

ANNUAL STUDENT ENROLLMENT FORM

School Year 2015-2016

(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/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American			Date of Birth (mm/dd/yyyy) / /	
	Country of Birth (if other than US)			Student's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Respond	
Address			Apt. No.	Home Number ()	
City		State	ZIP	Does your child have a current IEP for Special Education services or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grade Level next school year (15-16). Please circle one. PK3 PK4 K 1 2 3 4 5 6 7 8 9 10 11 12			Current School (2014-2015): _____ City _____ State _____ Dates Attended (Mo/Yr): From: ____/____/____ To: ____/____/____ Student will be attending a different school next school year (2015-2016) <input type="checkbox"/> Yes <input type="checkbox"/> No If box is checked yes, please fill in blanks below. School Name (next school year 2015-2016): _____		

PARENT/GUARDIAN INFORMATION					
Enrolling Parent/Guardian		Relationship	Other Parent/Guardian		Relationship
Address		Apt. No.	Address		Apt. No.
City	State	Zip	City	State	Zip
Email Address			Email Address		
Primary Number ()		Secondary Number ()		Primary Number ()	
Secondary Number ()		Primary Number ()		Secondary Number ()	
I would like to receive emails at this email address :			I would like to receive text messages this number:		
<input type="checkbox"/> Enrolling parent/guardian		<input type="checkbox"/> Other parent/guardian		<input type="checkbox"/> Neither	
<input type="checkbox"/> Enrolling parent/guardian		<input type="checkbox"/> Other parent/guardian		<input type="checkbox"/> Neither	

EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)					
Name		Relationship	Contact Number ()		
Address		Apt. No.	City	State	Zip

HOUSING STATUS (CHECK ALL THAT APPLY)					
<input type="checkbox"/> Permanent	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Doubled Up	<input type="checkbox"/> Awaiting Foster Care		
<input type="checkbox"/> Shelter	<input type="checkbox"/> Unsheltered	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Unaccompanied Youth		

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. Form should not be signed prior to April 1. Information provided on this form should be applied consistently throughout enrollment documentation.

Signature of Enrolling Parent/Guardian _____

Date _____