



Student Enrollment Documentation 2020-2021 School Year

In addition to the forms that follow photos or electronic versions of the following items must be submitted to the school.

Student Birth Certificate

A photo of the student's birth certificate must be submitted to the school.

Parent/Guardian Proof of Identity

A photo of parent/guardian proof of identity must be submitted, and must be an unexpired, legal form of identification (drivers license, state ID, or passport).

Most Recent Report Card (new students only)

The student's most recent report card must be submitted to the school.

Proof of Immunization

All students attending school in DC must present proof of appropriately spaced immunizations by the first day of school. A list of immunization requirements is included in this packet.

Proof of Residency

To attend Kingsman Academy, the student must reside in the District of Columbia.

Photos or electronic versions of Proof of Residency documents must be submitted with the name of the parent or legal guardian enrolling the student.

Please submit ONE of the following:

- a pay stub issued within 45 days with your DC address and DC taxes (not MD or VA)
- proof of financial assistance from the DC Government on official letterhead or sent directly from a DC office (such as Housing Assistance, TANF, or Food Stamps)
- Supplemental Security Income (SSI) annual benefits notification

Or TWO of the following with the same name and address on both documents:

- unexpired DC driver's license (or other official non-driver identification)
- unexpired DC motor vehicle registration
- unexpired lease or rental agreement with proof of payment or receipt
- a utility bill (only gas, electric and water bills are acceptable) with proof of payment or receipt

If you have questions about enrollment, please email enroll@kingsmanacademy.org or call the school at (202) 547-1028



DC Residency Verification Form –2020-21 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 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 2020-21 School Year School:					
Enrolling person > 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:					
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 parent or the valid 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 5-A 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 residency information if enrolled in a government-funded financial assistance program (Medicaid, TANF, SNAP) for the sole purpose of verifying District residency. By signing below, I am saying: I authorize the Office of the State Superintendent of Education (OSSE) to obtain my personally identifiable 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 5-A 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 D.C. 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 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.
- I am aware that the District of Columbia may use whatever legal means it has at its disposal to verify my residence and I consent to the disclosure of residency information to the appropriate local authorities for verification and/or investigation.
- I agree to notify the school of any change of residence for myself or the student within three school days of such change.

Enrolling Person SIGN HERE: _____ DATE: _____

Step Four: Bring 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: _____

Method A: School official verified

- ☐ OSSE Residency Verified (QLIK or ASPEN)
- ☐ Homeless liaison verified
- ☐ Ward of DC

Method B: Select one document

- ☐ Pay stub
- ☐ DC Gov. financial assistance
- ☐ Certified DC Tax Form-D40
- ☐ Military housing orders
- ☐ Embassy letter

Method B: Select two documents

- ☐ DC motor vehicle registration
- ☐ DC driver's license/non-driver ID
- ☐ Lease with payment
- ☐ Utility bill with payment

☐ Method C: Home visit

☐ Non-resident

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

A	<p>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, or Temporary Assistance for Needy Families – your school may already have your information. Check with your school official or the school’s homeless liaison.</p> <p>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. If successful, your verification will then be available for your school to confirm.</p>				
B	<p>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.</p> <table border="1"> <thead> <tr> <th data-bbox="105 441 836 493">ONE item is needed from this list to verify residency.</th><th data-bbox="836 441 1578 493">TWO items are needed from this list to verify residency.</th></tr> </thead> <tbody> <tr> <td data-bbox="105 493 836 1453"> <ul style="list-style-type: none"> A valid pay stub 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. Unexpired official documentation of financial assistance from the Government of the District of Columbia, 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. Certified copy of Form D40 by the DC Office of Tax and Revenue, with evidence of payment of DC taxes for the current or most recent tax year and must bear the DC Office of Tax and Revenue stamp. Current military housing orders or statement on military letterhead, must be official correspondence and cite the specific DC address of residence. Embassy letter issued within the past 12 months. Must contain an official embassy seal and signature of embassy official; and indicate that the enrolling person and student or the adult student currently reside, or will reside, on embassy property in DC during the relevant school year. </td><td data-bbox="836 493 1578 1453"> <p>OR</p> <ul style="list-style-type: none"> DC motor vehicle operator’s permit or official government-issued non-driver identification that is valid and unexpired. DC motor vehicle registration that is valid and unexpired. Lease or rental agreement that is valid and unexpired <u>with a separate proof of payment of rent</u>, such as receipt of payment, money order, or copy of cashed check. <i>The lease must contain the start date, monthly rent amount, name of landlord, and be signed by the enrolling person and landlord. The separate proof of payment 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.</i> Utility bill (only gas, electric, and water bills are acceptable) with a separate paid receipt showing payment of the bill, such as receipt of payment printout, money order, or copy of cashed check. <i>The utility bill must be for a period within the two months immediately preceding the school’s review of this form. The separate proof of payment 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.</i> </td></tr> </tbody> </table>	ONE item is needed from this list to verify residency.	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Certified copy of Form D40 by the DC Office of Tax and Revenue, with evidence of payment of DC taxes for the current or most recent tax year and must bear the DC Office of Tax and Revenue stamp. Current military housing orders or statement on military letterhead, must be official correspondence and cite the specific DC address of residence. Embassy letter issued within the past 12 months. Must contain an official embassy seal and signature of embassy official; and indicate that the enrolling person and student or the adult student currently reside, or will reside, on embassy property in DC during the relevant school year. 	<p>OR</p> <ul style="list-style-type: none"> DC motor vehicle operator’s permit or official government-issued non-driver identification that is valid and unexpired. DC motor vehicle registration that is valid and unexpired. 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C	<p>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.</p>				

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. 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, 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.

DC HEALTH Universal Health Certificate

Use this form to report your child's physical health to their school/child care facility which is required by DC Official Code §38-602. Have a licensed medical professional complete part 2 - 4.

Part 1: Child Personal Information | To be completed by parent/guardian.

Child Last Name:		Child First Name:		Date of Birth:	
School or Child Care Facility Name:			Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Home Address:		Apt:	City:	State:	ZIP:
Ethnicity: (check all that apply)		<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to answer
Race: (check all that apply)		<input type="checkbox"/> American Indian/ Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer
Parent First Name:		Parent Last Name:		Parent Phone:	
Emergency Contact Name:			Emergency Contact Phone:		
Insurance Type:		<input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> None	Insurance Name/ID #:		
Has the child seen a dentist/dental provider within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No					

I give permission to the signing health examiner/facility to share the health information on this form with my child's school, child care, camp, or appropriate DC Government agency. In addition, I hereby acknowledge and agree that the District, the school, its employees and agents shall be immune from civil liability for acts or omissions under DC Law 17-107, except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct. I understand that this form should be completed and returned to my child's school every year.

Parent/Guardian Signature: _____ Date: _____

Part 2: Child's Health History, Exam, and Recommendations | To be completed by licensed health care provider.

Date of Health Exam:	BP:	<input type="checkbox"/> NML <input type="checkbox"/> ABNL	Weight:	<input type="checkbox"/> LB <input type="checkbox"/> KG	Height:	<input type="checkbox"/> IN <input type="checkbox"/> CM	BMI:	BMI Percentile:
Vision Screening:		Left eye: 20/_____ Right eye: 20/_____		<input type="checkbox"/> Corrected <input type="checkbox"/> Uncorrected	<input type="checkbox"/> Wears glasses	<input type="checkbox"/> Referred	<input type="checkbox"/> Not tested	
Hearing Screening: (check all that apply)		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Not tested	<input type="checkbox"/> Uses Device	<input type="checkbox"/> Referred		

Does the child have any of the following health concerns? (check all that apply and provide details below)

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Failure to thrive | <input type="checkbox"/> Sickle Cell |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Heart failure | <input type="checkbox"/> Significant food/medication/environmental allergies that may require emergency medical care.
<i>Details provided below.</i> |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Kidney Failure | <input type="checkbox"/> Long-term medications, over-the-counter-drugs (OTC) or special care requirements.
<i>Details provided below.</i> |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Language/Speech | <input type="checkbox"/> Significant health history, condition, communicable illness, or restrictions.
<i>Details provided below.</i> |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Obesity | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Development | <input type="checkbox"/> Scoliosis | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | |

Provide details. If the child has Rx/treatment, please attach a complete Medication/Medical Treatment Plan form; and if the child was referred, please note. _____

TB Assessment | Positive TST should be referred to Primary Care Physician for evaluation. For questions call T.B. Control at 202-698-4040.

What is the child's risk level for TB? <input type="checkbox"/> High → complete skin test and/or Quantiferon test <input type="checkbox"/> Low	Skin Test Date:		Quantiferon Test Date:	
	Skin Test Results:		Quantiferon Results:	
	<input type="checkbox"/> Negative <input type="checkbox"/> Positive, CXR Negative	<input type="checkbox"/> Positive, CXR Positive <input type="checkbox"/> Positive, Treated	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	<input type="checkbox"/> Positive, Treated

Additional notes on TB test: _____

Lead Exposure Risk Screening | All lead levels must be reported to DC Childhood Lead Poisoning Prevention. Call 202-654-6002 or Fax: 202-535-2607

ONLY FOR CHILDREN UNDER AGE 6 YEARS <i>Every child must have 2 lead tests by age 2</i>	1 st Test Date:	1 st Result:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:	1 st Serum/Finger Stick Lead Level:
	2 nd Test Date:	2 nd Result:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, Developmental Screening Date:	2 nd Serum/Finger Stick Lead Level:

HGB/HCT Test Date: _____ HGB/HCT Result: _____

Part 3: Immunization Information | To be completed by licensed health care provider.

Immunizations	Provide in the boxes below the dates of Immunization (MM/DD/YY)						
Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5		
DT (<7 yrs.)/ Td (>7 yrs.)	1	2	3	4	5		
Tdap Booster	1						
Haemophilus influenza Type b (Hib)	1	2	3	4			
Hepatitis B (HepB)	1	2	3	4			
Polio (IPV, OPV)	1	2	3	4			
Measles, Mumps, Rubella (MMR)	1	2					
Measles	1	2					
Mumps	1	2					
Rubella	1	2					
Varicella	1	2	Child had Chicken Pox (month & year):				
Pneumococcal Conjugate	1	2	3	4			
Hepatitis A (HepA) (Born on or after 01/01/2005)	1	2					
Meningococcal Vaccine	1	2					
Human Papillomavirus (HPV)	1	2	3				
Influenza (Recommended)	1	2	3	4	5	6	7
Rotavirus (Recommended)	1	2	3				

☐ The child is **behind on immunizations** and there is a plan in place to get him/her back on schedule. **Next appointment is:** _____

Medical Exemption (if applicable)

I certify that the above child has a valid medical contraindication(s) to being immunized at the time against:

☐ Diphtheria ☐ Tetanus ☐ Pertussis ☐ Hib ☐ HepB ☐ Polio ☐ Measles
☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ Meningococcal ☐ HPV

Alternative Proof of Immunity (if applicable)

I certify that the above child has laboratory evidence of immunity to the following and I've attached a copy of the titer results.

☐ Diphtheria ☐ Tetanus ☐ Pertussis ☐ Hib ☐ HepB ☐ Polio ☐ Measles
☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ Meningococcal ☐ HPV

Part 4: Licensed Health Practitioner's Certifications | To be completed by licensed health care provider.

This child has been appropriately examined and health history reviewed and recorded in accordance with the items specified on this form. At the time of the exam, this child is **in satisfactory health** to participate in all school, camp, or child care activities except as noted on page one. ☐ No ☐ Yes

This child is cleared for **competitive sports**. Additional clearance(s) needed from: ☐ N/A ☐ No ☐ Yes ☐ Yes, pending additional clearance

I hereby certify that I examined this child and the information recorded here was determined as a result of the examination.

Licensed Health Care Provider Office Stamp	Provider Name:
	Provider Phone:
	Provider Signature:
	Date:

Access health insurance programs at <https://dchealthlink.com>. You may contact the Health Suite Personnel through the main office at your child's school.

OFFICE USE ONLY | Universal Health Certificate received by School Official and Health Suite Personnel.

School Official Name:	Signature:	Date:
Health Suite Personnel Name:	Signature:	Date:

Oral Health Assessment Form

For all students aged 3 years and older, use this form to report their oral health status to their school/child care facility.

Instructions

- Complete Part 1 below. Take this form to the student's dental provider. The dental provider should complete Part 2.
- Return fully completed and signed form to the student's school/child care facility.

Part 1: Student Information (To be completed by parent/guardian)

First Name _____ Last Name _____ Middle Initial _____

School or Child Care Facility Name _____

Date of Birth (MMDDYYYY)

--	--	--	--	--	--	--	--

Home Zip Code

--	--	--	--	--	--

School
Grade

Day-
care

Pre-K3

Pre-K4

1

2

3

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5

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10

11

12

Adult
Ed.

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Part 2: Student's Oral Health Status (To be completed by the dental provider)

Q1 Does the patient have at least one tooth with **apparent cavitation** (untreated caries)? This does NOT include stained pit or fissure that has no apparent breakdown of enamel structure or non-cavitated demineralized lesions (i.e. white spots).

Yes

No

☐
☐

Q2 Does the patient have at least one **treated carious tooth**? This includes any tooth with amalgam, composite, temporary restorations, or crowns as a result of dental caries treatment.

☐
☐

Q3 Does the patient have at least one permanent molar tooth with a **partially or fully retained sealant**?

☐
☐

Q4 Does the patient have untreated caries or other oral health problems requiring **care before his/her routine check-up? (Early care need)**

☐
☐

Q5 Does the patient have **pain, abscess, or swelling? (Urgent care need)**

☐
☐

Q6 How many of **primary teeth** in the patient's mouth are affected by caries that are either **untreated or treated with fillings/crowns**?

Total Number

--	--

Q7 How many of **permanent teeth** in the patient's mouth are affected by caries that are either **untreated, treated with fillings/crowns, or extracted due to caries**?

Total Number

--	--

Q8 What type of dental insurance does the patient have?

Medicaid

Private Insurance

Other

None

☐
☐
☐
☐

Dental Provider Name _____

Dental Office Stamp

Dental Provider Signature _____

Dental Examination Date _____

This form replaces the previous version of the DC Oral Health Assessment Form used for entry into DC Schools, all Head Start programs, and child care centers. This form is approved by the DC Health and is a confidential document. Confidentiality is adherent to the Health Insurance Portability and Accountability Act of 1996 (HIPPA) for the health providers and the Family Education Right and Privacy Act (FERPA) for the DC Schools and other providers.

Medication and Medical Procedure Treatment Plan

Use this form to detail your student's medication and/or medical procedure plan to be administered at their school and return it to the Health Suite Personnel. The Health Suite Personnel will contact you to arrange medication/medical supply drop-off. For multiple needs, complete multiple sheets.

Part 1: Student and Parent/Caretaker Information | To be completed by student's parent/caretaker.

Student First Name:	Student Last Name:	Grade:
School Facility Name:	Student DOB:	
Parent First Name:	Parent Last Name:	
Parent Email:	Parent Phone:	

I hereby request and authorize Health Suite Personnel to administer prescribed medication/treatment as directed by the licensed health care providers to the student named in Part I. I understand that:

- I am responsible for bringing the necessary medications/medical supplies to school for the Health Suite Personnel.
- All medication/medical supplies will be stored in a secured area of the school. Health Suite Personnel will not assume any responsibility for possible loss of student medication/medical supplies.
- Within one week of the expiration of the medication/medical supplies and/or within one week of the end of the school year, I must collect what is unused or it will be destroyed.
- The School or Health Suite Personnel will not assume any responsibility for unauthorized medication/treatments that the student gives to himself/herself.
- If any changes occur in my student's health or treatment plan, I will immediately notify the school and health suite personnel annually as required by DC Official Code § 38-651.03.
- Treatment plans and medication plans must be updated annually and when there is any change in the student's health or treatment requirements.
- I hereby acknowledge that the District, and its schools, employees, and agents shall be immune from civil liability for acts of omissions under DC Law 17-107 except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct.

Parent/Caretaker Signature: _____ Date: _____

Part 2a: Student's Medication Plan | To be completed by licensed health care provider.

Diagnosis:	End date for school administration of this medication:
This medication is: <input type="checkbox"/> New; the first dose was given at home on date and time: _____ <input type="checkbox"/> Renewal <input type="checkbox"/> Change	
Is this a standing order? <input type="checkbox"/> Yes, epinephrine auto injector 0.15 mg: <i>refer to anaphylaxis plan</i> <input type="checkbox"/> Yes, other: _____	
<input type="checkbox"/> Yes, epinephrine auto injector 0.3 mg: <i>refer to anaphylaxis plan</i> <input type="checkbox"/> No	
<input type="checkbox"/> Yes, albuterol sulfate 90 mcg/inh: <i>refer to asthma action plan</i>	
Name and strength of medication:	Dose/route:
Time and Frequency at School (e.g. 10am and 2pm every day; as needed if standing order)	
If a reaction can be expected, please describe:	

Additional instructions or emergency procedures:

Part 2b: Student's Medical Procedure Treatment Plan | To be completed by licensed health care provider.

Diagnosis:	This procedure is: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Change
Treatment:	
When should treatment be administered at school? (e.g. 10am and 2pm every day)	
End date for school administration of this treatment:	
Additional instructions or emergency procedures:	

Has the student's Universal Health Certificate form been updated to reflect new health concerns? ☐ Yes ☐ No

Licensed Health Care Provider Office Stamp

Provider Name:

Provider Phone:

Provider Signature:

Date:

OFFICE USE ONLY | Medication and/or treatment plan received by Health Suite Personnel.

Name: _____ Signature: _____ Date: _____



Releases, Consents, & Authorizations

School Year 2020–21

Student & Parent/Guardian Information

Student's First Name: _____

Parent's First Name: _____

Student's Last Name: _____

Parent's Last Name: _____

Student's Date of Birth: _____

☐ Check this box if the student is an adult enrolling himself or herself in school.

Records Release

By signing below I authorize Kingsman Academy Public Charter School to request records from all schools the student above has attended. I understand that Kingsman Academy will not further transfer or communicate the records to any other party or agency without my express written consent except under the authority of the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).

Parent/Guardian/Adult Student Signature: _____ Date: _____

Field Trip Authorization (Optional)

I understand that the student above may have the opportunity to participate in field trips that will take him or her away from campus. I understand that these trips will be under the direct supervision of a Kingsman Academy Public Charter School faculty member and that the student above will be transported either by public transportation, a Kingsman Academy vehicle, or a for-hire vehicle.

I request that the student above be allowed to attend such field trips.

I authorize any medical treatment in case of emergency and agree that I am responsible for the cost of such treatment.

I agree to release, hold harmless and indemnify Kingsman Academy Public Charter School, its agents, representatives, and employees from all claims, damages, or other liabilities for injuries to the student above that are not the result of gross negligence, intentional neglect or willful or wanton conduct by the school or its agents, representatives, or employees.

I understand that any trips that take my student out of the District of Columbia metropolitan area or that require an overnight stay will require a separate permission form that will be provided to me by Kingsman Academy.

Parent/Guardian/Adult Student Signature: _____ Date: _____

Media Release (Optional)

By signing below, I hereby grant Kingsman Academy Public Charter School and its employees, agents, successors, and assignees the right to: (1) record the image and voice of the student above; (2) edit such recordings at their discretion; and (3) use such recordings, along with the artwork and written work of the student on videotape, in photographs, in digital media, and in any other form of electronic or print media. I understand that this release does not grant Kingsman Academy the right to disclose any biographical or other identifying information regarding the student above and that I may revoke this consent at any time by contacting the school.

I hereby release Kingsman Academy, its successors, its assignees, and anyone using image, voice, artwork, and/or written work of the student above pursuant to this release from any and all claims, damages, liabilities, costs, and expenses which I or the student above 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 through the end of the school year and can be revoked at any time.

☐ I consent. ☐ I do not consent.

Parent/Guardian/Adult Student Signature: _____ Date: _____

Release of Information to Military Recruiters (Optional)

Federal laws require Kingsman Academy Public Charter School to provide military recruiters, upon request, with the name, address, and telephone number ("information") of all sixth through twelfth-grade students unless the parent/guardian or adult student has opted out of such disclosure by signing below. This opt-out is valid throughout the student's time enrolled at Kingsman Academy Public Charter School and can be revoked at any time.

☐ I request that Kingsman Academy not release the information of the student above to military recruiters.

Parent/Guardian/Adult Student Signature: _____ Date: _____

Consent to Social and Emotional Health Services (Optional)

Kingsman Academy Public Charter School has highly qualified professionals to help students experiencing stress, sadness, anger, or other emotions that can affect their lives. By signing below, you authorize Kingsman Academy professionals to begin working with the student above. You will be notified and included in any plan for services, consistent with best practices. The student's information will be reviewed by the school's mental health and behavioral support professionals and will be handled confidentially. This consent is valid through the end of the school year and can be revoked at any time.

If you consent, please check which of the following your student has or is experiencing:

☐ Parental divorce/separation ☐ Homelessness ☐ Foster care ☐ Incarcerated parent
☐ Death of close family ☐ Incarceration ☐ Other trauma: _____

Would you like to be contacted to discuss further? ☐ Yes ☐ No

Parent/Guardian/Adult Student Signature: _____ Date: _____

Google Apps Consent (Optional)

Kingsman Academy Public School uses G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for the student above. G Suite for Education is a set of education productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. Kingsman Academy students use their G Suite accounts to complete assignments, communicate with their teachers, sign into Chromebooks, and learn 21st-century digital citizenship skills.

Kingsman Academy has a notice that provides answers to common questions about what Google can and can't do with the personal information of the student above, including:

- What personal information does Google collect?
- How does Google use this information?
- Will Google disclose the student's personal information?
- Does Google use student personal information for users in K-12 schools to target advertising?
- Can the student share information with others using the G Suite for Education account?

The notice is posted on the school website and available in print by request. Please read it carefully, let us know of any questions, and then sign below to indicate that you've read the notice and give your consent. If you don't provide your consent, we will not create a G Suite for Education account for the student above. Students who cannot use Google services may need to use other software to complete assignments or collaborate with peers.

By signing below, I give permission for Kingsman Academy to create/maintain a G Suite for Education account for the student above and for Google to collect, use, and disclose information about the student above only for the purposes described in the notice described above.

Parent/Guardian/Adult Student Signature: _____ Date: _____



STUDENT HANDBOOK ACKNOWLEDGMENT FORM

Student's First Name	Student's Last Name
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Each year, Kingsman Academy Public Charter School publishes the Student and Family Handbook, which contains the most current information about school policies and procedures. The 2020-21 Student and Family Handbook can be downloaded from the school website on the Resources page beginning on August 1, 2020. Hard copies of the handbook are available upon request. Please note policies and expectations may have changed from the previous year.

If you have questions about any of the school policies, please contact the main office at (202) 547-1028.





Please complete the following form, acknowledging that you have reviewed the 2020-21 Student and Family Handbook. Forms must be submitted no later than September 13, 2020.

Student's Signature	Date
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Parent/Guardian's Signature	Date
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DC | HEALTH Immunization Requirements

All students attending school in DC must present proof of appropriately spaced immunizations by the first day of school. Provide this sheet to your child's licensed health professional to ensure proper immunization.

On the first day of school my student is:	By the start of the school year, my student should have received: ⁱ
	4 doses of Diphtheria/Tetanus/Pertussis (DTaP) 3 doses of Polio 1 dose of Varicella if no history of chickenpox ⁱⁱ 1 dose of Measles/Mumps/Rubella (MMR) 3 doses of Hepatitis B 2 doses of Hepatitis A 3 or 4 doses <i>depending on the brand</i> of Hib (Haemophilus Influenza Type B) 4 doses of PCV (Pneumococcal)
	5 doses of Diphtheria/Tetanus/Pertussis (DTaP) 4 doses of Polio 2 doses of Varicella if no history of chickenpox ⁱⁱ 2 doses of Measles/Mumps/Rubella (MMR) 3 doses Hepatitis B 2 doses Hepatitis A 3 or 4 doses <i>depending on the brand</i> of Hib (Haemophilus Influenza Type B) 4 doses of PCV (Pneumococcal)
	5 doses of Diphtheria/Tetanus/Pertussis (DTaP) 4 doses of Polio 2 doses of Varicella if no history of chickenpox ⁱⁱ 2 doses of Measles/Mumps/Rubella (MMR) 3 doses of Hepatitis B 2 doses of Hepatitis A
	5 doses of Diphtheria/Tetanus/Pertussis (DTaP)/Td 1 dose of Tdap 4 doses of Polio 2 doses of Varicella if no history of chickenpox ⁱⁱ 2 doses of Measles/Mumps/Rubella (MMR) 3 doses of Hepatitis B 2 doses of Hepatitis A ⁱⁱⁱ 1 dose of Meningococcal (Men ACWY) ^{iv} 2 or 3 doses of Human Papillomavirus Vaccine (HPV) ^v

ⁱ The number of doses required varies by a child's age and how long ago they were vaccinated. Please check with your child's health suite personnel or health care provider for details.

ⁱⁱ All Varicella/chickenpox histories MUST be verified by a health care provider and documented with month and year of disease.

ⁱⁱⁱ If born on or after 01/01/05.

^{iv} Dose #1 at 11-12 years of age is required. A booster dose is recommended at 16 years of age.

^v Two doses if student receives first dose between ages 9 - 14 (doses 6-12 months apart); 3 doses if student starts series on or after age 15.



HOME LANGUAGE SURVEY

As part of the enrollment process in DC public and public charter schools, all parents and guardians must complete the Home Language Survey. For all students who are enrolling in a DC school for the first time, parents must complete the OSSE Home Language Survey at the time of enrollment. The purpose of the three questions below is to determine if your child needs English language proficiency screening. If the answers to questions 1, 2 or 3 indicate a language other than English, the school must screen your child for possible identification as an English learner using a screener test.

All DC residents, of all backgrounds, are welcome in public schools in the District of Columbia.

The Home Language Survey is **not** used for immigration purposes and is not shared with Immigration and Customs Enforcement (ICE). The Home Language Survey is **not** used to determine:

- your immigration status;
- your residency status; or
- if your child is an English learner.

Please let your school know if you need assistance completing the Home Language Survey.

This form must be signed and dated by the parent/guardian and school official and kept in the student's file.

Student's Last Name

Student's First Name

School Name

1. What is the primary language used in the home?

2. What is the language most often used by the student?

3. What language or languages did the student use first?

For additional information only:

What other languages are spoken in your home?

Signature of Parent/Guardian

Date

Signature of School Official

Date

To be completed by School Official:

Refer for English language proficiency screening? ☐ Yes ☐ No



ENCUESTA DEL IDIOMA EN EL HOGAR

Como parte del proceso de inscripción en las escuelas públicas y escuelas públicas chárter del DC, todos los padres/madres y tutores deben completar la Encuesta del idioma en el hogar. En el momento de la inscripción, los padres/madres deben completar la Encuesta del idioma en el hogar de OSSE para todos los estudiantes que vayan a inscribirse en una escuela del DC por primera vez. El propósito de las tres preguntas a continuación es determinar si su hijo(a) necesita ser evaluado en su competencia del idioma inglés. Si en las respuestas a las preguntas 1, 2 o 3 se indica un idioma diferente al inglés, la escuela debe evaluar a su hijo(a) mediante un examen para identificar si debe ser un aprendiz de inglés.

Todos los habitantes del DC, sin importar sus antecedentes, son bienvenidos en las escuelas públicas del Distrito de Columbia.

La Encuesta del idioma en el hogar **no** se usa con propósitos migratorios y no se comparte con el Servicio de Inmigración y Control de Aduanas (ICE, en inglés). La Encuesta del idioma en el hogar **no** se usa para determinar:

- su estatus migratorio;
- su estado de residencia; ni
- si su hijo(a) es un aprendiz de inglés.

Por favor, avísele a su escuela si necesita ayuda para completar la Encuesta del idioma en el hogar.

Este formulario debe ser firmado y fechado tanto por el padre/madre/tutor como por el encargado de la escuela y debe ser guardado en el archivo del estudiante.

Apellido del estudiante

Nombre del estudiante

Nombre de la escuela

1. ¿Cuál es el idioma que principalmente hablan en el hogar?

2. ¿En qué idioma habla con más frecuencia el estudiante?

3. ¿Cuál fue el primer idioma o idiomas que aprendió el estudiante?

Solo para información adicional:

¿Qué otros idiomas se hablan en su hogar?

Firma del padre/madre/tutor

Fecha

Firma del encargado de la escuela

Fecha

Para ser completado por el encargado de la escuela:

¿Debe ser remitido para evaluación preliminar de competencia en el idioma inglés?

☐ Sí

☐ No



KHẢO SÁT NGÔN NGỮ SỬ DỤNG TẠI NHÀ

Là một phần trong quy trình nhập học tại các trường công và bán công của DC, tất cả phụ huynh và người giám hộ phải hoàn thành Khảo Sát Ngôn Ngữ Sử Dụng Tại Nhà. Với tất cả học sinh lần đầu nhập học tại một trường của DC, phụ huynh phải hoàn thành Khảo Sát Ngôn Ngữ Sử Dụng Tại Nhà của OSSE vào thời điểm nhập học. Mục đích của ba câu hỏi dưới đây là nhằm xác định xem liệu con em quý vị có cần được đánh giá khả năng thành thạo Tiếng Anh hay không. Nếu câu trả lời cho các câu hỏi 1, 2 hoặc 3 cho thấy một ngôn ngữ khác ngoài Tiếng Anh, nhà trường phải thực hiện đánh giá để xác định liệu con em quý vị có phải là người học Tiếng Anh hay không thông qua một bài kiểm tra đánh giá.

Tất cả cư dân của DC, từ mọi nguồn gốc xuất xứ, đều được chào đón tại các trường công ở Quận Columbia.

Khảo Sát Ngôn Ngữ Sử Dụng Tại Nhà này sẽ **không** được dùng cho mục đích nhập cư và không được chia sẻ với Cơ Quan Quản Lý Nhập Cư và Hải Quan (ICE). Khảo Sát Ngôn Ngữ Sử Dụng Tại Nhà này **không** được dùng để xác định:

- tình trạng nhập cư của quý vị;
- tình trạng cư trú của quý vị; hay
- liệu con em quý vị có phải là người học Tiếng Anh hay không.

Vui lòng báo cho trường của quý vị biết nếu quý vị cần được hỗ trợ để hoàn thành Khảo Sát Ngôn Ngữ Sử Dụng Tại Nhà này.

Biểu mẫu này phải do phụ huynh/người giám hộ và nhân viên nhà trường ký và đề ngày tháng, sau đó lưu trong hồ sơ của học sinh.

Họ của Học Sinh

Tên của Học Sinh

Tên Trường

1. Ngôn ngữ chính sử dụng tại nhà là gì?

2. Ngôn ngữ học sinh sử dụng thường xuyên nhất là gì?

3. Học sinh nói (những) ngôn ngữ nào đầu tiên?

Chỉ cho mục đích bổ sung thông tin:

Những ngôn ngữ nào khác được sử dụng tại nhà quý vị?

Chữ Ký của Phụ Huynh/Người Giám Hộ

Ngày

Chữ Ký của Nhân Viên Nhà Trường

Ngày

Do Nhân Viên Nhà Trường điền:

Giới thiệu đến đánh giá khả năng thành thạo Tiếng Anh?

☐ Có

☐ Không



가정 언어 설문조사

DC 공립 학교 및 공립 차터 스쿨에 대한 등록 절차의 일환으로, 모든 학부모와 보호자는 가정 언어 설문조사를 작성해야 합니다. DC 내 학교에 처음으로 등록하려는 모든 학생의 학부모는 반드시 등록할 때 OSSE 가정 언어 설문조사를 작성해야 합니다. 아래 문항은 자녀가 영어 실력 평가를 받아야 하는지 확인하기 위한 것입니다. 문항 1, 2, 3에 대한 답변이 영어가 아닌 경우, 학교는 자녀가 영어 학습자인지 식별하기 위해 평가 시험을 이용하여 확인해야 합니다.

컬럼비아 특별구 소재 공립 학교는 개인적인 배경을 불문하고 모든 DC 주민을 환영합니다.

가정 언어 설문조사는 이민 관련 목적으로 사용되지 **않으며**, ICE(이민 세관 단속국)에 공유되지 않습니다. 가정 언어 설문조사는 다음 사항을 결정하는 데 사용되지 **않습니다**.

- 귀하의 이민 상태,
- 귀하의 거주 상태, 또는
- 귀하의 자녀가 영어 학습자인지 여부.

가정 언어 설문조사 작성에 도움이 필요하신 경우 해당 학교 측에 알리시기 바랍니다.

이 양식은 학부모/보호자와 학교 직원이 서명하고 날짜를 기재한 후 학생 기록부에 보관해야 합니다.

학생의 성

학생의 이름

학교명

1. 가정에서 주로 사용하는 언어는 무엇입니까?

2. 학생이 가장 자주 사용하는 언어는 무엇입니까?

3. 학생이 처음으로 사용했던 언어는 무엇입니까?

추가 정보용:

가정에서 사용하는 다른 언어는 무엇입니까?

부모/후견인 서명

날짜

학교 관계자 서명

날짜

학교 관계자 작성란:

영어 능력 자격 심사를 참조하시겠습니까?

☐ 예

☐ 아니요

가정 언어 설문조사



家庭语言调查

作为特区公立学校和特许公立学校报名流程的一部分，所有家长和监护人必须完成“家庭语言调查”。对于所有第一次报名入读哥伦比亚特区学校的学生，家长必须在报名时完成 OSSE 家庭语言调查。下面列出了三个问题，目的是确定您的孩子是否需要参加英语语言能力筛选。如果在问题 1、2 或 3 的回答中，您表明不是英语，那么学校必须使用筛选器测试来筛选您的孩子，以便确定作为英语学习者的身份可能性。

哥伦比亚特区的所有居民，都可以在哥伦比亚特区的公立学校读书，而不受个人背景影响。

家庭语言调查 **不会** 用于移民目的，也不会与美国移民及海关执法局 (ICE) 共享信息。家庭语言调查 **不会** 用于确定：

- 您的移民状态；
- 您的居民身份状态；或
- 您的孩子是否可以学习英语。

您在填写家庭语言调查表时，如果需要帮助，请告知您的学校。

此表必须由家长/监护人和学校官员签字并注明日期，并且保存在学生的档案中。

学生的姓氏：

学生的名字：

学校名称

1. 您家里主要使用哪种语言？

2. 该学生最经常使用哪种语言？

3. 该学生最先使用哪种或哪些语言？

仅用于提供补充信息：

您家里还使用其他哪些语言？

家长/监护人签名

日期

学校官员签名

日期

由学校官员填写：

参照英语语言能力筛查？ ☐ 是 ☐ 否

家庭语言调查



SONDAGE SUR LA LANGUE PARLÉE À LA MAISON

Dans le cadre du processus d'inscription dans les écoles publiques et les écoles publiques à charte du DC, tous les parents et les tuteurs doivent répondre au sondage sur la langue parlée à la maison. Pour tous les élèves qui s'inscrivent dans une école du DC pour la première fois, les parents doivent répondre au sondage de l'OSSE sur la langue parlée à la maison au moment de l'inscription. Les trois questions ci-dessous ont pour but de déterminer si votre enfant a besoin d'un test de compétence linguistique en anglais. Si les réponses aux questions 1, 2 ou 3 indiquent une langue autre que l'anglais, l'école doit examiner votre enfant pour une identification éventuelle en tant qu'apprenant d'anglais à l'aide d'un test de dépistage.

Tous les résidents du DC, de tous les horizons, sont les bienvenus dans les écoles publiques du District de Columbia.

Le sondage sur la langue parlée à la maison n'est ***pas*** utilisé à des fins d'immigration et n'est pas partagé avec l'Immigration and Customs Enforcement (ICE). Le sondage sur la langue parlée à la maison n'est ***pas*** utilisé pour déterminer :

- votre statut d'immigration ;
- votre statut de résidence ; ou
- si votre enfant est un apprenant d'anglais.

Veuillez informer votre école si vous avez besoin d'aide pour répondre au sondage sur la langue parlée à la maison. Ce formulaire doit être signé et daté par le parent/tuteur et le responsable de l'école et conservé dans le dossier de l'élève.

Nom de famille de l'élève

Prénom de l'élève

Nom de l'école

1. Quelle est la langue principale parlée à la maison ?

2. Quelle est la langue la plus souvent parlée par l'élève ?

3. Quelle langue ou quelles langues l'élève a-t-il parlées en premier ?

Pour uniquement davantage d'informations :

Quelles autres langues sont parlées dans votre maison ?

Signature du parent/tuteur

Date

Signature du responsable de l'école

Date

À remplir par le responsable de l'école :

Comptez-vous vous soumettre au contrôle de la maîtrise de l'anglais ?

☐ Oui

☐ Non



የቤት ውስጥ የቋንቋ የዳሰሳ ጥናት

ሁሉም ወላጆች እና ሞግዚቶች፣ በDC ህዝብ እና የህዝብ ቻርተር ትምህርት ቤቶች የምዝገባ ሂደት አካል የሆነውን የቤት ውስጥ የቋንቋ ዳሰሳ ጥናትን መመላት አላባቸው። ለመጀመሪያ ጊዜ በDC ትምህርት ቤት ለሚመዘገቡ ተማሪዎች፣ ወላጆች የOSSE የቤት ውስጥ የቋንቋ ዳሰሳ በምዝገባ ጊዜ መመላት አለባቸው። ከታች ያለው የሶስቱ ጥያቄዎች አላማ የእርስዎ ልጅ የእንግሊዘኛ ቋንቋ የብቃት ማጣሪያ የሚያስፈልገው መሆኑን ለመወሰን ነው። ለጥያቄዎች 1፣ 2 ወይም 3 ምላሽዎ ከእንግሊዘኛ ውጭ ሌላ ቋንቋ ካመለከተ፣ ትምህርት ቤቱ ልጅዎን በእንግሊዘኛ ተማሪ ሊሆን እንደሚችል መለያ በማጣሪያ ፈተና ማጣራት አለበት።

ሁሉም የDC ኗሪዎች፣ የተለያዩ የኑሮ ሁኔታዎች ያሏቸው፣ በኮሎምቢያ ግዛት የህዝብ ትምህርት ቤቶች ውስጥ ተቀባይነት አላቸው።

የቤት ውስጥ የቋንቋ የዳሰሳ ጥናት ለስደተኝነት አላማዎች አገልግሎት ላይ **አይወሳም** እና ለስደተኛ እና የጉምሩክ አፈጻጸም አይጋራም (Immigration and Customs Enforcement, ICE)። የቤት ውስጥ የቋንቋ የዳሰሳ ጥናቱ ይህን ለመወሰን ጥቅም ላይ የሚውል **አይደለም**፡

- የስደት ሁኔታዎች
- የመኖሪያዎ ሁኔታ
- ልጅዎ የእንግሊዘኛ ተማሪ ከሆነ።

የቤት ውስጥ የቋንቋ የዳሰሳ ጥናቱን ለመመላት እርዳታ የሚያስፈልግዎ ከሆነ እባክዎ ትምህርት ቤትዎ እንዲያውቀው ያድርጉ።

ይህ ቅጽ በወላጅ/አሳዳጊ እና የትምህርት ቤቱ ባለስልጣን ተፈርጥቦት እና ቀን ተጽፎበት በተማሪው ማህደር ውስጥ መቀመጥ አለበት።

የተማሪው የአያት ስም

የተማሪው የመጀመሪያ ስም

የትምህርት ቤት ስም

1. በቤት ውስጥ ጥቅም ላይ የሚውለው ዋና ቋንቋ ምንድን ነው?

2. በተማሪው ባብዛኛው ጥቅም ላይ የሚውለው ቋንቋ ምንድን ነው?

3. ተማሪው መጀመሪያ የተጠቀመው ቋንቋ ወይም ቋንቋዎች ምንድን ነበር?

ለተጨማሪ መረጃ ብቻ፡

በቤት ውስጥ ሌላ የሚነገር ቋንቋ ምንድን ነው?

የወላጅ / አሳዳጊ ፊርማ

ቀን

የትምህርት ቤት ሃላፊ ፊርማ

ቀን

በትምህርት ቤት ሃላፊ የሚሞላ

ለእንግሊዘኛ ቋንቋ ብቃት ማጣሪያ ሪፈረ ይደረግ?

☐ አዎ

☐ አይደለም

የቤት ውስጥ የቋንቋ የዳሰሳ ጥናት