

ANNUAL STUDENT ENROLLMENT FORM

School Year 2017-2018

(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 (17-18) 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 INFORMATION										
Parent/Guardian			Relationship			Other Parent/Guardian/Contact			Relationship	
Street Address					Street Address					
City			State	Zip		City			State	Zip
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				