

Priv	ate/Religious Schools Child Fi		
Student Name	-	Student's Date of Birth	
Parent/Guardian Name		Student's Gender & Race/Ethnicity	
Relationship to Student		Phone (Home)	
Address		Phone (Cell or Work)	
Guardian's Email		Parent/Guardian's Primary Language	
Private/Religious School Name		Student's Primary Language	
Name of Referrer (can be parent/guardian)		Student's Grade	
Referrer's Organization		Does the student receive Title 1 Services?	
Referrer's Email		Referrer's Phone	<del></del>
Social/emotional Cognitive Impairment Describe the reason for referral:	☐ Health Issues		
	give permission for		to share my child
(Parent/Guardian/Adult Student's Printed	Name) (Priva	te School Printed Name, and referrer's nam	ne if not parent or school)
ecial (Student's Printed Name)	's information with DC Public Schools	s (DCPS). This will be used to initiate	e the referral process for
,	DCPS to conduct classroom observations	and collect data on my child in their	current educational
tting.		and the second s	22.000
By checking off this box, I am requesti	ng that DCPS be my child's Local Educatio	n Agency (LEA), opposed to anothe	r LEA. I acknowledge this
arent/Guardian/Adult Student Signature:_		Date:	