



April 1, 2015

Dear Families of DCPS Students,

In this packet you will find enrollment forms for your student for the 2015/2016 school year. Please note that we ask you to return the completed forms as early as possible to school, but **no later than June 19, 2015**.

It is an important moment for the District of Columbia Public Schools (DCPS). Over the past several years, we exceeded expectations for what traditional public schools could accomplish in Washington D.C. We outpaced every other state in progress on the most recent NAEP exam and reached all time highs in math and English Language Arts proficiency on the most recent DC CAS. In 2014, more than 1,150 new students enrolled in DCPS. This marked a third consecutive year of enrollment growth. It was the largest single number of new students enrolled in 47 years.

Our focus on community engagement is also showing signs of success. For more than three years, DCPS has worked with residents of Ward 5 to create school options that fit their needs. In 2013, we opened the new McKinley Middle School, with a curricular focus on STEM studies located in a newly renovated wing of McKinley Technology High School. For the upcoming school year, we will open Brookland Middle School, a beautiful new building constructed from the ground up and customized for a curricular focus on arts and languages. We have introduced International Baccalaureate (IB) programming to Browne Education Campus and guaranteed pre-kindergarten options at Bunker Hill, Burroughs, and Noyes. All of this was made possible by a responsive community willing to work alongside DCPS to discover what was possible.

Our community engagement extends beyond Ward 5. In the emerging Navy Yard neighborhood in Ward 6, DCPS will renovate and reopen Van Ness Elementary School. Navy Yard families have rallied around the project and we anticipate a great opening this fall. In Ward 7, the newly renovated River Terrace will open its doors to serve some of our highest need special education students in a new, modern setting.

So thank you for choosing DCPS. Not only do we want your family to continue with DCPS, we want you to share your experience with your friends, family and neighbors. If it has been a positive experience, share it, and ask others to enroll in DCPS, too! And if your experience has not been positive—tell us, so we can improve. Neighborhood schools are the only public schools that belong to the community, and you have a say in how your school looks, acts and feels.

If you have questions, please contact an enrollment specialist by calling (202) 478-5738, or e-mailing enroll@dc.gov. We're looking forward to another great year together.

Sincerely,

A handwritten signature in black ink, appearing to read "Kaya Henderson". The signature is fluid and cursive, with a long horizontal line extending to the right.

Kaya Henderson
Chancellor

Student Enrollment Checklist

Welcome to School Year 2015-2016!

- These forms have been printed to include the information currently on file for your child. If the information has changed or is incorrect, please make changes directly on the form and review with your school's registrar.
- You can locate all documents online at www.dcps.dc.gov/enroll. (Translations are available in Spanish, French, Chinese, Vietnamese, Amharic, and Korean)
- For a listing of feeder school options to help you identify your child's new school, visit www.dcps.dc.gov/enroll.

If you have any questions about completing your enrollment packet, please do not hesitate to contact your child's school directly or the Office of Student Enrollment and School Funding at 202-478-5738.

<p>Returning DCPS Students</p>	<ul style="list-style-type: none"> • Annual Student Enrollment Form • Home language Survey • Consent Forms <ul style="list-style-type: none"> ○ Media Release (All Students, Required) ○ Military Recruitment Opt-Out (7th-12th ONLY, Optional) • DC Universal Health Certificate Form • DC Oral Health Assessment Form
<p>NEW DCPS Students</p>	<p>All of the forms for returning DCPS students and one proof of age documentation :</p> <ul style="list-style-type: none"> • Birth Certificate • Hospital Records • Previous School Records • Passport • Baptismal Certificate
<p>Additional Information</p>	<ul style="list-style-type: none"> • DC Residency Verification Guidelines • DC Universal Health Certificate Instructions • DCPS School Health and Immunization Requirements • FERPA Notification • Free and Reduced Price Meal (FARM) Application Notification

ANNUAL STUDENT ENROLLMENT FORM

School Year 2015-2016

(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/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American			Date of Birth (mm/dd/yyyy) / /	
	Country of Birth (if other than US)			Student's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Respond	
Address			Apt. No.	Home Number ()	
City		State	ZIP	Does your child have a current IEP for Special Education services or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Grade Level next school year (15-16). Please circle one. PK3 PK4 1 2 3 4 5 6 7 8 9 10 11 12			Current School (2014-2015): _____ City _____ State _____ Dates Attended (Mo/Yr): From: ____/____/____ To: ____/____/____ Student will be attending a different school next school year (2015-2016) <input type="checkbox"/> Yes <input type="checkbox"/> No If box is checked yes, please fill in blanks below. School Name (next school year 2015-2016): _____		

PARENT/GUARDIAN INFORMATION

Enrolling Parent/Guardian		Relationship	Other Parent/Guardian		Relationship
Address		Apt. No.	Address		Apt. No.
City	State	Zip	City	State	Zip
Email Address			Email Address		
Primary Number ()		Secondary Number ()		Primary Number ()	
Secondary Number ()		Primary Number ()		Secondary Number ()	
I would like to receive emails at this email address :			I would like to receive text messages this number:		
<input type="checkbox"/> Enrolling parent/guardian		<input type="checkbox"/> Other parent/guardian		<input type="checkbox"/> Neither	
<input type="checkbox"/> Enrolling parent/guardian		<input type="checkbox"/> Other parent/guardian		<input type="checkbox"/> Neither	

EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

Name		Relationship	Contact Number ()		
Address		Apt. No.	City	State	Zip

HOUSING STATUS (CHECK ALL THAT APPLY)

<input type="checkbox"/> Permanent	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Doubled Up	<input type="checkbox"/> Awaiting Foster Care
<input type="checkbox"/> Shelter	<input type="checkbox"/> Unsheltered	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Unaccompanied Youth

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. Form should not be signed prior to April 1. Information provided on this form should be applied consistently throughout enrollment documentation.

Signature of Enrolling Parent/Guardian

Date



RESIDENCY VERIFICATION GUIDELINES

LIST OF ACCEPTABLE RESIDENCY DOCUMENTS

All documents must be **UNEXPIRED**

- Parents/guardians are required to annually verify DC residency upon enrollment of their student.
- Parents/guardians may present one document from List A **or** two documents from List B in order to verify DC residency.
- Parents/guardians must provide original documents to school officials, and documents must be in the name of the enrolling parent/guardian. **School officials are required by DC law to photocopy residency documents for audit purposes.**
- School official will provide parents/guardians with an additional residency verification form to be completed upon enrollment. This document must be signed by the same enrolling parent/guardian whose name appears on the residency documents.

List A	List B
One of the following indicating name and address of enrolling parent /guardian will suffice to verify District of Columbia residency:	Two of the following indicating name and address of the enrolling parent/guardian will suffice to verify residency in the District of Columbia. The name and address must the same on both documents.
A pay stub issued within 45 days , with your DC address and DC tax withholding	Unexpired DC motor vehicle registration
Supplemental Security Income annual benefits notification	
Verification Letter and Military Housing orders; or DEERS statement	Unexpired DC motor vehicle operator’s permit or official non-driver identification
An embassy letter indicating embassy sponsored housing in DC with embassy seal affixed	
Proof of financial assistance from the DC Government	Unexpired lease or rental agreement with receipt of payment within two months
A copy of D-40 form certified by the DC office of Tax & Revenue form	
Proof that the child is a ward of the District of Columbia, in the form of a Court Order	One utility bill (only gas, electric and water bills are acceptable) with receipt of payment within two months.

For questions and guidance, please call DCPS Office of Student Enrollment and School Funding at 202-478-5738.

DCPS Home Language Survey (HLS) Form

Complete this Home Language Survey at the Student's initial enrollment in a DC Public School.

This form must be signed and dated by the Parent or Guardian. This form must be kept in the student's file.

School: _____	Student ID #: _____
Student's Last Name: _____	Student's First Name _____

<p>English</p> <ol style="list-style-type: none"> Is a language other than English spoken in your home? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ (specify language) Does your child communicate in a language other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ (specify language) What is your relationship to the child? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify) _____ <p>If the answer to question 1 or 2 is "Yes", the law requires your child's English language proficiency to be assessed.</p>	<p style="text-align: center; margin: 0;">REGISTRAR PROCESS:</p> <ul style="list-style-type: none"> If a parent/guardian does not speak English and your school does not have staff that speaks the parent/guardian's language, please use the Language Line for communication. If the HLS indicates a language other than English is spoken in the home, give the family the Referral Letter and refer the family to the Intake Center for assessment and orientation.
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<p>Español (Spanish)</p> <ol style="list-style-type: none"> ¿Se habla otro idioma que no sea el inglés en su casa? <input type="checkbox"/> No <input type="checkbox"/> Sí _____ (idioma) ¿Habla el estudiante un idioma que no sea el inglés? <input type="checkbox"/> No <input type="checkbox"/> Sí _____ (idioma) ¿Cuál es su relación con el estudiante? <input type="checkbox"/> Padre <input type="checkbox"/> Madre <input type="checkbox"/> Guardián <input type="checkbox"/> Otro (especifique) _____ <p>Si la respuesta a la pregunta 1 ó 2 es " Sí ", la ley requiere que se evalúe la fluidez de su hijo/a en el idioma inglés.</p>	<p>Français (French)</p> <ol style="list-style-type: none"> Parlez-vous une langue autre que l'anglais à la maison ? <input type="checkbox"/> Non <input type="checkbox"/> Oui _____ (spécifiez la langue) Votre enfant communique-t-il dans une langue autre que l'anglais ? <input type="checkbox"/> Non <input type="checkbox"/> Oui _____ (spécifiez la langue) Quel est votre relation avec l'enfant ? <input type="checkbox"/> Père <input type="checkbox"/> Mère <input type="checkbox"/> Tuteur <input type="checkbox"/> Autre (spécifiez) _____ <p>Si la réponse à la question 1 ou 2 est " Oui ", la loi exige que les compétences de votre enfant en anglais soit évaluées.</p>
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<p>中文 (Chinese)</p> <ol style="list-style-type: none"> 您家庭中是否使用不是英语的另外一种语言? <input type="checkbox"/> 否 <input type="checkbox"/> 是 _____ (请指明语言) 您的孩子会使用不是英语的另一种语言交流吗? <input type="checkbox"/> 不会 <input type="checkbox"/> 会 _____ (请指明语言) 您和孩子的关系是什么? <input type="checkbox"/> 父亲 <input type="checkbox"/> 母亲 <input type="checkbox"/> 监护人 <input type="checkbox"/> 其它(请指明) _____ <p>如果第一或第二项问题的答案为“是”，法律要求评估您孩子的英语熟练能力。</p>	<p>Tiếng Việt (Vietnamese)</p> <ol style="list-style-type: none"> Có ngôn ngữ nào khác ngoài tiếng Anh được nói ở nhà quý vị không? <input type="checkbox"/> Không <input type="checkbox"/> Có _____ (xin ghi rõ ngôn ngữ nào) Con em quý vị có nói một ngôn ngữ nào khác ngoài tiếng Anh không? <input type="checkbox"/> Không <input type="checkbox"/> Có _____ (xin ghi rõ ngôn ngữ nào) Xin cho biết liên hệ của quý vị với con em? <input type="checkbox"/> Cha <input type="checkbox"/> Mẹ <input type="checkbox"/> Giám hộ <input type="checkbox"/> Liên hệ khác (xin ghi rõ) <p>Nếu trả lời của câu hỏi 1 hoặc 2 là " Có ", luật lệ đòi hỏi con em quý vị phải được thăm định trình độ thông thạo Anh ngữ.</p>
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<p>አማርኛ (Amharic)</p> <ol style="list-style-type: none"> በቤትዎ ውስጥ ከእንግሊዘኛ ሌላ የሚነገር ቋንቋ ስለት? <input type="checkbox"/> የለም <input type="checkbox"/> አዎን _____ (ቋንቋውን ይጥቀሱ) ልጅዎ ከእንግሊዘኛ ሌላ የሚነገር ቋንቋ ስለት? <input type="checkbox"/> የለም <input type="checkbox"/> አዎን _____ (ቋንቋውን ይጥቀሱ) ለልጅዎ ስለት ዝምድና ምን ይደንበው? <input type="checkbox"/> አባት <input type="checkbox"/> አናት <input type="checkbox"/> አሳዳጊ <input type="checkbox"/> ሌላ _____ (ይገልጹ) <p>ስፕሶቱ 1 ወይም 2 መልስዎ "አዎን" ከሆነ፣ የልጅዎ የእንግሊዘኛ ቋንቋ ቅልጥፍና ችሎታው ደረጃ እንዲገምገም ህጉ ይዛል።</p>	<p>School Official's Comments:</p>
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Consent and Release for Students to be Filmed/ Photographed/ Interviewed and for Use of Image/Voice

I, _____ hereby irrevocably grant to District of Columbia Public Schools (DCPS) and the District of Columbia, their successors, and their assignees the right to record the image and/or voice and use the artwork and /or written work of my child, _____, on videotape, on film, in photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion.

I understand that my child’s full name, address and biographical information will not be made public. I further grant District of Columbia Public Schools (DCPS) and the District of Columbia, their successors, and their assignees the right to use, and to allow others to use, my child’s image and/or voice on the internet, in brochures, and in any other medium and hereby consent to such use.

I hereby release District of Columbia Public Schools (DCPS) and the District of Columbia, their successors, and their assignees and anyone using my child’s image and/or voice, artwork and/or written work pursuant to this release from any and all claims, damages, liabilities, costs and expenses which I or my child now have or may hereafter have by reason of any use thereof.

I understand that the provisions of this release are legally binding. (check one) I consent. I do not consent.

Parent/Guardian Name [Printed]

Signature of Parent/Legal Guardian or Student (if an adult) and Date

Right to Opt Out of Release of Information to Military Recruiters (Students in Grades 7–12)

Federal laws require that local education agencies (LEAs) such as DCPS provide military recruiters, upon request, with the name, address, and telephone number of all secondary students unless the parent/legal guardian of a student (or the student if an adult) has advised the LEA in writing that he/she does not want the student’s information disclosed without prior written consent. Such advisement by the parent/legal guardian (or adult student) must take place within 30 days of the notification of these rights, and may be done by checking one of the appropriate options below, signing this form and returning it to DCPS.

_____ As the parent/legal guardian for the child named below, I request that DCPS not release the name, address, and telephone number of my child to the Armed Services, military recruiters, service academies or military schools unless I separately consent to such release in writing.

_____ As an adult student (who has reached the age of 18), I request that DCPS not release my name, address, and telephone number to the Armed Services, military recruiters, service academies or military schools unless I separately consent to such release in writing.

Student’s Name Printed

Signature of Parent/Legal Guardian or Student (if an adult) and Date

Notice of Non-Discrimination In accordance with state and federal laws, the District of Columbia Public Schools does not discriminate on the basis of actual or perceived race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, family status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an interfamily offense, or place of residence or business. For the full text and additional information, visit <http://dcps.dc.gov/DCPS/About+DCPS/Human+Resources/Notice+of+Non-Discrimination>.

Please turn in the following forms to the **Registrar** at your child's school when you enroll your child. DC law requires that all students be current on immunizations to attend school. DC law also requires Universal Health Certificates for children enrolling in all grades and Oral Health Assessments for children in selected grades.

Form	Description	Required	Notes
Universal Health Certificate	Two-page form, and two-page instructions for your medical provider	Students enrolling in all grades (PK3-12 th).	<p>Have your child's physician or nurse practitioner complete the Universal Health Certificate.</p> <p>The Universal Health Certificate must document immunizations, tuberculosis assessment and physical completed within 365 days before the start of school. Every child less than six years of age must be tested twice for blood lead poisoning. Testing must be completed, regardless of exposure risk, and documented on Universal Health Certificate.</p> <p>If your child participates in athletics, the certificate will expire 365 days from the date of the exam listed on the form. To remain eligible for athletics, an updated Universal Health Certificate must be submitted to the school when a new physical occurs.</p> <p>(Need health insurance? You may qualify for Medicaid or subsidized health insurance. Visit https://dchealthlink.com for more information.)</p>
Immunization Documentation	Age-appropriate immunizations must be documented on the Universal Health Certificate. A one-page flier of required immunizations is included.	Students enrolling in all grades (PK3 – 12 th). After 10 days of school, students who have not submitted their immunizations will be excluded from classes and supervised separately.	<p>Please schedule a visit with your child's physician soon if your child's immunizations are not up to date. Some immunizations require more than one dose with return visits.</p> <p>If you have questions about DC's immunization requirements, please discuss them with your child's physician. You can also contact the DC Department of Health Immunization Division at 202-576-9325.</p>
Oral Health Assessment Form	One page	Students enrolling in all grades (PK3-12 th).	<p>Have your child's dentist complete this form.</p> <p>(Need dental insurance? You may qualify for Medicaid or subsidized health insurance. Visit https://dchealthlink.com for more information.)</p> <p>(Have Medicaid, but need help finding a dental provider or making an appointment? Call 1-866-758-6807 or visit http://www.insurekidsnow.gov/state/dc/district_oral.html)</p>
HPV Vaccine Opt-Out Form	Included is an HPV Vaccine Opt-Out form and an explanation of the vaccine (two pages)	Students in grades 6-11.	If you decide your child in grades 6-11 will not get the HPV vaccine, please turn in the HPV vaccine-refusal form. If you need to file an exemption for other vaccines, please contact your child's school nurse.
Medication Orders	<p>There are required forms in order for the school to meet your child's medication or medical intervention needs.</p> <p>You can get these forms from your school nurse or online at: www.dcps.dc.gov</p>	Students who need medication or medical intervention during the school day for asthma, allergies, diabetes, seizures, or other medical conditions. If this applies to your child, please speak with your principal and nurse about your child's physical health or behavioral health condition and intervention requirements.	<p>To ensure that your child's medication needs are met while at school, please refer to <i>Meeting Your Child's Medication and Treatment Needs at School</i>, for detailed information. This can be found at http://tinyurl.com/qhjbhms.</p> <p>Whenever possible, administer medications at home. If your child needs to take medication or requires medical treatment during school hours, please have your medical provider complete the appropriate forms – there's the Medication and Treatment Authorization Form, the Asthma Action Plan and the Action Plan for Anaphylaxis. These forms are available on the DCPS website at http://tinyurl.com/qzjsu6t and from your school's nurse. If you have any questions about which form is needed for your child, please speak with your school's nurse. If your child needs a dietary accommodation, your provider should also complete the Special Dietary Needs Form. This form is available on the DCPS website at http://tinyurl.com/kwf8386. Students allowed to self-administer medications for asthma, anaphylaxis, or diabetes while at school must also have a medication action plan signed by the student's parent or guardian, and physician.</p>

If you have any questions, please feel free to contact Diana Bruce, DCPS Director of Health and Wellness: 202-442-5103 or Diana.Bruce@dc.gov. You can find copies of these forms on the DCPS website.



District of Columbia Immunization Requirements¹

School Year 2015 – 2016



All students attending school in the District of Columbia must present proof of appropriately spaced immunizations by the first day of school.

A Child 2 years or older entering
Preschool or Head Start

- 4 Diphtheria/Tetanus/Pertussis (DTaP)
- 3 Polio
- 1 Varicella (chickenpox) – if no history of disease²
- 1 Measles, Mumps & Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A
- 3 or 4 Hib (Haemophilus Influenza Type B)³
- 4 PCV (Pneumococcal)

A student 4 years old entering
Pre-Kindergarten

- 5 Diphtheria/Tetanus/Pertussis (DTaP)
- 4 Polio
- 2 Varicella (chickenpox) – if no history of disease²
- 2 Measles, Mumps & Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A
- 3 or 4 Hib (Haemophilus Influenza Type B)³
- 4 PCV (Pneumococcal)

A student 5 – 10 years old entering
Kindergarten thru Fifth Grade

- 5 Diphtheria/Tetanus/Pertussis (DTaP)
- 4 Polio
- 2 Varicella (chickenpox) – if no history of disease²
- 2 Measles, Mumps & Rubella (MMR)
- 3 Hepatitis B
- 2 Hepatitis A (if born on or after 01/01/05)

A student 11 years & older entering
Sixth thru Twelfth Grade

- 5 Diphtheria/Tetanus/Pertussis (DTaP/Td)
- 1 Tdap
- 4 Polio
- 2 Varicella (chickenpox) – if no history of disease²
- 2 Measles, Mumps & Rubella (MMR)
- 3 Hepatitis B
- 1 Meningococcal
- 3 Human Papillomavirus Vaccine (HPV) – Students in grades 6 thru 12 or parent may sign approved vaccine refusal form available at www.doh.dc.gov

¹ At all ages and grades, the number of doses required varies by a child's age and how long ago they were vaccinated. Please check with your child's school nurse or health care provider for details.

² All Varicella/chickenpox disease histories MUST be verified/diagnosed by a health care provider (MD, NP, PA, RN) and documentation MUST include the month and year of disease.

³ The number of doses is determined by brand used.



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DISTRICT OF COLUMBIA UNIVERSAL HEALTH CERTIFICATE INSTRUCTIONS

This form *replaces all forms dated before February 24, 2009*. This District of Columbia Universal Health Certificate (DCUHC) will be used for entry into Child Care Facilities, Head Start and DC public, private and parochial schools.

Exception: It cannot be used to replace EPSDT forms or the Department of Health Oral Health Assessment Form. The DCUHC was developed by the DC Department of Health and follows the American Academy of Pediatrics (AAP) guidelines for child and adolescent preventive health care; from birth to 21 years of age. **This form is a confidential document**, consistent with the requirements of the *Health Insurance Portability and Accountability Act of 1996* (HIPAA) for health providers, and the *Family Educational Rights and Privacy Act of 1974* (FERPA) for educational institutions.

General Instructions: Please use a black ball point pen when completing this form.

Part 1: Child's Personal Information:

Parent or Guardian: Please complete all of your child's personal information including the child's last name, first and middle name, date of birth and gender. Also include your name, phone number, home address, the ward in which the address is located, and the name and phone number of an emergency contact in case you cannot be reached. Provide the name of the school or child care facility. Check the box that describes your child's type of health insurance coverage. If the child's type of insurance coverage is not listed, check "other" and write the type of coverage in the space provided. Write the name of your child's primary care provider (doctor). If your child does not have a primary care provider, write "none" in the space provided. **This form will not be complete without the parent or guardian's signature in Part 5.**

Part 2: Child's Health History, Examination & Recommendations: (To be completed by the health care provider).

 Please mark all relevant boxes.

- **Date of Health Exam:** All children must have a physical examination by a physician or certified nurse practitioner as per the AAP Guidelines. The date entered here must indicate the date of the examination.
- **WT:** Child's weight in either pounds (LBS) or kilograms (KG); **HT:** Child's height in either inches (IN) or centimeters (CM).
- **BP:** If a child is three years of age or older, write the blood pressure value in the box and check if normal or abnormal. If abnormal, provide an explanation and resolution in Part 2: Section A.
- **Body Mass Index (BMI):** If the child is 2 years of age or older, the BMI has to be calculated and recorded inclusive of percentile.
- **HGB/HCT:** Hemoglobin (HGB) or Hematocrit (HCT) is **required for Head Start children**. Also, anemia screening is recommended for menstruating adolescents based on AAP guidelines. Please record blood level and indicate which test was performed by circling HGB, HCT or both.
- **HEALTH CONCERNS:** The health care provider must perform the following health screens: asthma, seizure, diabetes, language, developmental/behavioral and other disorders that may require special health care needs." For any of the health screens where there are "HEALTH CONCERNS," the health care provider must check the box indicating that the proper referral has been made or the child is currently being treated (Rx) for the concern. If there are NO/NONE "HEALTH CONCERNS", then check the "NO" or None" box in each health screening area.
- **SPECIAL NOTE:** "Annual Dentist Visit" – for children three years of age and older, the health care provider must indicate whether a dentist has screened or examined the child within the last 12 months. If "No", the child should be referred to a dentist.
- **A:** Please note any significant health history, conditions, communicable illness and restrictions that may affect the child's ability to perform in a school-related activity or program or mark "NONE".
- **B:** Please note any significant allergies that may require *emergency medical care* at a school-related activity or program or mark "NONE".
- **C:** Please note any long-term medications, over-the-counter drugs or special care requirements at a school-related activity or program or mark "NONE".
- **SPECIAL NOTE:** Please note any medications or treatments required at a school-related activity or program in Part 2: Section C and complete a Physician's Medication Authorization Order and attached it to the health certificate.

Part 3: Tuberculosis & Lead Exposure Risk Assessment & Testing:

- **TUBERCULOSIS (TB) RISK ASSESSMENT:** Perform risk assessment for TB as defined by the *AAP Tuberculin Skin Test Recommendations for Infants, Children and Adolescents in the 2006 AAP RED BOOK, 27th Ed., page 682*. Current DC regulations require one TST (Tuberculin Skin Test) for all children entering child care or school; whichever comes first. TST is also required for all children who are assessed as **HIGH RISK OF EXPOSURE**. Please note the test and mark the test outcome (negative or positive). **If the TST is positive**, then mark the chest X-Ray outcome (CXR) and whether the child was treated. **All positive TSTs must be reported to the DC T.B. Control Program on 202-698-4040.**
- **LEAD EXPOSURE RISKS:** DC law requires that all children are tested between 6 and 14 months of age and again between 22 and 26 months. DC law also requires that if a child is more than 26 months old and has not yet been tested for lead exposure, that child must be screened twice prior to age 6. Please document both the "Date" and "Result" of most recent lead test. Please indicate if "Pending." "Pending" results will be **valid for two months from date of testing** and will not exclude a child from school-related activity or program. **ALL lead tests must be reported electronically by labs to the DC Childhood Lead Poisoning Prevention Program. For detailed instructions, call 202-654-6036/6037. Providers may fax results to: 202-481-3770.**

Part 4: Required Provider (physician or nurse practitioner) Certification and Signature:

The provider will respond by marking "Yes" or "No" to the following statements:

The child was appropriately examined with a review of the health history;

The child is cleared for competitive sports (based on the assessment and consistent with the AAP Pre-participation Physical Evaluation 2nd Ed. (1997); and The child has received age-appropriate screenings (in accordance with AAP and EPSDT guidelines) within the current year. If "No" is marked, explain the reason in the space provided. All information will be kept confidential.

Part 5: Required Parent/Guardian Signatures. (Release of Health Information).

The parent or guardian must print their name; provide a signature and the date. By signing this section the parent or guardian gives permission to the health provider to share the health information on this form with the child's school, child care facility, camp or appropriate DC Government agency.

DISTRICT OF COLUMBIA UNIVERSAL HEALTH CERTIFICATE

Part 6: IMMUNIZATION INFORMATION

General Instructions: Please use black ball point pen when completing form

Child/Student Personal Information: Print clearly child/students last name, first name, and middle name/initial. Enter date of birth as mm/dd/yr. Indicate sex of child/student by checking female or male. Indicate name of school or child care facility child attends.

Section 1: Immunization Information – Enter clearly date (mm/dd/yy) vaccine(s) administered or attach equivalent copy with provider’s signature and date. As required by D.C. Law 3-20, “Immunization of School Students Act of 1979” and DCMR Title 22, Chapter 1 (revised May 2, 2008), the following immunizations are required.

Instructions: Find the age of the child/student in the column labeled “Child’s Current Age”. Read across the row for each required vaccine. The number in the box is the number of doses required for that vaccine based on the CURRENT age or grade level of the child. The age range in the column does not mean that the child has until the highest age in that range to meet compliance. Any child whose age falls within that range must have received the required number of doses based on his/her CURRENT age in order to be in compliance.

Vaccine types and dosage numbers required for children enrolled in Child Care Programs ^{1,2}										
Child’s Current Age	DTaP/DTP/DT	Polio	Hib ⁷	MMR ⁸	Varicella ⁹ (Chickenpox)	Hepatitis B ¹⁰	Hepatitis A ¹¹	Pneumococcal Conjugate ¹²	Meningococcal	Human Papillomavirus (HPV)
Less than 2 months	0	0	0	0	0	1	0	0	0	0
2 – 3 months	1	1	1	0	0	1	0	1	0	0
4 – 5 months	2	2	2	0	0	2	0	2	0	0
6 – 11 months	3	3	2 / 3	0	0	3	0	3	0	0
12 – 14 months	3	3	3 / 4	1	1	3	1	4	0	0
15 – 23 months	4	3	3 / 4	1	1	3	1	4	0	0
24 – 47 months	4	3	3 / 4	1	1	3	2	4	0	0
48 – 59 months	5 ³	4 ⁶	3 / 4	2	2	3	2	4	0	0
Vaccine types and dosage numbers required for children enrolled in Public, Charter, Parochial and Private Schools ^{1,2}										
Grade Level	DTaP/DTP/DT/ Td/Tdap	Polio ⁶	Hib	MMR ⁸	Varicella ⁹ (Chickenpox)	Hepatitis B ¹⁰	Hepatitis A ¹¹	Pneumococcal Conjugate	Meningococcal ¹³	Human Papillomavirus ¹⁴ (HPV)
Grade (Ungraded)										
Grades K – 5 (5 – 10 yrs)	5 ^{3,4}	4	0	2	2	3	2	0	0	0
Grades 6 - 12 (11 – 18+ yrs)	6 ^{4,5}	4	0	2	2	3	2	0	1	3

¹**Spacing:** Doses must be appropriately spaced and given at appropriate age. Vaccine doses administered up to 4 days before minimum interval or age are counted as valid. Exception: Two live virus vaccines that are not administered on same day, must be separated by a minimum of 28 days.

²**Exemptions:** Medical exemptions from immunizations may be granted for valid reasons with proper documentation from health care provider (Section 2). Blood titers may be obtained in lieu of immunizations (Section 3). A copy of the lab report must be submitted to school/child care facility. Documentation for religious exemptions must be submitted by parent/guardian to the school/child care facility.

³**DTP/DTaP:** Five (5) doses of DTP/DTaP are required at 4 years of age for school entry unless 4th dose was given on or after the 4th birthday. Interval between dose 4 and dose 5 of DTP/DTaP must be 6 months.

⁴**Td/Tdap:** Three (3) doses of Td required if primary series started after 7th birthday. If ≥ 11 years old, one of three doses must be tetanus, diphtheria, and pertussis (Tdap) vaccine dose. Tdap booster required five years after last dose of tetanus, diphtheria-containing vaccine. Td booster required every 10 years.

⁵**Tdap:** Student must meet the minimum prior requirement for the 4th or 5th doses of DTP/DTaP vaccine and have one (1) dose of Tdap.

⁶**Polio:** Four doses are required at age 4 for school entry, unless the third dose of an all-IPV or all-OPV schedule is given on or after the 4th birthday, in which only 3 doses are needed. However, if the sequential or mixed IPV/OPV schedule was used, four doses are required to complete the primary series. Polio is not routinely given for students ≥ 18 years of age.

⁷**HIB:** The number of primary doses is determined by vaccine product and age the series begins. The last dose of Hib must be administered on or after 12 months of age, however, if only one (1) dose is given, it must be administered on or after 15 months of age. The vaccine is not required for students 5 years of age and older.

⁸**MMR:** Second dose required at 4 years of age. First dose must be given on or after the first birthday. Second dose may be given one month after the first dose. MMR and Varicella must be given on the same day or separated by 28 days.

⁹**Varicella:** Second dose required at 4 years of age. First dose must be given on or after the first birthday. If first dose given between 12 months and 12 years of age, second dose is given 3 months after first dose; if first dose is given at ≥ 13 years, 2nd dose may be given one month after first dose. The Varicella vaccine is not required for a student who has a history of chickenpox verified by a primary care provider and includes the month and year of disease.

¹⁰**Hepatitis B:** If monovalent hepatitis B vaccine is given in conjunction with a combination vaccine, i.e. DTaP-IPV-Hepatitis B, four doses of hepatitis B is acceptable; however, dose 3 or 4 must be given at age 24 weeks or later and at least 8 weeks after the previous dose. If monovalent hepatitis B vaccine is administered, dose 3 must be given at least 16 weeks after dose one and at least 8 weeks after dose 2. For students 11-15 years old, a clearly documented 2-dose adult hepatitis B vaccine (Recombivax) is acceptable.

¹¹**Hepatitis A:** Required for students born on or after January 1, 2005.

¹²**Pneumococcal:** The number of pneumococcal doses required depends on the student’s current age and the age when the first dose was administered. Administer 1 dose to healthy children aged 24 through 59 months who are not completely vaccinated for their age. The vaccine is not required for students 5 years of age and older.

¹³**Meningococcal:** Required at age 11 years of age and older.

¹⁴**HPV:** Required for students entering the sixth grade for the first time. Information concerning human papillomavirus (HPV) and the HPV vaccine must be provided to parent/guardian or student. A parent/guardian may sign a form approved by the Department of Health to “Opt-Out”.

Section 2: Medical Exemption – Complete this section if there exist a medical contraindication which prevents the child from receiving one or more immunizations in a timely manner consistent with D.C. Law 3-20 & ACIP recommendations. Check all contraindicated vaccines and provide a reason for contraindication. If the medical exemption is permanent, check appropriate space. If medical exemption is temporary, check the appropriate space and enter the date it expires. Medical provider must sign, print name or stamp and date this section.

Section 3: Alternative Proof of Immunity – Complete this section if blood titers are used to show proof of immunity. Check vaccine(s) which blood titer were obtained. Attach a copy of the titer results. Medical provider must sign, print name or stamp and date this section.

District of Columbia Oral Health (Dental Provider) Assessment Form

Parent/Guardian Instructions:

Part 1: Please complete all sections including child's race or ethnicity. Please indicate the ward of your home address, list primary care provider, dental provider, and type of dental insurance. If the child has no dental provider and is uninsured, then please write "None" in each box.

Part 2: By signing this section the parent or guardian gives permission to the dentist or facility to share the oral health information on this form with the child's school, childcare, camp, Department of Health, or the entity representing this document. All information will be kept confidential. **This form will not be completed without parent/guardian signature. The parent/guardian must sign, print and date this part.**



Part 1: Child's Personal Information (to be completed by the parent/guardian)

Child's Last Name:	Child's First & Middle Name:	Date of Birth: MM/DD/YYYY	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	School or Child Care facility: Grade:
Parent/Guardian Name 1:	Telephone 1: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Home Address:		Ward:
Parent/Guardian Name 2:	Telephone 2: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Emergency Contact:		Telephone:
Race Ethnicity: <input type="checkbox"/> White Non-Hispanic <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asia or Pacific Islander <input type="checkbox"/> Other				
Primary Care Provider (Medical):	Dentist/Dental Provider:	Type of Dental Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other		

Part 2: Required Parent/Guardian Signatures

Parent/Guardian Release of Health Information.

I give permission to the signing health examiner or facility to share the health information on this form with my child's school, childcare, camp, or Department of Health.

PRINT NAME of parent/guardian:	SIGNATURE of parent/guardian:	Date:
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Dental Provider Instructions:

Part 3: Circle Yes or No in findings column. For Yes, please explain in Comments Section.

Part 4: Indicate whether the child has been appropriately examined and if treatment is complete. If treatment is incomplete, refer patient for follow up care. Dentist must sign, date, and provide required information.

Part 3: Child's Findings and Parent Recommendations (please indicate in findings column)

CONFIDENTIAL FORM

	Findings	Comments
Gingival inflammation	Y N	
Plaque and/or calculus	Y N	
Abnormal gingival attachments	Y N	
Malocclusion	Y N	
Treated Dental Caries	Y N	
Untreated dental caries	Y N	<input type="checkbox"/> Check box if Urgent
Sealants on permanent molars	Y N	
Cleft lip and palate	Y N	
Preventative services completed	Y N	What kinds of preventative services were completed? <input type="checkbox"/> Prophy <input type="checkbox"/> Fluoride <input type="checkbox"/> Oral Hygiene

Part 4: Final Evaluation/Required Dental Provider Signatures

This child has been appropriately examined. Treatment <input type="checkbox"/> is completed <input type="checkbox"/> is not completed <input type="checkbox"/> under treatment <input type="checkbox"/> refused treatment <input type="checkbox"/> not necessary. The child has ongoing <input type="checkbox"/> urgent <input type="checkbox"/> non-urgent treatment needs and is under treatment by me or <input type="checkbox"/> has been referred to:			
DDS/DMD Signature:	Print Name:		
Address:	Fax:	Phone:	Date:

District of Columbia Health Certificate:

This Form replaces the previous version of the District of Columbia Oral Health (Dental Provider) Assessment Form used for entry into DC Schools, all Head Start programs, Childcare providers, camps, all school programs, sports or athletic participation, or any other District of Columbia activity requiring a physical examination. The form was approved by the DC Department of Health and follows the American Academy of Pediatric Dentistry (AAPD) Guidelines on Mandatory School-Entrance Oral Health Examination. AAPD recommends that a child be given an oral health exam within 6 months of eruption of the child's first tooth and no later than his or her first birthday. The DC Department of Health recommends that children 3 years of age and older have an oral health examination performed by a licensed dentist and have the DC Oral Health Assessment Form completed. This form is a confidential document. Confidentiality is adherent to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) for the health providers, and the Family Education Rights and Privacy Act (FERPA) for the DC Schools and other providers.

Notification of Rights Under the Protection of Pupil Rights Amendment (PPRA)

This notice informs parents/guardians and eligible students (emancipated minors or those 18 or older) of their rights regarding the conduct of surveys, the collection and use of information for marketing purposes, and the conduct of certain physical exams. These rights are spelled out in the *Protection of Pupil Rights Amendment* (20 U.S.C. § 1232h; 34 CFR Part 98). The law and regulations require educational institutions, such as the District of Columbia Public Schools (DCPS) to notify parents and eligible students of their right to:

1. *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education (USDE):
 - Political affiliations or beliefs of the student or student’s parent;
 - Mental or psychological problems of the student or student’s family;
 - Sexual behavior or attitudes;
 - Illegal, antisocial, self-incriminating, or demeaning behavior;
 - Critical appraisals of others with whom respondents have close family relationships;
 - Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
 - Religious practices, affiliations, or beliefs of the student or parents; and
 - Income, other than as required by law to determine program eligibility.
2. *Receive notice and an opportunity to opt a student out of—*
 - Any other protected information survey, regardless of funding;
 - Any nonemergency, invasive physical exam or screening required as a condition of attendance administered by the school or its agent and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screening, or any physical exam or screening permitted or required under state law; and
 - Any activities involving collection, disclosure, or use of personal information collected from students for marketing or to sell or otherwise distribute the information to others. (This does not apply to the collection, disclosure, or use of personal information collected from students for the exclusive purpose of developing, evaluating, or providing educational products or services for, or to, students or educational institutions.)
3. *Receive notice* of a parent’s right to inspect, upon request and before administration or usage of—
 - Protected information surveys of students and surveys created by a third party;
 - Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
 - Instructional material used as part of the educational curriculum.

DCPS has developed and adopted policies regarding these rights, as well as arrangements to protect student privacy in the administration of protected surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. In addition, DCPS provides public access to its Survey Calendar, which notifies parents and eligible students, at the beginning of each school year and on a continuing basis, of the specific or approximate dates of the following activities (along with an opportunity to opt a student out of participating in the activity)—

- Collection, disclosure, or use of personal information for marketing, sales, or other distribution;
- Administration of any protected information survey not funded in whole or in part by USDE; and
- Any nonemergency, invasive physical examination or screening as defined above.

The DCPS policies related to PPRA rights, as well as the Survey Calendar, can be accessed by visiting the following website: <http://dcps.dc.gov/DCPS/About+DCPS/Contact+Us/Research+Request/Research+Requests>. In addition, parents/guardians and eligible students may also contact their neighborhood school for DCPS policies related to PPRA rights and the Survey Calendar.

Parents/guardians and eligible students who believe their rights have been violated may file a complaint with the—

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605



Notification of Rights under FERPA

The Family Educational Rights and Privacy Act (FERPA) affords parents and students age 18 or older (“eligible students”) certain rights with respect to the student’s education records.

(1) The right to inspect and review the student's education records within 45 days of the day the District of Columbia Public Schools (DCPS) receives a request for access. Parents or eligible students should submit to the school principal a written request that identifies the record(s) they wish to inspect. The school principal or other appropriate school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request amendment of the student’s education records that the parent or eligible student believes are inaccurate, misleading or otherwise in violation of the student’s privacy rights under FERPA. Parents or eligible students may write the school principal, clearly identify the part of the record they want changed, and specify why it should be changed. If DCPS decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to consent (in writing) to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. For example, FERPA authorizes disclosure without consent to school officials whom DCPS has determined to have legitimate educational interests. A school official is a person employed by DCPS as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person or company with whom DCPS has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); an official of another school system where a student seeks or intends to enroll, or where the student is already enrolled; or a parent, student or other volunteer serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

(4) The right to withhold disclosure of directory information. At its discretion, DCPS may disclose basic “directory information” that is generally not considered harmful or an invasion of privacy without the consent of parents or eligible students in accordance with the provisions of District law and FERPA. Directory information includes:

- | | |
|---|---|
| A. Student Name | F. Weight and Height of Members of Athletic Teams |
| B. Student Address | G. Diplomas and Awards Received |
| C. Student Telephone Listing | H. Student’s Date and Place of Birth |
| D. Name of School Attending | I. Names of Schools Previously Attended |
| E. Participation in Officially Recognized Activities and Sports | J. Dates of Attendance |

Parents or eligible students may instruct DCPS to withhold any or all of the information identified above (i) by completing the attached “Release of Student Directory Information” Form (also available at www.dcps.dc.gov/enroll or your local school).

(5) The right to file a complaint with the U.S. Department of Education concerning alleged failures by DCPS to comply with the requirements of FERPA. The name and address of the office that administers FERPA are: Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Ave. SW, Washington, DC 20202.

DCPS speaks your language!

It's our job to meet your language needs through the following services:

- Preferred language parent options included with your child's enrollment forms on the home language survey.
- The enrollment packet includes all documents in English. . For translation of all enrollment forms in other languages, please contact your child's school or visit dcps.dc.gov/enroll.
- Language line. We can connect you to a phone interpretation line by simply pointing and showing us your language preference on our "point chart." The language line provides immediate interpretation services. Please contact your child's school to access these services.
- In-person interpretation for important parent meetings.

If you have issues in receiving your language services or have any questions, please contact the Language Acquisition Division at 202-671-0750.

¡Las Escuelas Públicas de DC (EPDC) hablan su idioma!

Nuestro trabajo es satisfacer sus necesidades lingüísticas a través de los siguientes servicios:

- Opciones de los padres sobre su preferencia de idioma en los formularios de inscripción incluidos en la encuesta del idioma materno.
- El paquete de inscripción incluye todos los documentos en inglés. Para las traducciones de todos los formularios de inscripción en otros idiomas, por favor comuníquese con la escuela de su hijo/a o visite dcps.dc.gov/enroll
- La Línea de Idiomas. Podemos comunicarle con la línea telefónica de interpretación con que usted nos señale el idioma que habla en nuestra "tarjeta de idiomas". La línea de idiomas proporciona servicios de interpretación de manera inmediata. Comuníquese con la escuela de su hijo/a para tener acceso a estos servicios.
- Un intérprete en persona para reuniones de padres importantes.

Si tiene algún problema para obtener servicios en su idioma o tiene alguna pregunta, comuníquese con la División de Adquisición de Lenguaje al 202-671-0750.

DCPS parle votre langue !

Il est de notre devoir de satisfaire vos besoins linguistiques au travers des services suivants :

Options de langue préférée dans les formulaires d'inscription de votre enfant et l'enquête sur les langues parlées à la maison.

- Service d'interprétation fourni par les employés. Si l'un de nos employés parle votre langue, il peut faciliter votre visite en traduisant sur place.
- Service d'interprétation par téléphone. S'il n'y a personne pour traduire, nous pouvons vous connecter au service d'interprétation par téléphone en indiquant simplement votre langue préférée sur notre graphique de langues. Vous pouvez ainsi accéder à des services d'interprétation immédiats. Veuillez contacter l'école de votre enfant pour accéder à ces services.
- Traduction des documents importants dans votre langue.
- Interprétation en personne pour les réunions importantes avec les parents.

Si nous ne satisfaisons pas vos droits, n'hésitez pas de nous le rappeler ! Vous pouvez :

- Montrer une carte « Je parle » délivrée par le gouvernement à un employé de DCPS. Cela nous permet de connaître votre langue préférée et de savoir que nous devons vous aider.
- Sélectionnez votre langue dans le graphique de langues et utilisez le service d'interprétation par téléphone pour effectuer une traduction sur place ou d'autres demandes (par ex., la traduction de documents ou l'interprétation en personne).

Si vous rencontrez des problèmes pour recevoir vos services linguistiques ou si vous avez des questions, veuillez contacter la Division de l'acquisition des langues au 202-671-0750.

华府公立学校讲述您的语言!

通过以下服务满足您的语言需求是我们的工作:

- 您孩子的注册表和语言调查表上家长的首选语言选项。
- 注册信息包含有英文版的所有文件。想要获得所有注册表格的其他语言的翻译件, 请联系您孩子的学校或访问 dcps.dc.gov/enroll。
- 语言热线 (Language Line)。您只需在“语言指认表 (Point Chart)” 上指出和向我们显示您的首选语言, 我们便将您与翻译热线连接。语言热线提供同声翻译服务。请与您孩子的学校联系以使用这些服务。
- 为重要的家长会提供面对面的翻译服务。

如果您在接受语言服务的过程中遇到困难或有任何疑问, 请致电 202-671-0750 联系语言习得处 (Language Acquisition Division)。

ዲስፐኒሽን ቀንቋዎን ይናገራል!

በሚከተሉት አገልግሎቶች አማካይነት የቋንቋ ፍላጎቶችዎን ማርካት ተግባራችን ነው፤

- በልጅዎ የምዝገባ ቅጽ ላይ እና በቤት ስለሚነገር ቀንቋ አሰሳ መጠይቅ ላይ ተካቶ በቀረበው በሚመርጡት የወላጅ የቋንቋ አማራጭ።
- የምዝገባው አቃፊ መረጃዎቹን ሁሉ በእንጊሊዘኛ ቋንቋ ያቀርባል። የሌሎች መመዝገቢያ ቅጾች መረጃዎች ትርጉሞችን ሁሉ ለማግኘት እባክዎን dcps.dc.gov/enroll ን ይቃኙ።
- የኢንተርኔት የቋንቋ አገልግሎት (Language line). ምርጫዎ የሆነው ቋንቋ በ “point chart” (አመልካች ሠሌዳችን) ላይ ጠቁሞ በማመልከት በቀላሉ በስልክ በሚካሄድ የትርጉም አገልግሎት ጋር እናገናኝዎታለን። የኢንተርኔት የቋንቋ አገልግሎት (Language line) ፈጣን የሆነ የትርጉም አገልግሎቶች ይሰጣል። በእነዚህ አገልግሎቶች ለመጠቀም እባክዎን የልጅዎን ትምህርት ቤት ያነጋግሩ።
- በጣም ጠቃሚ በሆኑ የወላጅ ስብሰባዎች ላይ በአካል ተገኝተን የትርጉም አገልግሎት እንሰጣለን።

በቋንቋዎ አማካኝነት አገልግሎቶች የማግኘት ችግር ከገጠምዎት ወይም የሆኑ ጥያቄዎች ካሉዎት፣ እባክዎን Language Acquisition Division (የቋንቋ ትምህርት ዋና ክፍልን) በ 202-671-0750 ደውለው ያነጋግሩ።

DCPS nói ngôn ngữ của quý vị!

Đây là công việc của chúng tôi để đáp ứng với nhu cầu ngôn ngữ của quý vị qua các dịch vụ sau đây:

- Phụ huynh được tùy ý chọn ngôn ngữ muốn sử dụng trong bản thăm dò ngôn ngữ dùng ở nhà, có trong tập đơn ghi tên học cho con em.
- Tập đơn ghi tên học cho con em bằng tiếng Anh. Xin liên lạc với trường học con em để có bản dịch tất cả các mẫu đơn ghi tên học bằng các ngôn ngữ khác hoặc vào trang mạng dcps.dc.gov/enroll.
- Đường dây Ngôn ngữ. Chúng tôi có thể kết nối quý vị với đường dây điện thoại thông dịch bằng cách đơn giản là chỉ vào bảng “chỉ tay” cho chúng tôi biết được ngôn ngữ quý vị muốn sử dụng. Đường dây điện thoại ngôn ngữ sẽ cung ứng các dịch vụ dịch thuật ngay lập tức cho quý vị. Xin liên lạc với trường học con em để sử dụng dịch vụ này.
- Có thông dịch viên trực tiếp cho quý vị trong các buổi họp phụ huynh quan trọng.

Trường hợp quý vị có vấn đề gì trong việc yêu cầu dịch vụ thông dịch, hoặc có bất kỳ câu hỏi nào, xin liên lạc với Ban Lãnh Hội Ngôn Ngữ (Language Acquisition Division), số 202-671-0750.