

## New Student Enrollment Checklist

*All documents must be completed and submitted to DCB by Tuesday, May 1st, 2018 by 4:00pm.  
Please make sure forms are signed and completed.*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Document	Complete	Parent Initials	Office <small>(use only)</small>
Birth Certificate			
MSDC Seat Acceptance Form			
2017-2018 Report Card, ACCESS Scores, or Individualized Educational Plan (IEP)			
Annual Student Enrollment Profile			
Authorization for Medical Treatment			
Medical statement to request dietary accommodations, allergies, disability and related accommodations <i>*Physician's signatures required</i>			
Consent and Declaration of Confidentiality			
Student History			
Home Language Survey			
Technology Terms and Agreement			
Free and Reduced Meal Application	<b>X</b>	<b>X</b>	<i>School will inform when the form is ready.</i>
<b>DC Proof of Residency</b> <i>(Document must be the original and delivered in person along with the registration packet before the deadline )</i>			
DC Health Certificate (annual update)		<i>Immunization Record Included: Appointment Date:</i>	
DC Dental Certificate (semi-annual update)		<i>Appointment Date:</i>	

**ANNUAL STUDENT ENROLLMENT PROFILE**

Grade in School year 2018-2019 \_\_\_\_\_

STUDENT INFORMATION				
1. Last Name	2. First Name	3. Middle Name	4. Date of Birth	5. Country Of Birth
6. Address				
7. Name of sibling(s) and grade(s):				
8. Student Gender (check one) Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Respond <input type="checkbox"/>			9. School Last Attended:	
10. Ethnic Designation (check one) Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/>		11. Race (check one or more regardless of ethnicity) Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/>		
12. Please indicate whether or not your child has an Individualized Education Program Yes or No If yes, IEP review date _____				
HEALTH INSURANCE OR MEDICAID INFORMATION				
13.  Provider: _____  Policy Number: _____		14. *List any medical or allergy conditions  <i>The primary doctor must complete the health or declaration form to request adaptations food, allergies, disabilities and special accommodations:</i>  _____		
PARENT/GUARDIAN INFORMATION AND OTHER PRIMARY CAREGIVER INFORMATION*				
15. Parent or Guardian #1		Relationship	16. Parent or Guardian #2	Relationship
Address Parent 1		Address Parent 2		
Cell Number		Work Number	Cell Number	Work Number
Email		Email		
YES NO (Circle one) I/We give permission for our contact information to be shared in the DCB Community or Yearbook.				
IN CASE OF EMERGENCY (other than Parent/Guardian)				
Emergency Contact Person		Relationship	Cell phone Number	Work Number
PICK UP AUTHORIZATION (other than Emergency Contact)				
Authorized Person		Relationship		Cell Phone Number

*\*DCBPCS agrees that the data/information provided in the student enrollment profile shall remain and shall only be used for legitimate DCBPCS business. I completed this form and I certify that the information above is accurate. I understand that providing false information for purpose of the defrauding the government is punishable by law.*

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## General Information

Legal Guardianship of Student:  Both Parents  Mother  Father  other (specify): \_\_\_\_\_

Please send all communication to:  Parent/Guardian 1  Parent/Guardian 2  both

### Authorization for Child's Emergency Medical Treatment

If my child, \_\_\_\_\_, DOB: \_\_\_\_\_ becomes ill or is involved in an accident and I cannot be contacted, I authorize the following hospital or Health Provider to give the emergency medical treatment required.

Children's National Medical Center

Nearest Hospital

Or: \_\_\_\_\_

Health Provider: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

I give permission to: DC Bilingual Public Charter School, located at 33 Riggs Road, NE Washington, DC 20011, to take my child for treatment.

I accept responsibility for any necessary expense incurred in the medical treatment of my child, which is not covered by the following:

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

## Informed Consent Form and Statement of Confidentiality for School-Wide Assessments

While enrolled at DC Bilingual Public Charter School, teachers and staff will engage your child in specific assessment activities, testing or screenings (vision and hearing may be included). The purpose of these activities is to measure and track student's school progress, identify student needs, make programming decisions, address state testing requirements, and to fulfill DC Bilingual's accountability plan. Individual results of tests and assessments will be shared with parents in report cards and parent-teacher meetings as appropriate. Assessment and test results may also be summarized and reported on to evaluate the success of the school's overall program and to create intervention plans when needed. Please note that any information that is reported publically will be shared anonymously in terms of overall percentages. DC Bilingual is committed to tracking and supporting both the individual progress of students in school and the overall effectiveness of the school's academic program.

Your child's school performance and progress will be shared with you directly and will be held in complete confidentiality. Information used to evaluate program effectiveness and success will not identify students by name or other identifying information, and therefore individual scores and performance will also remain confidential. You are encouraged to talk with your child's teachers or DC Bilingual administrators if you are interested in finding out more about procedures, testing instruments and assessment activities that will be implemented throughout the year.

Some assessment and testing activities are required by the Office of the State Superintendent of Education and therefore, all students enrolled in public schools in the District are required to participate. Other assessment and testing activities are conducted at the discretion of DC Bilingual PCS. You may discontinue participation in non-essential activities at any time without penalty or loss of benefits for your child.

*I have read the above statement and hereby give permission for my child, \_\_\_\_\_, to participate in assessment activities and testing as described above while enrolled at DC Bilingual Public Charter School for the 2018-2019 school year.*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## Student History

*Please list all schools, pre-schools, and/or daycares your child has attended in the past three years:*

Previous School	Dates Attended	Grades Attended

## Student Services and Needs

*DC Bilingual is committed to providing a quality education and serving the needs of all students. To assist us in this, please complete all items on this page.*

- Has your child been involved with the Early Intervention Services program? (ESP)       Yes  No
- Does your child have, or has your child had, an Individual Family Service Plan (IFSP)\*?       Yes  No
- Has your child been retained or recommended for retention at another school?       Yes  No
- Does your child have a current Individual Educational Plan (IEP)\*?       Yes  No
- Has your child been screened or evaluated previously for Special Education?       Yes  No
- Has your child ever received Special Education services?       Yes  No
- Does your child receive services under Section 504 of the Rehabilitation Act?       Yes  No
- Have you ever requested that your child be evaluated for Special Education?       Yes  No

\* If your child does have a current Individual Family Service Plan (IFSP) or Individual Educational Plan (IEP), a copy must be provided prior to entering school. Also request that you provide copies of all related evaluations completed by the previous school. Schools are required by law to provide copies of assessments and reports to a parent/guardian when requested.

Please indicate which, if any, of the following services your child has received or still receives. Check all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Speech and Language  | <input type="checkbox"/> Inclusion Services       | <input type="checkbox"/> Visually Impaired           |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Resource Room            | <input type="checkbox"/> Deaf and Hard of Hearing    |
| <input type="checkbox"/> Physical Therapy     | <input type="checkbox"/> Self-Contained Classroom | <input type="checkbox"/> Adaptive Physical Education |
| <input type="checkbox"/> Counseling           |   |  |

Does your child take medication for any medical reason (ADHD, diabetes, asthma, etc.)?  Yes  No

If yes, please list: \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ contact lenses? \_\_\_\_\_ hearing aids? \_\_\_\_\_ other assistive devices? \_\_\_\_\_

Do you think your child may have a special need of any kind?  Yes  No

*I certify that the information I have provided is complete and accurate, providing all necessary documents. I understand that failure to provide accurate information may result in my child losing his/her space at DC Bilingual PCS.*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Family Educational Rights and Privacy Act (FERPA) Student Directory Information

*[Note: Per 34 C.F.R. § 99.37(d), a school or school district may adopt a limited directory information policy. If a school or school district does so, the directory information notice to parents and eligible students must specify the parties who may receive directory information and/or the purposes for which directory information may be disclosed.]*

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that **DC Bilingual PCS**, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, **DC Bilingual PCS** may disclose appropriately designated "directory information" without written consent, unless you have advised the **DC Bilingual PCS** to the contrary in accordance with **DC Bilingual PCS** procedures. The primary purpose of directory information is to allow the **DC Bilingual PCS** to include information from your child's education records in certain school publications. Examples include but are not limited to:

- A playbill, showing your student's role in a production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965, as amended (ESEA) to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent. **[These laws are Section 9528 of the ESEA (20 U.S.C. § 7908) and 10 U.S.C. § 503(c).]**

If you do not want **DC Bilingual** to disclose any or all of the types of information designated below as directory information from your child's education records without your prior written consent, you must notify the DC Bilingual in writing by **June 15th, 2018**. If notification is not returned by the designated date it will be assumed that the below

information may be included as directory information for the remainder of the school year. A new release notification is sent home yearly and parents must submit a new non-disclosure notification in writing at that point. **DC Bilingual PCS** has designated the following information as directory information: [**Note: a LEA may include all the information listed below.**]

- Student Name/Address
  - Student Telephone listing
  - Electronic mail address
  - Photograph
  - Date and place of birth
  - Major field of study
  - Dates of attendance
  - Grade level
  - Participation in officially recognized activities and sports
  - Weight and height of members of athletic teams
  - Degrees, honors, and awards received
  - The most recent educational agency or institution attended
- Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a PIN, password, or other factor known or possessed only by the authorized user.

## Technology Terms and Agreements & Acceptable Usage Policy

DC Bilingual is committed to providing students with a rich and engaging learning experience. We are committed to ensuring that all students have access to technology and are able to acquire the critical technical skills they need in order to prepare them for future academic and professional success.

DC Bilingual terms of usage guidelines and acceptable usage policy are provided here so that students and parents are aware of the responsibilities they accept when they use school owned computer devices, digital system and technology resources.

Students are expected to use common sense, and good judgment, to protect their technology device when in use. Failure to follow these terms and conditions will result in disciplinary action and loss of technology device privileges.

### **Terms and Conditions**

1. The technology device is property of the DC Bilingual. The device must remain at school at all times. It is not allowed to be taken out of the building unless special permission is granted by the teacher, Education Technology Specialist and administrators.

2. Under no circumstances will the student use the technology device, or permit the technology device to be used, to access any networks, websites, “apps”, or online resources that have not been approved by DC Bilingual. Teachers will inform students what apps, websites or digital content they are allowed to access.

3. Technology device may NOT be used for instant messaging, iMessage, FaceTime, or visiting chat rooms or non-school social networking websites such as Facebook, Twitter, Instagram, etc. unless access has been specifically approved by the DC Bilingual teachers, Education Technology Specialist and administrators.

### **Acceptable Usage Policy**

Technology is for the sole use of accessing academic content during the school day at DC Bilingual. as assigned and determined by teachers and staff at DC Bilingual. Students are only allowed to access academic content during the school day unless they have explicit permission from the teacher, Education Technology Specialist and administration. Students are expected to follow the terms and conditions outlined above at all times. Technology is.

### **Consequences for Violating Terms of Agreement**

DC Bilingual is committed to maintaining a fun and safe learning environment. Therefore, the inappropriate use of school technology may result in out of school suspension.

## **Technology Terms and Agreements & Acceptable Usage Policy Parent Contract**

I \_\_\_\_\_ have read the DC Bilingual Terms of Agreement and Acceptable Usage Policy. I understand that if my child \_\_\_\_\_ violates the terms and agreements he/she may receive an out of school suspension.

I further understand that if I choose not to agree to the terms and Agreements and Acceptable Use Policy my child may no longer be able to use technology at DC Bilingual.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Students will be asked to sign a technology contract before starting to use technology at DC Bilingual.*



## Technology Survey

1) What technology is available at home for student use?

*Check all that apply*

- Computer/Laptop/Chromebook
- Tablet
- Mobile telephone
- Other (please specify) \_\_\_\_\_

2) Do you have internet at home (*Other than a mobile device*)?

- a) Yes
- b) No

## Internet Safety Tips for Parents

### **Learn the basics of Internet safety**

Children use a variety of online services, and each of these services can have different safety concerns. However, there are some basic tips which you can employ no matter how your children use the Internet.

- Keep the computer in a high-traffic area of your home.
- Establish limits for which online sites children may visit and for how long.
- Remember that Internet technology can be mobile, so monitor cell phones, gaming devices, and laptops.
- Surf the Internet with your children and let them show you what they like to do online.
- Know who is connecting with your children online and set rules for social networking, instant messaging, e-mailing, online gaming, and using webcams.
- Continually dialogue with your children about online safety.

### **Start a discussion with your child**

- What are your favorite things to do online?
- What is personal information? Why should you keep it private?
- What could you do to be safer online? What would you do if anyone online asked to meet you face-to-face?
- Besides me, who do you feel that you can talk to if you are in a scary or uncomfortable situation?

- If you're curious to learn about things what do you do? Who do you ask about that information?

Check out these resources from the National Center for Missing and Exploited Children

<http://www.netismartz.org/TipSheets>

<http://www.netismartz.org/InternetSafety>

## DC Bilingual Photo & Social Media Use Policy

One of the best ways we can promote our school and keep our DCB Community involved is through the use of photos and videos we take during the school year.

Our DCB Communications Department features photos and videos throughout the day on Facebook, Twitter and within school promotional materials. We use these visuals to keep our community excited about DCB in an effort to constantly keep our DCB Community informed about what's happening at school, highlight special moments, and showcase our outstanding students and staff. We also use a collection of photographs in our annual yearbook.

Our social media posts on Facebook and Twitter are geared towards giving the DCB Community a glimpse into what is happening each school day. We utilize a variety of photos submitted by teachers during their daily classroom activities and do not use children's names in the postings.

Our Facebook Page is an organization page 'liked' by those within our DCB Community – including supporters, board members, family members and others interested in what we do here at DCB. Our page is not viewable to those who do not 'Like' our page and we take every precaution to post and display photos and our students in a positive, educational light.

*If you do not wish your child to be featured in photographs posted on social media, please stop by the charter office to sign a waiver form. In order for DCB to remove your child's name from the list of DCB photo & social media we need the waiver form to be signed by a parent or legal guardian.*