



LEARN D.C.

ENROLLMENT FORM

Completing this form DOES NOT guarantee enrollment. ALL DC Residency Documentation Requirements must be submitted and approved before your seat is confirmed

Student First Name _____ Student Middle Name _____

Student Last Name: _____

Student Birth Date: _____ Student Country of Birth: _____

Student Gender: _____

Did your student enroll in a school in the US for the first time in the last 12 months?

Yes No

If yes, what was the date your student first enrolled in the US _____

Student's Race: Native American/Alaska Native Asian White
Black/African American Pacific Islander/Native Hawaiian

Student's Ethnicity: Hispanic Not-Hispanic

Student's Home Address:

Residence type: Permanent Temporary House Apartment Shelter
Hotel/Motel Living with a friend/relative

Grade Level Student Enrolling Into: _____

Last School Attended:

School Address:

School Telephone Number: _____ Fax Number: _____

Does the student have a parent or legal guardian actively serving in the military? Yes No

If yes, what branch of service? _____

I understand that enrolling in a new school confirms three things: (1) that I am accepting the space at LEARN DC; (2) that I am giving up my child's space and feeder pattern at their current school (I will still maintain rights to your K-12 DCPS in-boundary schools); and (3) that my child will be removed from the waitlists of schools on my My School DC application I ranked below the school at which I am enrolling.

Parent/Guardian Signature: _____ Date: _____

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202.949.0930



DC Residency Verification Form – 2021-22 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 2021-22 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 whether I was determined to meet the residency requirements for any government funded financial assistance program (such as, Medicaid, TANF, or SNAP) in which I am enrolled for the sole purpose of verifying District residency for DC public or charter school enrollment. By signing below, I am saying: I authorize OSSE to obtain my personally identifiable DC residency status 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 this form and all supporting documentation to this form, including all other OSSE forms used to verify residency, will be retained by the school. I consent to their disclosure to OSSE, external auditors, and other District agencies including but not limited to the DC Office of the Inspector General and the DC Office of the Attorney General, upon request, for the purposes of ensuring the accuracy of my District residency.
- I understand that the District of Columbia may use whatever legal means it has at its disposal to verify my residence.
- 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: Submit 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	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.	
	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.	
B	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.	
	ONE item is needed from this list. <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 (CHIP), Supplemental Security Income, housing assistance or other programs.• Certified copy of Form D40 by the DC Office of Tax and Revenue (OTR), with evidence of payment of DC taxes for the current or most recent tax year and must bear the OTR 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 currently resides, or will reside, on embassy property in DC during the relevant school year.	TWO different items are needed from this list. <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 with a separate proof of payment of rent, such as receipt of payment, money order, or copy of cashed check. <i>The lease</i> must contain the start date, monthly rent amount, name of landlord, and be signed by the enrolling person and landlord. <i>The separate proof of payment</i> 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.• 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</i> must be for a period within the two months immediately preceding the school’s review of this form. <i>The separate proof of payment</i> 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.
C	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.	

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, domestic partner, 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. This is required by DC Official Code §38-602. Have a licensed medical professional complete part 2 - 4. Access health insurance programs at <https://dchealthlink.com>. You may contact the Health Suite Personnel through the main office at your child's school.

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/Guardian Name:			Parent/Guardian 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. Details provided below. |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Kidney failure | <input type="checkbox"/> Long-term medications, over-the-counter-drugs (OTC) or special care requirements. Details provided below. |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Language/Speech | <input type="checkbox"/> Significant health history, condition, communicable illness, or restrictions. Details provided below. |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Obesity | |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Scoliosis | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Other: _____ |

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:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive, CXR Negative	<input type="checkbox"/> Positive, CXR Positive <input type="checkbox"/> Positive, Treated
	Quantiferon Results:	<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 Every child must have 2 lead tests by age 2	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.

Child Last Name:	Child First Name:	Date of Birth:
-------------------------	--------------------------	-----------------------

Immunizations	In the boxes below, provide 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): Verified by: _____ (name & title)					
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					
Other	1	2	3	4	5	6	7	

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

Is this medical contraindication permanent or temporary? Permanent Temporary until: _____ (date)

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**. N/A No Yes Yes, pending additional clearance from: _____

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: _____

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	PreK3	PreK4	K	1	2	3	4	5	6	7	8	9	10	11	12	Adult Ed.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No		
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).	<input type="checkbox"/>	<input type="checkbox"/>		
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.	<input type="checkbox"/>	<input type="checkbox"/>		
Q3 Does the patient have at least one permanent molar tooth with a partially or fully retained sealant ?	<input type="checkbox"/>	<input type="checkbox"/>		
Q4 Does the patient have untreated caries or other oral health problems requiring care before his/her routine check-up? (Early care need)	<input type="checkbox"/>	<input type="checkbox"/>		
Q5 Does the patient have pain, abscess, or swelling? (Urgent care need)	<input type="checkbox"/>	<input type="checkbox"/>		
Q6 How many primary teeth in the patient's mouth are affected by caries that are either untreated or treated with fillings/crowns ?	Total Number			
	<input type="text"/> <input type="text"/>			
Q7 How many 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			
	<input type="text"/> <input type="text"/>			
Q8 What type of dental insurance does the patient have?	Medicaid	Private Insurance	Other	None
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.



LEARN D.C.

Authorization for Release of School Student Records – 2021-22 School Year

I hereby confirm I have accepted a seat at LEARN Charter School and authorize the release of the following information:

_____ STUDENT PERMANENT RECORDS: (including identifying information, grades, attendance, health and immunization, accident and/or incident information)

_____ STUDENT TEMPORARY RECORDS: (including test results, I.Q. and achievement, special education records, psychological evaluation, release of records, and EL records)

I authorize the release and transfer of the educational and health records of:

Student First Name: _____ Student Last Name: _____

Student Birth Date: _____

Last School Attended: _____

School Address: _____

School Telephone Number: _____ Fax Number: _____

Student Current Grade Level: _____

I hereby grant permission for the release of the above named student's records and I understand that I have the right to inspect, copy, and challenge the content of the records released.

Today's Date: _____

Parent Name: _____

Parent Signature: _____

Note to Releasing School: Please release the student from your student database.

Official Staff Use Only – select all documents received from school:

Current Report Card Grades Transcripts Test Scores EP 504 Plan Health Records Attendance Records EL Records

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LEARN D.C.

Authorization for Student Pick Up

If your scholar is being picked up by someone other than the legal guardian, we must have a dated and signed Authorization for Student Pick Up form on file in the main office at the campus your child(ren) attend. Our staff can and will refuse to release your child(ren) to any person who does not have written authorization on file to pick up.

A phone call for authorization is not allowed. Adults, other than the parent, will be asked for identification in order for us to release them. Parents are required to update emergency contact forms during report card pick up meetings. Any responsible relative or non-relative, 14 years of age or older, may be included on the emergency forms for authorized pick up.

Student Name: _____ Date: _____

Campus: _____ Grade: _____

Authorized to Walk: ___ Yes ___ No Sibling Pick Up: ___ Yes ___ No

Sibling(s): _____ Campus(es): _____

CHILD/REN LIVES WITH:

Person 1: _____ Has Custody? ___ Yes ___ No

Person 2: _____ Has Custody? ___ Yes ___ No

Parent/Guardian Signature: _____ Date: _____

Individuals Authorized to Pick Up				
Name of Authorized Pick-Up Person	Relationship to Student	Phone Number	Accepts Text Messages?	Email
1				
2				
3				
4				
5				
6				

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HOME LANGUAGE SURVEY INSTRUCTIONS FOR LEAS

PURPOSE: The Home Language Survey is used to determine if the student is eligible to take an English language proficiency screener. The screener score determines if the student is identified as an English learner or not an English learner. Students who are identified as English learners have the right to participate in the English language instructional program at school. **Federal law¹ requires schools to offer eligible students an English language instructional program so they may attain English language proficiency and achieve academic success.**

The Home Language Survey is **not** used to determine a family's immigration status; a family's residency status; or if the student is an English learner (this is determined by the English language proficiency screener).

HOW TO ADMINISTER THE SURVEY

- Provide **all** families enrolling their child in a District of Columbia school for the **first** time the OSSE Home Language Survey. The form is in English, Spanish, Amharic, French, Chinese, Korean and Vietnamese.
 - **For LEAs that provide the Home Language Survey within their online enrollment form**, be sure to provide the information for families in the grey box and the questions exactly as stated, including the translations into English, Spanish, Amharic, French, Chinese, Korean and Vietnamese.
 - **For re-enrolling students or students transferring within DC**, check the Early Access to English Learner Data application to verify the student's EL status and previous screening and/or ACCESS scores. It is **not** necessary to give this survey to families who are re-enrolling their child in a District of Columbia school.
- Reasonable efforts should be made to help the family understand the purpose of the survey and how to complete it. If needed, provide language support to families who may not be able to read or understand it.
 - Skilled interpreters should be made available for families who need language assistance to complete the survey². This includes who are illiterate, need sign language, and/or need braille.
 - The Language Line, a telephonic interpreting service where an interpreter participates in the conversation between the school and the family over the telephone, is one resource schools can use.
- Ensure the survey has been completed, signed, and dated by the parent or guardian.
- A school official, such as the registrar, must sign and date the bottom of the form upon receipt from the parent or guardian.
- Keep the signed and dated survey in the student's file.
- If a family refuses to complete the survey, make a reasonable effort to help the family understand the purpose of the survey and how to complete it; including providing language assistance, if necessary. If, after reasonable efforts have been made, the family still refuses to complete the survey, note the refusal and date on the survey and do not flag the student for English language proficiency screening.

HOW TO PROCESS THE HOME LANGUAGE SURVEY RESPONSES

- If the response to question 1, 2 or 3 is a language other than English, refer the student to the appropriate LEA staff, e.g., English learner coordinator, for English language proficiency screening.
- The screener must be administered within 30 days of the student's first day attending the school (Stage 5 enrollment). OSSE's [Delivering Education Services to English Learners](#) lists state-approved screeners.
- If the response to questions 1, 2 and 3 is English only, the student is considered proficient and does not need to be screened.
- The fourth question "For additional information only: What other languages are spoken in your home?" must not be used to determine screening. It is included to provide the school additional information about the student and family's multilingual assets.
- Enter the language(s) listed on questions 1 and/or 2 in your LEA's School Information System (SIS) under the "native language" field. The language entered must correspond to the three-digit code for a valid language on the International Organization of Standardization list (www.iso.org).

1 [ESSA](#) sec. 1112 requires local education agencies using Title I or Title III funds to provide a language instruction educational program and not later than 30 days into the school year, inform parents of an English learner identified for participation or participating in such a program.

2 Refer to [Delivering Educational Services to English Learners](#) and the [Office of Human Rights website](#) for more information about the Language Access Act, covered entities and resources.



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



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



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.

Veillez 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 መሙላት አላባቸው። ለመጀመሪያ ጊዜ በDC ትምህርት ቤት ለሚመዘገቡ ተማሪዎች፣ ወላጆች የOSSE የቤት ውስጥ ቋንቋ ዳሰሳ በምዝገባ ጊዜ መሙላት አላባቸው። ከታች ያለው የሶስቱ ጥያቄዎች አላማ የእርስዎ ልጅ የእንግሊዘኛ ቋንቋ የብቃት ማጣሪያ የሚያስፈልገው መሆኑን ለመወሰን ነው። ለጥያቄዎች 1፣ 2 ወይም 3 ምላሽዎን ከእንግሊዘኛ ውጭ ሌላ ቋንቋ ካመለከተ፣ ትምህርት ቤቱ ልጅዎን በእንግሊዘኛ ተማሪ ሊሆን እንደሚችል መለያ በማጣሪያ ፈተና ማጣራት አለበት።

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

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

- የስደት ሁኔታዎች፣
- የመኖሪያ ሁኔታ፣
- ልጅዎ የእንግሊዘኛ ተማሪ ከሆነ።

የቤት ውስጥ ቋንቋ የዳሰሳ ጥናቱን ለመሙላት እርዳታ የሚያስፈልግዎብዎት 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