English language proficiency screening.

HOW TO PROCESS THE HOME LANGUAGE SURVEY RESPONSES

- If the response to question 1, 2 or 3 is a language other than English, refer the student to the appropriate LEA staff, e.g., English learner coordinator, for English language proficiency screening.
- The screener must be administered within 30 days of the student's first day attending the school (Stage 5 enrollment). OSSE's [Delivering Education Services to English Learners](#) lists state-approved screeners.
- If the response to questions 1, 2 and 3 is English only, the student is considered proficient and does not need to be screened.
- The fourth question "For additional information only: What other languages are spoken in your home?" must not be used to determine screening. It is included to provide the school additional information about the student and family's multilingual assets.
- Enter the language(s) listed on questions 1 and/or 2 in your LEA's School Information System (SIS) under the "native language" field. The language entered must correspond to the three-digit code for a valid language on the International Organization of Standardization list (www.iso.org).

¹ ESSA sec. 1112 requires local education agencies using Title I or Title III funds to provide a language instruction educational program and not later than 30 days into the school year, inform parents of an English learner identified for participation or participating in such a program.

² Refer to [Delivering Educational Services to English Learners](#) and the Office of Human Rights website for more information about the Language Access Act, covered entities and resources.



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.

Student's Last Name

Student's First Name

School Name

1. What is the primary language used in the home?

2. What is the language most often used by the student?

3. What language or languages did the student use first?

For additional information only:

What other languages are spoken in your home?

Signature of Parent/Guardian

Date

Signature of School Official

Date

To be completed by School Official:

Refer for English language proficiency screening? ☐ Yes ☐ No



GIRLS
GLOBAL
ACADEMY

733 8th Street NW • Washington DC 20001 • (202) 600-4822 • admissions@girlsglobalacademy.org

Release and Records Request Form

STUDENT INFORMATION

Student Last Name: _____ Student First Name: _____ Date of Birth: _____

Student I.D. Number: _____ Student USI Number: _____ Current Grade Level: _____

GIRLS GLOBAL ACADEMY (RECEIVING SCHOOL) RECORDS REQUEST

Attention Registrar: Please forward all applicable records listed below to admissions@girlsglobalacademy.org to the attention of Admissions Coordinator.

- Transcript
- Report Card/Progress Report
- Test Scores, ELL Assessments
- IEP/504 Plan/ City/State/Zip Code:
- Behavioral Implementation Plan/Discipline Records
- Court Orders/Legal Records
- Other (please specify) _____
- DC Health Universal Health Certificate
- DC Health Oral Health Assessment
- Medication & Medical Procedure Treatment Plan
- Counseling Records
- Psychological & Educational Information

Staff Name (Print): _____ Signature: _____

Title: _____ Date: _____

PARENT CONSENT TO RELEASE RECORDS

By signing this form, I authorize Girls Global Academy Public Charter High School to request and receive all school records. This includes academic, medical, counseling and behavioral documentation from the current and previous schools where the student named above has attended.

Print Name: _____ Signature: _____ Date: _____

Phone: _____ Email: _____

SENDING SCHOOL CONFIRMATION (Please Complete)

I confirm that (student first & last name): _____ is no longer enrolled at:

School Name: _____

Address: _____

City/State/Zip Code: _____ Phone: _____

Email: _____

School Representative Name (Print): _____

Title: _____

Signature of Sending School Representative: _____

Date of Signature: _____

Date of students last day of attendance: _____

School Official Stamp or Seal



GGA School Meals Form

The importance of eating healthy meals aids our children with learning. Girls Global supports this goal by partnering with Genuine Foods to offer delicious and nutritious meals during the school day.

Households in which students attend *Community Eligibility Provision (CEP) schools are not required to fill out a Free and Reduced Meal Application (FARM).

Student's Name: _____

Parent/Guardian's Name: _____

Grade: _____

Dietary Preference

Food Allergies/Dietary Restrictions (please note, a doctor's note must be on file for life threatening allergies):

- | | | |
|--------------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Soy | <input type="checkbox"/> Gluten/Wheat |
| <input type="checkbox"/> Peanut/nuts | <input type="checkbox"/> Fish | <input type="checkbox"/> Shellfish |
| <input type="checkbox"/> None | | |
| <input type="checkbox"/> Other: | _____ | |

☐ **Cultural/Religious Dietary Restrictions:** _____

Type of Meal:

- ☐ Regular
- ☐ Vegetarian
- ☐ Non-Dairy (A Doctor's note is required for this option)

The U.S. Department of Agriculture's school meal programs aim to provide all participating children, regardless of background, with the nutritious meals and snacks they need to be healthy. Consistent with federal law and program regulation, this includes ensuring children with disabilities have an equal opportunity to participate in and benefit from the programs, which are the National School Lunch Program (NSLP), the School Breakfast Program (SBP), the Fresh Fruit and Vegetable Program (FFVP), the Special Milk Program (SMP), and the afterschool snack component of the NSLP.

**GGA is a Community Eligibility Provision (CEP) School and will participate in the following Child Nutrition Program (CNP): National School Lunch Program, School Breakfast Program, and Seamless Summer Program. Breakfast and lunch are offered free to all students.*

*** In accordance with the Healthy Schools Act, GGA does not allow fast food (McDonalds, Starbucks, Dunkin Donuts, etc.) or deliveries (Uber eats, Door Dash, Post Mates, etc.) on campus. Student must eat prior to entering the building or toss it in the trash upon entrance.*

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH CARE REGULATION AND LICENSING ADMINISTRATION
PLEASE TYPE OR PRINT

AUTHORIZATION FOR CHILD'S EMERGENCY MEDICAL TREATMENT

If my child _____, date of birth _____, month/day/year
becomes ill or involved in an accident and I cannot be contacted, I authorize the following hospital or Health
Provider to give the emergency medical treatment required:

Hospital: _____

Address: _____

or:

Health Provider: _____ Telephone No: _____
M.D./N.P. (Area Code)

Address: _____

I give permission to Girls Global Academy, located at
Name of Facility or Caretaker
733 8th Street NW, Washington DC 20001, to take my child for treatment.

I accept responsibility for any necessary expense incurred in the medical treatment of my child, which is not
covered by the following:

Health Insurance Company: _____

Name of Policy Holder: _____ Relationship to Child: _____

Policy Number: _____ Coverage: _____

Medicaid Number: _____ State: ☐ DC ☐ MD ☐ VA

Child's Known Allergies or Health Conditions: Yes ☐ No ☐
(If yes, explain here: _____

Home Address: _____
Street City/State Zip Code

Area Code/Telephone No: _____
Home Business Pager/Cell Phone

Signature: _____

Relationship to Child: _____

Date: _____
month/day/year

SCHOOL HEALTH SERVICES PROGRAM

Please fill out the form below after carefully reviewing the policies and procedures governing student health services, and then sign the required consents contained in this document. This is required in order for you (if you are a student who is 18 years of age or older) or your child to participate in the School Health Services Program. Please submit the completed document to your child's school registrar.

Student's Personal Information Completed by parent/guardian/student eighteen (18) years of age or older				
Student Last Name:		Student First Name:		Date of Birth:
School or Child Care Facility Name:				
Home Address:	Apt:	City:	State:	ZIP:
Ethnic Designation: (check all that apply) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Prefer not to answer				
Race: (check all that apply) <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer				
Parent/Guardian Information				
Parent/Guardian Name 1:		Parent/Guardian Name 2:		
Phone:	Email:	Phone:	Email:	
Relationship to Student:		Relationship to Student:		
Parent/Guardian Phone:		Parent/Guardian Phone:		
Emergency Contact Name, Relationship to Student:		Emergency Contact Phone:		
Insurance Information				
Insurance Type:		Insurance Name/ID #:		
<input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> None		Insurance Plan:		
If your child does not have health insurance, would you like to be contacted by the clinical case manager for assistance with obtaining health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Primary Care Provider Name:				
Primary Care Provider Organization & Address:				
Primary Care Provider Phone:				

SCHOOL HEALTH SERVICES PROGRAM POLICIES AND PROCEDURES

- Students may receive care from a school nurse, school health suite personnel, or trained school staff in accordance with District of Columbia (District) laws and regulations and the District's Department of Health (DC Health) School Health Services Program (SHSP) policies and procedures.
- I understand in order to participate in the SHSP, I must provide consent to allow the student's medical care provider to electronically send my child's health information including, but not limited to the information in the Universal Health Certificate, to my child's school. Information regarding care provided to my child in my child's school may be shared with other District agencies for the purpose of coordinating my child's care and for District-wide data collection, for example to monitor asthma or other health trends in the District.
- My child's health information will always be stored and transferred in accordance with District and federal laws and regulations including, but not limited to the Family Educational Rights and Privacy Act of 1974 (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) act and D.C. Law 18-273, the Data-Sharing and Information Coordination Amendment Act of 2010 (D.C. Official Code § 7-241 et seq.)
- A student that is eighteen (18) years of age or older, or an emancipated minor, as defined by D.C. Official Code sec. 7-1231.02 (10) may complete this form for themselves and legally consent to any school health services.
- In accordance with the Minor's Health Consent Regulation (22-B DCMR 600.7) for a minor may legally consent for the prevention, diagnosis or treatment of (1) a pregnancy or its lawful termination; (2) substance abuse, including drug and alcohol abuse; (3) a mental or emotional health condition, or (4) a sexually transmitted disease. Furthermore, parental consent is not required for the application of emergency first aid treatment or the provision of services where the health of a student is endangered.

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SCHOOL HEALTH SERVICES PROGRAM ACKNOWLEDGEMENTS AND CONSENTS

- I hereby give consent for my child's school or school health suite personnel to provide a hearing and vision screening test if my child has not received one in the past calendar year according to their submitted Universal Health Certificate.
- I hereby give consent for the school or school health suite personnel to administer prescribed medication and/or treatment to my child as directed by my child's licensed healthcare provider, in accordance with D.C Official Code § 38-651 and in emergency circumstances, in accordance with D.C Official Code § 38-656.

I understand:

- I am responsible for submitting school health forms including but not limited to: Medication and Medical Procedure Treatment Plan, Asthma Action Plan, Anaphylaxis Action Plan, Dietary Accommodation Form or other accepted school health form signed by my child's medical provider to my child's school if my child needs special medical care or medication. I am responsible for submitting an updated school health form annually for my child.
- I am responsible for bringing any needed medication or medical supplies listed on a complete school health form, in their original packaging, to the school nurse. All medication or medical supplies will be stored in a secured area of the school.
- I am responsible for collecting all expired medication kept at school within one week of its expiration date and within one week of the end of the school year. I understand that uncollected medication will be destroyed. Health suite personnel do not assume any responsibility for possible loss of medication or medical supplies.
- I am responsible for immediately notifying the school if any changes occur in the education and Medical Procedure Treatment Plan and providing all updated school health forms to the school. The health suite personnel can be reached by calling the health suite directly or by calling the school's main phone number.
- I understand that the school or school health staff will not assume any responsibility for my child's unauthorized self-medication or treatments. My child may only self-treat or self-administer medication for asthma, anaphylaxis or diabetes if they are approved to self-medicate as directed by a licensed medical provider and in line with a complete school health form.
- I hereby acknowledge and agree that, as provided for in D.C. Official Code sec. 38-651.11, the District, the school, its employees and agents (including school nursing staff) or the practicing physician, physician assistant or advanced practice nurse, who has issued a standing order shall be immune from civil liability for any acts or omissions relating to or arising from their good faith performance of responsibilities under D.C Official Code sec. 38-651.01 et seq., except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct. I understand that this form must be completed and submitted before the student can receive health services.

Student Name (printed) _____ **Parent/Guardian Name (printed)** _____

Parent/Guardian Signature/Student if age is 18 or older _____ **Date** _____

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SCHOOL HEALTH SERVICES TELEHEALTH PROGRAM TERMS AND CONDITIONS

The School Health Services Telehealth Program allows students to be seen remotely at their school by a medical care provider. By signing below, I understand, acknowledge and agree that:

- My child may participate in appointments conducted by video (videoconferencing) or phone call (teleconferencing) with healthcare providers such as behavioral health providers who may be at an off-school location. The healthcare provider may determine that an in-person follow-up visit or that urgent care or emergency services is required.
- In addition to my child's healthcare team and provider, individuals who operate the video equipment and who are trained to maintain the confidentiality of all information obtained may also be present. The student has the right to request that: (1) specific details of their medical history/physical examination be omitted; (2) non-medical personnel leave the examination room; or (3) the visit be terminated at any time.
- I have the option to refuse a telehealth appointment for my child.
- I authorize the provider or its healthcare personnel to release any and all information to my child's health insurance plan or any other agent that may be responsible for paying medical bills associated with the visit. I further authorize the School Health Services Telehealth Program to release specific medical information to school officials and DC Health, either because it is required by law or by regulation, or because it is necessary to protect my child's health and safety.
- My insurance may be billed for Telehealth services. I understand I am responsible for providing insurance information and am responsible for any additional copay or charge resulting from this service. Enrollees in any DC Medicaid Managed Care Organization will not receive a bill for any of the services provided through telehealth. All charges associated with this program are at the discretion of the insurance company. Any copay that is required for primary care visits could apply for this service. I understand that any monies or benefits for providing telehealth will be assigned and transferred to the provider, including benefits/monies from my health plan, Medicaid, or other third parties who are financially responsible for my child's medical care. I authorize the release of all information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and as needed for other public health purposes.
- If I am not satisfied with the services rendered at any time, I may file a complaint with the Ombudsman team via phone: (202) 724-7491 or via email: healthcareombudsman@dc.gov. Complaints should also be submitted via the School Health Services Program portal at: <https://dchealth.force.com/studenthealthservices/s/>.
- This consent will be valid for the duration of the student's enrollment in the school. I also understand that I have the right to withdraw my consent at any time by giving the health suite staff a signed and dated letter withdrawing my consent.

Student Name (printed) _____ **Parent/Guardian Name (printed)** _____

Parent/Guardian Signature/Student if age is 18 or older _____ **Date** _____

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DC HEALTH Universal Health Certificate

Use this form to report your child's physical health to their school/child care facility. This is required by DC Official Code §38-602. Have a licensed medical professional complete part 2 - 4. Access health insurance programs at <https://dchealthlink.com>. You may contact the Health Suite Personnel through the main office at your child's school.

Part 1: Child Personal Information | To be completed by parent/guardian.

Child Last Name:		Child First Name:		Date of Birth:	
School or Child Care Facility Name:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		
Home Address:		Apt:	City:	State:	ZIP:
Ethnicity: (check all that apply) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer					
Race: (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer					
Parent/Guardian Name:			Parent/Guardian Phone:		
Emergency Contact Name:			Emergency Contact Phone:		
Insurance Type: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> None			Insurance Name/ID #:		
Has the child seen a dentist/dental provider within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No					

I give permission to the signing health examiner/facility to share the health information on this form with my child's school, child care, camp, or appropriate DC Government agency. In addition, I hereby acknowledge and agree that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under DC Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct. I understand that this form should be completed and returned to my child's school every year.

Parent/Guardian Signature: _____ Date: _____

Part 2: Child's Health History, Exam, and Recommendations | To be completed by licensed health care provider.

Date of Health Exam:	BP: _____ <input type="checkbox"/> NML <input type="checkbox"/> ABNL	Weight: _____ <input type="checkbox"/> LB <input type="checkbox"/> KG	Height: _____ <input type="checkbox"/> IN <input type="checkbox"/> CM	BMI: _____	BMI Percentile: _____
Vision Screening: Left eye: 20/____ Right eye: 20/____ <input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected <input type="checkbox"/> Wears glasses <input type="checkbox"/> Referred <input type="checkbox"/> Not tested					
Hearing Screening: (check all that apply) <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not tested <input type="checkbox"/> Uses Device <input type="checkbox"/> Referred					

Does the child have any of the following health concerns? (check all that apply and provide details below)

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Sickle cell |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Heart failure | <input type="checkbox"/> Significant food/medication/environmental allergies that may require emergency medical care. Details provided below. |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Kidney failure | <input type="checkbox"/> Long-term medications, over-the-counter-drugs (OTC) or special care requirements. Details provided below. |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Language/Speech | <input type="checkbox"/> Significant health history, condition, communicable illness, or restrictions. Details provided below. |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Obesity | |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Scoliosis | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: _____ |

Provide details. If the child has Rx/treatment, please attach a complete Medication/Medical Treatment Plan form; and if the child was referred, please note. _____

TB Assessment | Positive TST should be referred to Primary Care Physician for evaluation. For questions call T.B. Control at 202-698-4040.

What is the child's risk level for TB? <input type="checkbox"/> High → complete skin test and/or Quantiferon test <input type="checkbox"/> Low	Skin Test Date:	Quantiferon Test Date:		
	Skin Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive, CXR Negative <input type="checkbox"/> Positive, CXR Positive <input type="checkbox"/> Positive, Treated	Quantiferon Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Positive, Treated		

Additional notes on TB test: _____

Lead Exposure Risk Screening | All lead levels must be reported to DC Childhood Lead Poisoning Prevention. Call 202-654-6002 or fax 202-535-2607.

ONLY FOR CHILDREN UNDER AGE 6 YEARS Every child must have 2 lead tests by age 2	1 st Test Date:	1 st Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:	1 st Serum/Finger Stick Lead Level:
	2 nd Test Date:	2 nd Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:	2 nd Serum/Finger Stick Lead Level:
HGB/HCT Test Date:		HGB/HCT Result:	

Part 3: Immunization Information | To be completed by licensed health care provider.

Child Last Name:	Child First Name:	Date of Birth:					
Immunizations							
In the boxes below, provide the dates of immunization (MM/DD/YY)							
Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5		
DT (<7 yrs.)/ Td (>7 yrs.)	1	2	3	4	5		
Tdap Booster	1						
Haemophilus influenza Type b (Hib)	1	2	3	4			
Hepatitis B (HepB)	1	2	3	4			
Polio (IPV, OPV)	1	2	3	4			
Measles, Mumps, Rubella (MMR)	1	2					
Measles	1	2					
Mumps	1	2					
Rubella	1	2					
Varicella	1	2	Child had Chicken Pox (month & year): Verified by: _____ (name & title)				
Pneumococcal Conjugate	1	2	3	4			
Hepatitis A (HepA) (Born on or after 01/01/2005)	1	2					
Meningococcal Vaccine	1	2					
Human Papillomavirus (HPV)	1	2	3				
Influenza (Recommended)	1	2	3	4	5	6	7
Rotavirus (Recommended)	1	2	3				
Other	1	2	3	4	5	6	7

☐ The child is **behind on immunizations** and there is a plan in place to get him/her back on schedule. **Next appointment is:** _____

Medical Exemption (if applicable)

I certify that the above child has a valid medical contraindication(s) to being immunized at the time against:

☐ Diphtheria ☐ Tetanus ☐ Pertussis ☐ Hib ☐ HepB ☐ Polio ☐ Measles
☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ Meningococcal ☐ HPV
Is this medical contraindication permanent or temporary? ☐ Permanent ☐ Temporary until: _____ (date)

Alternative Proof of Immunity (if applicable)

I certify that the above child has laboratory evidence of immunity to the following and I've attached a copy of the titer results.

☐ Diphtheria ☐ Tetanus ☐ Pertussis ☐ Hib ☐ HepB ☐ Polio ☐ Measles
☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ Meningococcal ☐ HPV

Part 4: Licensed Health Practitioner's Certifications | To be completed by licensed health care provider.

This child has been appropriately examined and health history reviewed and recorded in accordance with the items specified on this form. At the time of the exam, this child is in **satisfactory health** to participate in all school, camp, or child care activities except as noted on page one. ☐ No ☐ Yes

This child is cleared for **competitive sports**. ☐ N/A ☐ No ☐ Yes ☐ Yes, pending additional clearance from: _____

I hereby certify that I examined this child and the information recorded here was determined as a result of the examination.

Licensed Health Care Provider Office Stamp

Provider Name:

Provider Phone:

Provider Signature:

Date:

OFFICE USE ONLY | Universal Health Certificate received by School Official and Health Suite Personnel.

School Official Name:

Signature:

Date:

Health Suite Personnel Name:

Signature:

Date:



DISTRICT OF COLUMBIA SCHOOL IMMUNIZATION POLICY

**All DC students *must* be up to
date on their immunizations
before next school year!**

1

SCHEDULE YOUR CHILD'S ANNUAL WELLNESS VISIT

Schedule your child's annual wellness visit today, and ask your healthcare provider to complete the Universal Health Certificate. If your child receives an immunization during the visit, ask for written proof of the immunization that you can share with your school.

MAKE SURE YOUR CHILD HAS RECEIVED ALL OF THEIR IMMUNIZATIONS

Not sure if your child has received all of their required immunizations? Ask your primary care provider, and request a copy of your child's immunization history to share with your school.

2

3

SUBMIT IMMUNIZATION DOCUMENTS TO YOUR SCHOOL

Submit the Universal Health Certificate and any other immunization documents to your child's school to guarantee they are ready for next school year. Not sure if your child's school has all the immunization documents they need? Call the school and ask today!

For more information:

OSSE: (202) 727-6436 | DC Health: (202) 576-7130 | bit.ly/DCIAP



DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

WE ARE
GOVERNMENT OF THE
DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

This is a summary of vaccines required for children to enter key grades in the District of Columbia. **The number of ✓ is the total number of doses needed to enter those grades.** More detail on the requirements is available at dchealth.dc.gov/immunizations.

To start Pre-K3*	To start Kindergarten	To start 7 th grade	To start 11 th grade
DTaP ✓✓✓✓	DTaP ✓✓✓✓✓	DTaP ✓✓✓✓✓	DTaP ✓✓✓✓✓
Polio ✓✓✓	Polio ✓✓✓✓	Polio ✓✓✓✓	Polio ✓✓✓✓
Chickenpox ✓	Chickenpox ✓✓	Chickenpox ✓✓	Chickenpox ✓✓
MMR ✓	MMR ✓✓	MMR ✓✓	MMR ✓✓
Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓
Hepatitis A ✓✓	Hepatitis A ✓✓	Hepatitis A ✓✓	Hepatitis A ✓✓
Pneumococcal (PCV) ✓✓✓✓		Tdap ✓	Tdap ✓
Haemophilus Influenzae Type B (Hib) ✓✓✓(✓) <i>Depending on brand used</i>		HPV ✓✓	HPV ✓✓
		Meningococcal (ACWY) ✓	Meningococcal (ACWY) ✓✓

 = number of doses

*Your Pre-K3 child may become eligible for a booster dose of vaccines against MMR, Chickenpox, Polio, and Diphtheria/Tetanus/Pertussis when they turn 4 years of age. We highly encourage getting these on time, however these will not count against the attendance requirement mid-year.



DISTRICT OF COLUMBIA SCHOOL IMMUNIZATION POLICY

Now more than ever, it's important
that your student receives their immunizations on time.

WELCOME TO GRADE 11!

Make immunizations part of your start-of-school checklist!

All DC students must be up to date on their immunizations to attend school. Grade 11 students who have not received their required pediatric immunizations will be temporarily excluded from school until they receive the required immunizations and provide documentation to the school.

TAKE THESE THREE STEPS NOW SO THAT YOUR STUDENT IS READY FOR GRADE 11!

1

SCHEDULE YOUR STUDENT'S ANNUAL WELLNESS VISIT.

Schedule your student's annual wellness visit today and ask your healthcare provider to complete the Universal Health Certificate. If your student receives an immunization during the visit, ask for written proof of the immunization that you can share with your school.

MAKE SURE YOUR STUDENT HAS RECEIVED ALL OF THEIR IMMUNIZATIONS.

Not sure if your student has received all their required immunizations? Ask your primary care provider and request a copy of your student's immunization history to share with your school.

2

3

SUBMIT IMMUNIZATION DOCUMENTATION TO YOUR SCHOOL.

Submit the Universal Health Certificate and any other immunization documents to your student's school to guarantee they are ready for Grade 11. Not sure if your student's school has all the immunization documents they need? Call the school and ask today!

For more information:

OSSE: (202) 727-6436 | DC Health: (202) 576-7130 | osse.dc.gov/immunization





DISTRICT OF COLUMBIA SCHOOL IMMUNIZATION POLICY

Frequently Asked Questions - School Immunization Requirements

District law¹ and regulations² require schools in the District of Columbia to verify student compliance with the pediatric immunization requirements³ as part of enrollment and attendance. If a student is not compliant, the school is required to immediately notify the parent, guardian, or adult student in writing of the missing immunization(s). If a student in grade pre-K 3, kindergarten, 7, or 11 does not come into compliance before Dec. 4, 2023, the school is required to temporarily exclude the student from school until the immunization certification is secured by the school.

1. Why are immunizations (vaccines) important?

Many infectious diseases, such as measles, are highly contagious and dangerous for our youngest District residents. In order to prevent the spread of these infectious diseases, it is vital that all students are fully immunized before entering school. The Centers for Disease Control and Prevention (CDC) has resources with information on the importance of immunizations, including Common Questions About Vaccines,⁴ Making the Vaccine Decision: Addressing Common Concerns,⁵ and Vaccine (Shot) for Human Papillomavirus.⁶

2. Which immunizations are required for my child?

Requirements are set by DC Health and are based on the child's age.⁷ For a list of required immunizations, consult DC Health's Immunization Requirements.³

3. How do I know which shots my child has already received?

If you have questions about your child's immunization history, contact your health provider and request a copy of your child's immunization history or call the DC Health Immunization Program at (202) 576-7130.

4. How does my child's school know whether my child has been immunized?

When a child receives an immunization in the District of Columbia, the health provider adds it to the District of Columbia Immunization Information System (DOCIIS), a data system that monitors immunization information for residents and visitors to the District. Schools access DOCIIS to track compliance with immunization requirements. Schools may also keep paper records of your child's immunization history in their school health file. Note: If your child received an immunization outside of the District of Columbia, it may not show up in DOCIIS.

5. How do I submit proof of immunization to my child's school?

If DOCIIS does not show that your child has received the necessary immunizations, your school will request proof of immunization. Submit proof of immunization via a written record, such as a completed Universal Health Certificate (recommended) or other official record from your health provider that includes the provider's official stamp, seal, or

signature.³ The school will make sure this document is entered in DOCIIS and added to your child's school health file. An appointment card from a health provider does not meet the requirements for proof of immunization.

6. If my child does not have all their immunizations, will they be able to attend school?

Immunizations are important for all students to keep themselves and school communities safe. At certain ages, students are required to receive additional immunizations. These immunizations align to prior to grades pre-K 3, kindergarten, 7 and 11. Students in those grades may only attend school for a limited time without proof of immunization. If a school determines that your child in grade pre-K 3, kindergarten, 7 or 11 has not received the required immunizations, it will send home a written notification to you stating that you have until Dec. 4 to present proof of immunization, or your child will not be allowed to return to school until they have received the required immunizations and provided documentation to the school.

7. What will happen if my child does not get all their required immunizations?

Schools will identify non-compliant students and send home a written notification identifying the missing immunizations.

For students in grades pre-K 3, kindergarten, 7 and 11, the school will also send a warning notification of temporary exclusion, stating that you have until Dec. 4 to submit proof of the required immunizations. You should make an appointment with your child's health provider as soon as possible after receiving the written notification.

If proof of immunization is not submitted to the school before Dec. 4, your child will not be allowed to return to school until they have received the required immunizations and provided documentation to the school.

Your child will receive an "unexcused absence" for each missed school day until the proof of immunization is submitted to the school. When the school receives the proof of immunization, your child will be allowed to return to school and activities and each missed day will be reclassified as an "excused absence."



8. What do I do if I believe my child has all their required immunizations, but the school tells me that my child is missing one or more?

Contact your child's health provider to confirm whether your child has received the required immunization(s). If the health provider confirms your child did receive the immunization(s), ask for written proof of the immunization(s) that you can give to the school. This written proof must include the health provider's official stamp, seal, or signature.

If the health provider informs you that your child has not received the required immunization(s), schedule an appointment as soon as possible for your child to receive the immunization(s). At the appointment, have the health provider complete the Universal Health Certificate (recommended) or provide another form of written proof that includes the provider's official stamp, seal, or signature.³ Present the documents to your child's school to be added to their school health file.

9. What if my child cannot be immunized?

Medical exemptions are available for children for whom immunizations are medically inadvisable. Medical exemptions must be signed by a private physician, their representative, or the public health authority. Religious exemptions may be obtained via e-mail request to doh.immunization@dc.gov. You may also opt out of the HPV vaccination for your child by submitting the DC Health Annual Human Papillomavirus (HPV) Vaccination Opt-Out Certificate to the school.⁸

10. What if the earliest appointment I could get for my child is after the start of the school year?

Health providers may be busy during the start of school. Plan ahead to ensure your child receives all required immunizations prior to the start of the school year. A list of pediatric immunization locations is available on the DC Health website.³

11. What if I do not have a primary care provider or if I do not have medical insurance?

If you do not have a primary care provider or doctor, call your insurance company to find one close to your home. If you do not have medical insurance, contact DC Health Link or contact the Citywide Call Center by dialing 3-1-1.⁹

12. What if I have documentation for immunizations that were received in another country?

If your child received their immunizations in another country, direct questions about the documentation to your school nurse or your school's immunization point of contact (IPOC). They will work with DC Health to determine whether the documentation is acceptable to prove immunization compliance.

13. What if I have questions about immunizations or the immunization requirements for school attendance and activities?

For questions about immunizations and available resources, contact the DC Health Immunization Program (www.dchealth.dc.gov/page/schools-and-licensed-childcare-development-centers) or call (202) 576-7130. For questions about the school immunization policy, contact your school or local education agency (LEA) central office. You may also contact OSSE at OSSE.SchoolHealth@dc.gov.¹⁰

This FAQ document will be updated over time.
Last update date: July 17, 2023.

Endnotes

- 1 DC Official Code § 38–501 et seq.: code.dccouncil.us/dc/council/code/titles/38/chapters/5/
- 2 DCMR 5-E § 5300 et seq.: dcregs.dc.gov/common/dcmr/rulelist.aspx?ChapterNum=5-e53&chapterid=258
- 3 dchealth.dc.gov/service/school-health-services-program
- 4 cdc.gov/vaccines/parents/FAQs.html
- 5 cdc.gov/vaccines/parents/why-vaccinate/vaccine-decision.html
- 6 cdc.gov/vaccines/parents/diseases/hpv.html?CDC_AA_reVal=https%3A%2F%2F
- 7 DCMR 22-B §§ 130-152: dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=22-B1&ChapterId=576
- 8 dchealth.dc.gov/page/schools-and-licensed-childcare-development-centers
- 9 dchealthlink.com/
- 10 osse.dc.gov/immunization



Oral Health Assessment Form

For all students aged 3 years and older, use this form to report their oral health status to their school/child care facility.

Instructions

- Complete Part 1 below. Take this form to the student's dental provider. The dental provider should complete Part 2.
- Return fully completed and signed form to the student's school/child care facility.

Part 1: Student Information (To be completed by parent/guardian)

First Name _____ Last Name _____ Middle Initial _____

School or Child Care Facility Name _____

Date of Birth (MMDDYYYY)

--	--	--	--	--	--	--	--

Home Zip Code

--	--	--	--	--	--

School Grade	Day- care	PreK3	PreK4	K	1	2	3	4	5	6	7	8	9	10	11	12	Adult Ed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: Student's Oral Health Status (To be completed by the dental provider)

Q1 Does the patient have at least one tooth with **apparent cavitation** (untreated caries)? This does NOT include stained pit or fissure that has no apparent breakdown of enamel structure or non-cavitated demineralized lesions (i.e. white spots).

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Q2 Does the patient have at least one **treated carious tooth**? This includes any tooth with amalgam, composite, temporary restorations, or crowns as a result of dental caries treatment.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Q3 Does the patient have at least one permanent molar tooth with a **partially or fully retained sealant**?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Q4 Does the patient have untreated caries or other oral health problems requiring **care before his/her routine check-up? (Early care need)**

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Q5 Does the patient have **pain, abscess, or swelling? (Urgent care need)**

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Q6 How many **primary teeth** in the patient's mouth are affected by caries that are either **untreated or treated with fillings/crowns**?

Total Number

--	--

Q7 How many **permanent teeth** in the patient's mouth are affected by caries that are either **untreated, treated with fillings/crowns, or extracted due to caries**?

Total Number

--	--

Q8 What type of dental insurance does the patient have?

Medicaid	Private Insurance	Other	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dental Provider Name _____

Dental Office Stamp

Dental Provider Signature _____

Dental Examination Date _____

This form replaces the previous version of the DC Oral Health Assessment Form used for entry into DC Schools, all Head Start programs, and child care centers. This form is approved by the DC Health and is a confidential document. Confidentiality is adherent to the Health Insurance Portability and Accountability Act of 1996 (HIPPA) for the health providers and the Family Education Right and Privacy Act (FERPA) for the DC Schools and other providers.