



ANNUAL STUDENT ENROLLMENT FORM
School Year 2016-2017

(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: ()		Students New to DCPS			
Street Address				Apt. No.		Previous School (if not DCPS):					
City			State		ZIP		City, State, Zip:				
Grade Level next school year (16-17)					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	
PK3 7			PK4 8		K 9	1 10	2 11	3 12	4 Adult	5 6	
					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"/>				
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.											
Signature of Enrolling Parent/ Guardian					Date						