

ANNUAL STUDENT ENROLLMENT FORM

School Year 2018-2019

(Print all information)

STUDENT INFORMATION															
Last Name			First Name			Middle Name			DCPS Student ID#						
Ethnic Designation: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Race (choose one or more): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American					Date of Birth (mm/dd/yyyy) / /		Student's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female							
	Country of Birth (if other than US):					Phone number: ()									
Street Address				Apt. No.		Students New to DCPS Previous School (if not DCPS): City, State, Zip:									
City			State	ZIP		Current IEP for Special Education services <input type="checkbox"/> Yes <input type="checkbox"/> No			Current 504 plan <input type="checkbox"/> Yes <input type="checkbox"/> No						
Grade Level next school year (18-19) PK3 PK4 K 1 2 3 4 5 6 7 8 9 10 11 12 Adult						Allergies (if "yes", please complete form) <input type="checkbox"/> Yes <input type="checkbox"/> No			Dietary restrictions (if "yes", please complete form) <input type="checkbox"/> Yes <input type="checkbox"/> No	Required medications (if "yes", please complete form) <input type="checkbox"/> Yes <input type="checkbox"/> No					
						Parent/Guardian			Relationship		Other Parent/Guardian/Contact			Relationship	
						Street Address				Street Address					
						City			State	Zip		City			State
Email Address			<input type="checkbox"/> Email opt-in <input type="checkbox"/> Text message opt-in		Email Address			<input type="checkbox"/> Email opt-in <input type="checkbox"/> Text message opt-in							
Home Phone		Cell Phone		Work Phone		Home Phone		Cell Phone		Work Phone					
SIBLING INFORMATION															
	Sibling 1		Sibling 2			Sibling 3			Sibling 4						
Name															
Student ID#															
School															
Date of birth															
EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)															
Name			Relationship			Name			Relationship						
Street Address				Street Address											
City			State	Zip		City			State	Zip					
Home Phone		Cell Phone		Work Phone		Home Phone		Cell Phone		Work Phone					
HOUSING STATUS (CHECK ALL THAT APPLY)															
Permanent <input type="checkbox"/>	Hotel/Motel <input type="checkbox"/>	Shelter <input type="checkbox"/>	Unsheltered <input type="checkbox"/>	Doubled Up <input type="checkbox"/>	Foster Care/CFSA <input type="checkbox"/>	Awaiting Foster Care <input type="checkbox"/>	Unaccompanied Youth <input type="checkbox"/>								
<small>DCPS agrees that the data/information provided in the Student Enrollment Form remain confidential and shall only be used for legitimate DCPS business. I completed this form and I certify that the information above is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law. By signing below, I acknowledge my agreement with any consents or opt-ins provided in this form. Form should not be signed prior to April 1.</small>															
Signature of Enrolling Parent/Guardian						Date									