



Welcome to the 2023/2024 school year with DC Public Schools! Please complete this enrollment packet for the upcoming school year 2023/2024. Step by step instructions are included below. You can locate all documents online at <https://enrolldcps.dc.gov/>. Translations are available in Amharic, Chinese, French, Spanish, and Vietnamese. DCPS is committed to protecting the right of every student to attend public school regardless of immigration status or national origin. Accordingly, DCPS allows all eligible District of Columbia residents to attend its schools without inquiring about a student's or family's immigration status.

At DCPS it is our mission to ensure that each of our schools provides a world-class education that prepares ALL of our students, regardless of background or circumstance, for success in college, career, and life. It is an honor and a privilege to serve all students, and we look forward to another wonderful school year.

## Step 1. Complete the forms in this packet.

- A. Enrollment Form
- B. Residency Form
- C. Technology Survey
- D. Consent Forms (*Media Consent and Release and Release of Information to Military Recruiters*)
- E. Notifications of Student and Parent/Guardian Rights
- F. Immunization Requirements
- G. Universal Health Form
- H. Oral Health Form

## Step 2. Gather your supporting documents.

A few supporting documents are required to enroll your student:

### **New to DCPS** (*never previously attended a DC public school*)

- A. One proof of age – examples include a birth certificate, hospital records, previous school records, passport, or baptismal certificate
- B. Proof of residency – see *Residency Form* for a complete list of acceptable documents and verification methods
- C. Home language survey – see *Enrollment Form* for this survey

### **Returning to your current DCPS school**

- Proof of residency – see *Residency Form* for a complete list of acceptable documents and verification methods

## Step 3. Submit the packet and support documents to your student's school enrollment team.

## Step 4. Mark your calendar to complete the Free and Reduced-Price Meals (FARM) Application.

The FARM application to determine household eligibility for free lunch will be available July 1, 2023 Applications will be available online at <https://dcps.dc.gov/farm> or at your school's front office. All families are encouraged to submit an application.

Please note DCPS is required by law to annually verify the District residency of each family seeking to enroll in DCPS. DCPS conducts this residency verification upon enrollment (residency must be verified within **ten calendar days** from the date the student first seeks to enroll). If you are unable to verify District residency in accordance with District requirements or you fail to agree to pay non-resident tuition, your student will be at risk for exclusion from attending DCPS. For any questions, please contact the DCPS Enrollment Team at [enroll@k12.dc.gov](mailto:enroll@k12.dc.gov).

Unless you or your child are enrolling in a District-wide school or have been afforded a seat in a school due to lottery, special education needs, or other special circumstances, you or your child must enroll in the appropriate DCPS school that serves the zone in which your District residence is located. You may find your attendance zone school by entering your address at the following website: <https://enrolldcps.dc.gov/node/41>.

**Notice of Non-Discrimination:** In accordance with state and federal laws, the District of Columbia Public Schools does not discriminate on the basis of actual or perceived race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, family status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an interfamily offense, or place of residence or business. For the full text and additional information, visit <http://dcps.dc.gov/non-discrimination>.



### School Year 2023/2024 Enrollment Form

Use this form to enroll each of your new or returning students in a DCPS school. Submit this form to the school your student will attend for the 2023/2024 school year. All questions below must be answered. Please note District of Columbia residency must be verified within **ten calendar days** from the date you submit this form.

<b>DCPS Student</b>						
First Name:		Last Name:		Date of Birth:		
Country of Birth:		Student ID:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		
Address:			Apt:	City/State:		ZIP:
SY 2022/2023 School or Early Childhood Program:					City/State:	
SY 2023/2024 School:				Student Email:		
Grade Level for School Year 2023/2024: <i>check only one</i>						
<input type="checkbox"/> Pre-K3 <input type="checkbox"/> Pre-K4 <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> Adult Education						
Housing Status: <i>check only one</i> <input type="checkbox"/> Permanent (own, rent) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Shelter <input type="checkbox"/> Doubled Up <input type="checkbox"/> Unsheltered						
Do the following apply to the student? <input type="checkbox"/> Y <input type="checkbox"/> N In or awaiting Foster Care <input type="checkbox"/> Y <input type="checkbox"/> N Unaccompanied Youth (not in permanent housing)						
Ethnic Designation: <i>check only one</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino						
Race: <i>check all that apply</i> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White						
Does student have the following? <input type="checkbox"/> Y <input type="checkbox"/> N Allergies <input type="checkbox"/> Y <input type="checkbox"/> N Required medication <input type="checkbox"/> Y <input type="checkbox"/> N Dietary restrictions						
<i>Select yes or no for each. School may follow up.</i> <input type="checkbox"/> Y <input type="checkbox"/> N 504 Plan <input type="checkbox"/> Y <input type="checkbox"/> N IEP for special education services						

<b>Parent/Guardian/Custodian</b>	Contact One	First Name:		Last Name:		Relationship to Student:		
	Email:		Phone:				<input type="checkbox"/> Cell <input type="checkbox"/> Landline	
	<input type="checkbox"/> Same as student   Address:		Phone:				<input type="checkbox"/> Cell <input type="checkbox"/> Landline	
	Apt:	City/State:		ZIP:	<input type="checkbox"/> I do NOT want to receive text /email communications about my student.			
	Contact Two	First Name:		Last Name:		Relationship to Student:		
	Email:		Phone:				<input type="checkbox"/> Cell <input type="checkbox"/> Landline	
	<input type="checkbox"/> Same as student   Address:		Phone:				<input type="checkbox"/> Cell <input type="checkbox"/> Landline	
	Apt:	City/State:		ZIP:	<input type="checkbox"/> I do NOT want to receive text /email communications about my student.			

**Home Language Survey** *Only complete if this is your initial enrollment into DCPS.*  
*If your answer to any of the questions below is a language other than English, your child will be evaluated for English Language Services. If you have questions, please call the Language Acquisition Division at 202-671-0750.*

What is the primary language used in the home? \_\_\_\_\_ (specify language)

What is the language most often used by the student? \_\_\_\_\_ (specify language)

What language or languages did the student use first? \_\_\_\_\_ (specify language)

In what language would you like to receive information from the school? *If "other" is selected, written correspondence will be sent in English. Oral interpretation in any language will be provided when requested.*

English    Spanish    Amharic    French  
 Chinese    Vietnamese    Other: \_\_\_\_\_

**Emergency Contacts** *If the parents or guardians of the student cannot be reached, the person(s) below will be contacted in case of emergency. Parents, guardians, and those listed as emergency contacts can pick up the student from school.*

Full Name:		Relationship to Student:		Phone:	
Full Name:		Relationship to Student:		Phone:	

**Student's Siblings in DCPS** *Please provide information for all the student's siblings who attend any DCPS school.*

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Full Name:				
Date of Birth:				

**Certification of Person Enrolling Student**

I confirm all the information provided above is correct to the best of my knowledge. I understand that DCPS will keep this information confidential and will use it for DCPS business only. I understand that providing false information is punishable by law. I understand that I cannot maintain enrollment at more than one school for SY23-24, and I am confirming my enrollment for SY23-24 at the school listed above. I understand that if I am enrolling as a result of receiving a waitlist offer from this school, I will be removed from waitlists of all schools ranked below this school on my My School DC application.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL OFFICIAL USE: Attendance Boundary:**  IB  OOB | **Enroll Method:**  Continuing OR New:  IB  F  P  Lottery ID \_\_\_\_\_



# DC Residency Verification Form – 2023-24 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 2023-24 School Year:					
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:				Quadrant:	
City:		State:	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 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, TANF, or 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 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 Other Primary Caregiver 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.
- 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: \_\_\_\_\_

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

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

**A** **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, Supplementation Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF)— your school may already have your information. Check with your school official or the school’s homeless liaison.

**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](https://ossedctax.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.

<b>ONE item is needed from this list.</b>	<b>TWO different items are needed from this list.</b>
<p><b>B</b></p> <ul style="list-style-type: none"> <li>• A valid <b>pay stub</b> 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.</li> <li>• <b>Unexpired official documentation of financial assistance from the Government of the District of Columbia</b>, 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, the State Child Health Insurance Program (SCHIP), Supplemental Security Income, housing assistance or other programs.</li> <li>• <b>Certified copy of Form D40</b> 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.</li> <li>• <b>Current military housing orders or statement on military letterhead</b>, must be official correspondence and cite the specific DC address of residence.</li> <li>• <b>Embassy letter</b> 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.</li> </ul>	<p><b>OR</b></p> <ul style="list-style-type: none"> <li>• <b>DC motor vehicle operator’s permit</b> or official government-issued non-driver identification that is valid and unexpired.</li> <li>• <b>DC motor vehicle registration</b> that is valid and unexpired.</li> <li>• <b>Lease or rental agreement</b> that is valid and unexpired <b>with a separate proof of payment of rent</b>, such as receipt of payment, money order, or copy of cashed check. <i>The lease</i> must contain the start date, monthly rent amount, name of landlord, and be signed by the enrolling person and landlord. <i>The separate proof of payment</i> 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.</li> <li>• <b>Utility bill (only gas, electric, and water bills are acceptable) with a separate paid receipt showing payment of the bill</b>, such as receipt of payment printout, money order, or copy of cashed check. <i>The utility bill</i> must be for a period within the two months immediately preceding the school’s review of this form. <i>The separate proof of payment</i> 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.</li> </ul>

**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.

**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](mailto: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.



## School Year 2023/2024 Technology Form

Use this form to sign up for Parent Portal and share your level of access to high-speed internet and technology.

### DCPS Student

First Name:	Last Name:	Date of Birth:
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SY 2023/2024 School:

Student Email:

Parent Portal *Grants access to view your student's grades, attendance, and report cards via Aspen, DCPS' student information database.*

Would you like to be granted access to the Parent Portal in Aspen?     Yes     No

If yes, list the contact emails that should have access to Parent Portal:

Email 1:

Email 2:

Email 3:

Technology Access Survey *DCPS is striving to understand the technology needs of all our families.*

Does your student have access to a reliable internet connection at home?

Yes

No

Does your student have access to a laptop/tablet at home?

My child has access to a laptop/tablet provided by DCPS

My child has access to a personal or non-DCPS laptop/tablet

My child has no laptop/tablet at home

### Technology Acceptable Use Policy Acknowledgement

DCPS provides students and staff with access to the internet, data and network systems (DCPS network). DCPS also provides students with access to computers, tablets, and/or other technology devices such as printers (DCPS devices or technology). The DCPS network and DCPS technology are provided to students for educational, research, and career development purposes. The use of DCPS Network and DCPS Technology is governed by DCPS' Student and Staff Technology and Network Acceptable Use Policy available here: <https://dcps.tech/aup>. Failure to use DCPS devices, technology, or network in line with the Student and Staff Technology and Network Acceptable Use Policy may result in disciplinary action. By checking the box below, you acknowledge that you have read and understand the Technology Acceptable Use Policy and agree to all terms and conditions outlined in the policy.

By checking this box I confirm that I have read, understood, and agree to the terms and conditions outlined in DCPS Technology Acceptable Use Policy. I also confirm that I want my student to receive access to DCPS devices, technology, and network. I acknowledge that these items are owned by DCPS, are being loaned to my student for instructional and academic purposes only, and must be returned upon request. Failure to return devices may result in a fee being charged to me.



# School Year 2023/2024 Consents

Use this form to tell DC Public Schools your preferences on 1) DCPS using your student’s image, voice, and schoolwork and 2) releasing your student’s information to military recruiters.

## DCPS Student

First Name:

Last Name:

## OPTIONAL – Media Consent and Release

By signing below, I hereby grant the District of Columbia, including DCPS, and its employees and agents, contractors, successors, and assignees 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 (such photographs, digital media, and other electronic or print media containing my student’s image, voice, artwork or written work are collectively referred to as “Media”). I understand that this release does not grant DCPS or the District of Columbia 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 DCPS and the District of Columbia, their successors, and their assignees and anyone lawfully using any Media 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 in perpetuity for any Media created through the end of the school year and can be revoked by me at any time.

- I consent.       I do not consent.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## OPTIONAL – Release of Information to Military Recruiters (6<sup>th</sup> through 12<sup>th</sup> Grade)

Federal laws require that DCPS provide military recruiters, upon request, with the name, address, and telephone number (“information”) of all 6<sup>th</sup> through 12<sup>th</sup> grade students unless the parent/legal guardian of a student (or the student if an adult) has opted out of such disclosure by signing below. This consent is valid through your student’s time enrolled at a DCPS and can be revoked at any time.

- I request that DCPS not release my student’s/my (if student is an adult) information to military recruiters.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## OPTIONAL – Social Emotional Health Services

DCPS has highly qualified professionals and partners who help students experiencing stress, sadness, anger, and/or other emotions that can impact their lives. If you are interested in obtaining school-based mental health support for your student, please complete the DCPS [Referral Form for Student Mental Health and Counseling Support](#), or by using the QR code below. School Behavioral Health Coordinators (SBHCs) are responsible for processing referral forms for mental health services in their individual schools. If using the writable form, please contact your school to find out who your SBHC; if using the QR code, the SBHC will receive this automatically. When a referral is received your student’s information will be reviewed by the School Mental Health Team and will be handled confidentially to ensure your student’s privacy. If it is determined that your student needs therapeutic services, you will be notified and included in any plan for services, consistent with best practices. For more information, refer to the [DCPS Here For You](#) resource or contact the School Mental Health team at [school.mentalhealth@k12.dc.gov](mailto:school.mentalhealth@k12.dc.gov).





## Every Student Succeeds Act of 2015

This notice is to inform you that if you are the parent of a student attending a Title I school, you have the right to request information regarding the professional qualifications of your student's classroom teachers under the Every Student Succeeds Act of 2015. At any time, you may ask for the following information:

- Whether a teacher has met District of Columbia qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction;
- Whether a teacher is teaching under an emergency or other provisional status through which District of Columbia qualification or licensing criteria have been waived;
- Whether a teacher is teaching in the field of discipline of the teacher's certification;
- Whether a student is being provided services by paraprofessionals (non-certified instructional aides that assist in the classroom under teacher supervision) and, if so, the qualifications of the paraprofessionals.

A current list of DCPS Title I schools may be found at <https://dcps.dc.gov/publication/list-title-i-and-non-title-i-schools>. Please submit all requests and any other questions you may have related to this notice to DC Public Schools by email to [dcps.hrdataandcompliance@dc.gov](mailto:dcps.hrdataandcompliance@dc.gov) or by fax to (202) 535-2483.

## Protection of Pupil Rights Amendment

This notice informs parents/guardians and eligible students (emancipated minors or students 18 and older) of their rights regarding the administration of surveys and physical examinations/screenings and the collection and use of personal information for marketing purposes. These rights are stated in the Protection of Pupil Rights Amendment (20 U.S.C. § 1232h; 34 CFR Part 98) ("PPRA") and are provided in this document as well. DCPS has developed and adopted policies regarding these rights, as well as procedures to protect student privacy in the administration of surveys and the collection, disclosure, and use of personal information for marketing, sales, or other distribution purposes. DCPS notifies affected parents/guardians and eligible students in advance of any protected information surveys (defined below) and physical examinations/screenings administered to students. For all physical examinations/screenings and all surveys requiring passive consent, DCPS provides parents and eligible students with notices containing information about the examination/screening or survey and stating that they have the ability to opt a student out of participating in the activity. As a parent/guardian of a student or as an eligible student, you have the following rights under the PPRA:

1. **Consent to surveys.** Under the PPRA, parents/guardians and eligible students must provide active consent before students are required to submit to a survey, analysis, or evaluation that is funded in whole or in part by a program of the U.S. Department of Education (USDE) and concerns one or more of the following categories of protected information:
  - Political affiliations or beliefs of the student or student's parent;
  - Mental or psychological problems of the student or student's family;
  - Sexual behavior or attitudes;
  - Illegal, antisocial, self-incriminating, or demeaning behavior;
  - Critical appraisals of others with whom respondents have close family relationships;
  - Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
  - Religious practices, affiliations, or beliefs of the student or parents; and
  - Income, other than as required by law to determine program eligibility.

While not required under the PPRA, DCPS requires active consent for *any* survey, regardless of funding source, with one or more questions related to the above categories.

2. **Ability to opt out.** Parents/Guardians and eligible students will always have an opportunity to opt a student out of the following:
  - Any survey that does not ask questions related to the protected categories;
  - Any student focus groups or interviews conducted by an outside party conducting research on behalf of DCPS;
  - Any nonemergency, invasive physical exam or screening required as a condition of attendance administered by the school or its agent and not necessary to protect the immediate health and safety of a student (except hearing, vision, and scoliosis screenings and any physical exam/screening required under state law); and
  - Any activities involving collection, disclosure, or use of personal information collected from students for marketing, sale, or distribution (this does not apply to the collection, disclosure, or use of personal information collected from students for the *exclusive* purpose of developing, evaluating, or providing educational products or services for, or to, students or educational institutions).
3. **Right to inspect.** Parents/Guardians and eligible students, upon request and before their administration or usage, may inspect:
  - All surveys of students, regardless of whether they ask questions related to protected categories, their funding source, and whether created by DCPS or an outside party;
  - Instruments used to collect personal information for any marketing, sales, or other distribution purposes; and

- Instructional material used as part of the educational curriculum.

Parents/guardians and eligible students who believe their rights have been violated may file a complaint at the following address: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202.

## The Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act (FERPA) affords parents/guardians and students aged 18 or older (“eligible students”) certain rights with respect to a student’s education records. This document is meant to notify you of specific important rights you have:

1. **The right to inspect and review the student's education records** within 45 days of the day the District of Columbia Public Schools (DCPS) receives a request for access. Parents/Guardians or eligible students should submit to the school principal a written request that identifies the record(s) they wish to inspect. The school principal or other appropriate school official will make arrangements for access and notify the parent/guardian or eligible student of the time and place where the records may be inspected or if the requested records do not exist.
2. **The right to request amendment of the student’s education records** that the parent/guardian or eligible student believes are inaccurate, misleading or otherwise in violation of the student’s privacy rights under FERPA. Parents/Guardians or eligible students may write the school principal, clearly identify the part of the record they want changed, and specify why it should be changed. If DCPS decides not to amend the record as requested by the parent/guardian or eligible student, the school will notify the parent/guardian or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent/guardian or eligible student when notified of the right to a hearing.
3. **The right to consent (in writing) to disclosures of personally identifiable information** contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. For example, DCPS discloses education records without consent to officials of another school or school district in which a student seeks or intends to enroll, or is already enrolled, when such disclosure is requested for purposes of the student’s enrollment or transfer. In addition, FERPA authorizes disclosure without consent to school officials whom DCPS has determined to have legitimate educational interests. A school official is a person employed by DCPS as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person or company with whom DCPS has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent/guardian, student or other volunteer serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.
4. **The right to file a complaint** with the U.S. Department of Education concerning alleged failures by DCPS to comply with the requirements of FERPA. The name and address of the office that administers FERPA are: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Ave. SW, Washington, DC 20202.
5. **The right to withhold disclosure of directory information.** At its discretion, DCPS may disclose basic “directory information” that is generally not considered harmful or an invasion of privacy without the consent of parents/guardians or eligible students in accordance with the provisions of District law and FERPA. Parents/Guardians or eligible students may instruct DCPS to withhold any or all of the information identified above by completing the Release of Student Directory Information section below within ten (10) school days of the students’ enrollment. If the below release is not provided within ten (10) school days of enrollment, DCPS will assume that the below information may be designated as directory information for your student for the remainder of the school year.

### OPTIONAL – Do Not Release Student Directory Information

You may elect to restrict the information DCPS releases. Please mark the items below that you do not want DCPS to disclose without your consent, if any:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Student Name          | <input type="checkbox"/> Participation in Officially Recognized Activities and Sports | <input type="checkbox"/> Diplomas/Awards Received  |
| <input type="checkbox"/> Student Address       | <input type="checkbox"/> Weight and Height of Members of Athletic Teams               | <input type="checkbox"/> Dates of Attendance       |
| <input type="checkbox"/> Parent/Guardian Email | <input type="checkbox"/> Names of Schools Previously Attended                         | <input type="checkbox"/> Student Telephone Listing |
| <input type="checkbox"/> Grade Level           | <input type="checkbox"/> Student’s Date and Place of Birth                            | <input type="checkbox"/> Name of School Attending  |

By signing below, I affirm that:

- DCPS shall not disclose any information item next to which I have placed a checked;
- I hereby consent that DCPS may disclose any information item that I have not checked; and
- I understand that DCPS may still disclose information next to which I have placed a check if it is required to do so or if it is otherwise permissible under FERPA.

**Student Name:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## 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 school health services provided to District of Columbia Public School (DCPS) students. 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				
<b>Student Last Name:</b>		<b>Student First Name:</b>		<b>Date of Birth:</b>
<b>School or Child Care Facility Name:</b>				
<b>Home Address:</b>	<b>Apt:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Ethnic Designation:</b> <i>(check all that apply)</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Prefer not to answer				
<b>Race:</b> <i>(check all that apply)</i> <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				
<b>Parent/Guardian Name 1:</b>		<b>Parent/Guardian Name 2:</b>		
<b>Phone:</b>	<b>Email:</b>	<b>Phone:</b>	<b>Email:</b>	
<b>Relationship to Student:</b>		<b>Relationship to Student:</b>		
<b>Parent/Guardian Phone:</b>		<b>Parent/Guardian Phone:</b>		
<b>Emergency Contact Name, Relationship to Student:</b>		<b>Emergency Contact Phone:</b>		
Insurance Information				
<b>Insurance Type:</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> None		<b>Insurance Name/ID #:</b>		
		<b>Insurance Plan:</b>		
<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Primary Care Provider Name:</b>				
<b>Primary Care Provider Organization &amp; Address:</b>				
<b>Primary Care Provider Phone:</b>				

## **SCHOOL HEALTH SERVICES PROGRAM POLICIES AND PROCEDURES**

- District of Columbia Public School 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.

## 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** \_\_\_\_\_



## CONSENT TO SHARE STUDENT HEALTH EDUCATIONAL RECORDS

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student educational records. The purpose of this consent is to allow key school-based staff members (*such as the principal, school nurse, nurse case managers, 504 Coordinators and Special Education staff members*) who work with your child to share health-related educational records with external health-related agencies and healthcare providers, including school-based health centers (*if there is one located in your school*). These staff members and healthcare providers would then be able to better coordinate health-related services for your child. Coordinated health services will better ensure that your child's health needs are met, and that your child can fully participate in the school's learning environment. Please note that students may need additional support prescribed by a healthcare provider, or specified in an individualized education program (IEP) or a Section 504 Plan (a plan developed pursuant to Section 504 of the Rehabilitation Act of 1973 to provide additional accommodations or services to students with physical or mental health impairments); some of these services may not be provided by the school nurse or available in the school health suite. **IF YOU AGREE TO THIS CONSENT, PLEASE COMPLETE, SIGN AND RETURN IT TO THE REGISTRAR AT YOUR CHILD'S SCHOOL.**

_____	_____
(Student/Child's Name)	(School Name)
_____	
(Date of Birth)	
_____	_____
(Grade)	(Student ID, if known)

**1. I authorize the District of Columbia Public Schools to share the educational records regarding my child specified in**

**Section 3 below with each of the following agencies and organizations:**

- \*DC Department of Health,
- \*DC Department of Mental Health,
- \*DC Department of Health Care Finance,
- \*DC Department of Human Services,
- \*Your child's healthcare provider(s), and
- \*Other health service providers who deliver services in the school

**2. I understand that this information may be used ONLY for the following purposes:**

- \* Planning and providing coordinated educational and health related services, and
- \* Evaluating programs serving my child and the services provided to my child.

**3. I authorize the use/disclosure of each of the following records:**

- \*School nurse records,
- \* IFSP/IEP documents,
- \* 504 Plans,
- \* Class schedule,
- \*Attendance records,
- \*Behavioral Health Documents
- \* Grades, observations and other educational information contained in student records,
- \* Current Medication orders (retained by the school nurse),
- \* Eye medical reports,
- \*Audiology reports, and
- \*Nursing care plan (as part of IEP or 504 Plan)

**4. I understand that:**

- \* This authorization is voluntary and my child will not be refused educational services if I choose not to sign it, and;
- \* I have the right to request a copy of this form after I sign it and to see or copy any information disclosed under this consent.

**5. I consent to the use/disclosure of the above information. I understand that this information may not be used for any purposes other than those stated above in Section 2. This consent may be revoked in writing by me at any time. I understand that revoking this authorization will not affect any actions taken before the revocation was received or actions taken based on the previously shared information.**

\_\_\_\_\_  
(Signature of parent/guardian/student over 18)

\_\_\_\_\_  
(Relationship to the student)

\_\_\_\_\_  
(Date)



## CONSENT TO SHARE STUDENT ATTENDANCE RECORDS WITH HEALTHCARE PROVIDERS

The Collaborative for Attendance Resources in Education and Health (CARE-H) project is a partnership between District of Columbia Public Schools (DCPS) and local medical providers for students who are enrolled at DCPS who are current Children’s National Hospital patients. The CARE-H project aims to support student health and reduce absenteeism, because students who are healthy are better able to attend school and learn. In order for the CARE-H project to work, DCPS schools must provide information on my child’s school attendance to my child’s primary healthcare providers.

By signing this consent, you give permission to DCPS to securely share attendance information with your child’s doctor(s), nurse(s) and medical office staff. This information will help these healthcare professionals provide special outreach and medical attention to students and their families, when needed. This will also allow DCPS to work with these healthcare professionals to keep my child healthy and successful at school.

I acknowledge and understand that I will have the opportunity to review the records and the right to challenge the contents of such records.

This authorization will continue through my child’s enrollment at DCPS, unless I withdraw my consent in writing. I can withdraw my consent at any time. NOTE: If DCPS wishes to share or discuss other parts of my child’s academic record with my child’s medical team, I will be asked to provide separate consent.

**Student Name (printed)** \_\_\_\_\_ **Parent/Guardian Name (printed)** \_\_\_\_\_

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

## 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](mailto: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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