

## Enrollment Requirements Checklist

Welcome to Rocketship Public Schools. To enroll your child(ren), complete the following documents:

- **Online registration available**
- **Student Information** (Page 1)
- **Media Release** (Page 2)
- **Health Appraisal** (Page 3)
- **Child Find Query & Consent for Screenings** (Page 4)
- **Student Emergency Contact Information** (Page 5)
- **Student Records Request** (Page 6)

**Required to complete enrollment:**

- **Birth certificate (mandatory)** -- OR baptismal Certificate, passport, Hospital Record. *Please note – if the document does not contain the parent/guardian name, additional guardianship verification is required. Some examples of verification are:*
  - Adoption decree
  - Court order of legal guardianship/custody
  - Letter of documentation from the Department of Human Services indicating guardianship
  - Letter of documentation of foster care placement
- [DC Universal Health Certificate Form \(mandatory\)](#)
- [DC Oral Health Assessment Form \(mandatory\)](#)
- [OSSE Home Language Survey \(mandatory\)](#)
- **MSDC Enrollment Form**

### **Proof of DC Residency & DC Residency Verification Form (MANDATORY)**

- **Current photo ID** (one of the following for the purposes of verifying identity only, not residency) – examples include DC Driver’s License or identification card, valid passport, consulate issued photo identification, Military identification, or other government issued picture identification.
- **Verification of residence** (One of the following):
  - Pay stubs (within 45 days).
  - Unexpired official documentation of DC Government financial assistance (TANF, SNAP etc...)
  - Certified copy of DC Tax Form-D40.
  - Military housing orders.
  - Embassy letter.

**OR - Two of the following items with matching names and addresses:**

- Unexpired DC motor vehicle registration.
- Unexpired DC driver’s license or non-driver ID.
- Rental/lease agreement with parent/guardian’s name and address, with separate proof of payment.
- Utility bill with separate proof of payment

**Additional documentation** (if applicable)

- **Most recent Individualized Education Plan (IEP) or 504 Plan**, if applicable
- [Medication Administration Form](#) (if applicable, request one at the front office)
- [Physician Food Allergy Accommodation form](#) (if applicable, request one at the front office)
- **Withdrawal form** (from previous school with transcript that shows current grade level)

**Student Information**

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Gender: Male Female

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_ Ward: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth Country: \_\_\_\_\_

Was student born outside of US?  Yes  No If YES, please answer next three questions.

1. Date 1st entered U.S. \_\_\_\_\_ 2. Date 1st entered U.S. School \_\_\_\_\_ 3. Date 1st entered DC School \_\_\_\_\_

Student Ethnicity: Hispanic Not Hispanic  
Race (check one or more): Black/African American Asian White American Indian/Alaska Native  
Native Hawaiian/Pacific Islander

*Previous School Information*

Which Early Childhood (ages 0-3) program did your child attend? (PK3/PK4 Only) \_\_\_\_\_

Previous School: \_\_\_\_\_

Guardian(s) Communication Language: \_\_\_\_\_

Please note what will be your child's most likely form of transportation?

Car Rider  Walker  Rocketbooster! (Before/After Care)/Other

Student lives with:  Mother  Father  Both Parents  Mother&Steparent  Father&Steparent  Legal Guard

Is Parent/Legal Guardian active Military: Yes No

**Guardian 1 Information**

Check Relationship to Student ( Mother Father Stepparent Foster Parent Ward of State Other )

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Home# \_\_\_\_\_

Mobile# \_\_\_\_\_ Email : \_\_\_\_\_

**Guardian 2 Information**

Check Relationship to Student ( Mother Father Stepparent Foster Parent Ward of State Other )

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Home# \_\_\_\_\_

Mobile# \_\_\_\_\_ Email : \_\_\_\_\_

Type of Dwelling: Single Family (House, Condo, Mobile) Double-Up (Economical reasons)

Unsheltered (Car/Campsite) Motel/Hotel  Shelter (Transitional Housing Program)

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Media Release

Rocketship Public Schools is proud of the many accomplishments of our students and staff. Often, such accomplishments draw the attention of newspapers, television stations, or other media who visit our schools to photograph, videotape, and/or interview students and staff during various activities. In addition, we often use pictures of our students in Rocketship Public Schools publications and website.

For your child's privacy, we must know whether or not you want your child to be photographed, videotaped, or interviewed by the news, media, and videographers or for the school's publications.

**YES: I DO GIVE PERMISSION** for my child to be photographed, videotaped, or interviewed by the news and/or media for any reason and for Rocketship Public Schools to use my child's photograph, name, words and work product in school and Rocketship Public Schools publications, websites, and other marketing materials.

**NO: I DO NOT GIVE PERMISSION** for my child to be photographed, videotaped, or interviewed by the news and/or media for any reason. Nor do I give my permission for Rocketship Public Schools to use my child's photograph, name, words and work product in school and Rocketship Public Schools publications, websites, and other marketing materials.  
*Note: I understand this media release refusal does not apply to classroom displays or yearbooks.*

***I / We the undersigned declare under penalty of perjury that we are the parents or legal guardians of the above-named student and grant the above authorizations.***

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Health Appraisal

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Universal Health Certificate Examination Date:** \_\_\_\_\_ (Please provide school with a copy)

Student Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Student Dentist: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Covered by Medicaid?  Yes  No If Yes, Medicaid Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Student Health Insurance?  Yes  No If Yes, Group ID#: \_\_\_\_\_ Medical# \_\_\_\_\_

Allergies:  Yes  No Asthma:  Yes  No Diabetes:  Yes  No Heart Condition:  Yes  No

Seizures:  Yes  No Hearing Problem:  Yes  No Physical Limitations:  Yes  No Vision Problem:  Yes  No

Breathing Problem (Due to bee stings):  Yes  No Other:  Yes  No

If you answered YES to any above, explain: \_\_\_\_\_

\_\_\_\_\_

Food Allergies/Dietary Restrictions? (If yes, complete the Physician food allergy accommodation form)

\_\_\_\_\_

\_\_\_\_\_

Is medication required at school?  Yes  No (If yes, complete "medication administration form" signed by physician, make request)

Medication #1: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Taken at school:  Yes  No

Medication #2: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Taken at school:  Yes  No

Medication #3: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ Taken at school:  Yes  No

*I / We the undersigned declare under penalty of perjury that we are the parents or legal guardians of the above-named student and grant the above authorizations.*

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child Query Form/Consent for Screenings

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Does your child have an active Individualized Education Program (IEP)?

Yes (Provide copy to school)  No

Does your child have a recent evaluation that was completed for possible special education services?

YES (Provide copy to school)  No

Does your child have a 504 plan?

Yes (Provide copy to school)  No

Did your child receive special education services when he/she was enrolled in his/her previous home/private school?

Yes  No

If YES to any of the questions above, please provide further details: \_\_\_\_\_

\_\_\_\_\_

Do you have any other concerns you'd like to discuss?  Yes  No

If YES, Please explain: \_\_\_\_\_

***Please provide all copies related to Special Education Section upon enrollment.***

### Consent for Screenings (K - 5)

Rocketship Public Schools will be providing vision and hearing screenings to students during the school year. These screenings will be conducted during the school day. The results of the screenings will be sent home for you to review. These screenings do not replace the regular vision screenings provided by your child's health care provider. Do you give your consent for your child to participate in these screenings?

**YES: I DO GIVE PERMISSION** for my child to be screened.

**NO: I DO NOT GIVE PERMISSION** for my child to be screened.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Emergency Contact Information

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender:  Male  Female

Are there **custody issues/court order** documents involving this student?  Yes  No (If yes, **bring copy with packet**)

### *Emergency Contact 1*

Relationship to Student: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone 1 # \_\_\_\_\_ Phone 2# \_\_\_\_\_

### *Emergency Contact 2*

Relationship to Student: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone 1 # \_\_\_\_\_ Phone 2# \_\_\_\_\_

### *Emergency Contact 3*

Relationship to Student: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone 1 # \_\_\_\_\_ Phone 2# \_\_\_\_\_

### *Emergency Contact 4*

Relationship to Student: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone 1 # \_\_\_\_\_ Phone 2# \_\_\_\_\_

### *Emergency Contact 5*

Relationship to Student: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone 1 # \_\_\_\_\_ Phone 2# \_\_\_\_\_

**MEDICAL CONDITIONS:** Please list **any and all medical conditions** that your school should be aware of:

I/we hereby give authorization and consent to the school to obtain emergency medical care including all necessary transportation should there be a medical emergency for this student on school grounds. I/we declare that all the information on this form is true and correct.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Request for Student Records

This form is required of all students who will be entering K-5th grades and kinder students who attended a district pre-school.

Please send all records and files for the following student. Please include all health records, test scores, portfolios, and confidential files.

Student Name : \_\_\_\_\_ Birth Date : \_\_\_\_\_ Grade : \_\_\_\_\_

Previous School Name: \_\_\_\_\_ Previous School District : \_\_\_\_\_

Send records to the school marked below to the attention of "Student Records"

**Please send all records and files including: IEP, 504 Plans, Truancy notifications, Disciplinary documentation**

*I (parent(s)/legal guardian(s) hereby consent and authorize the release of my student(s) records as requested above by the school I marked.*

**Rocketship Rise Academy**  
2335 Raynolds Place SE  
Washington DC, 20020  
Phone: 202-750-7177

**Rocketship Legacy Prep**  
4250 Massachusetts Ave SE  
Washington DC, 20020  
Phone: 202-803-7004

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# AppleTree Field Trip Permission

Throughout the school year, teachers will be taking their students on educational field trips that relate to the instructional areas being studied. These trips not only extend learning outside the classroom, but are special social times for the classes as well. AppleTree Early Learning Public Charter School field trips are well planned, approved by school leaders, and appropriately supervised by our staff with support from parent volunteers.

We request written permission from you in order for your child to participate in all class field trips throughout the 2019-2020 school year. Rather than ask you to give written permission each time a field trip is scheduled, we ask that you give your written permission for all field trips planned for the school year. Prior to each trip, teachers will send notification including destination, focus of trip, travel arrangements, appropriate dress, information about meals and information regarding any monies needed for the trip.

We also ask you to grant your permission for your child to take walks in the surrounding area of the school for the purposes including, but not limited to: physical fitness, parks for educational/recreational purposes, and/or local field trips. Permission also includes visits to local libraries and other educational venues as part of the normal school day.

Granting prior permission will allow your child to participate fully in all of our important off-campus learning experiences.

Thank you for your support,

Sincerely,

The AppleTree Team

This student has my permission to participate in all field trips sponsored by AppleTree Early Learning Public Charter School.

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# AppleTree Every Child Ready

Dear Parent,

The purpose of **Every Child Ready** is to create high quality curriculum and professional development resources for other preschools. We hope that these resources will allow children in other programs the opportunity to experience a high quality preschool program.

Through **Every Child Ready**, your child's classroom will receive additional books and literacy related materials and your child's teacher will receive curriculum materials and training. If you participate, **you may also receive books and materials that will help you support your child's learning at home.**

In order for your child to take part in this important project, we are asking you to give AppleTree project staff permission:

1. For my child's assessment results and findings to be shared with my child's teacher, other School staff, consultants, educators, AppleTree, and appropriate regulatory authorities, including the District of Columbia Public Charter School Board.
2. To videotape and photograph your child in his/her class. Videotape and photographs may be shared with your child's teacher, project staff, consultants, other educators and the public. Videotapes and photographs may be included in later curriculum and professional development products that will be commercially published and widely distributed to improve teaching and learning for all children. In the course of filming normal instruction, the teacher may use your child's first name. No other identifiable information will be disclosed regarding your child.
3. To talk with your child's teachers and other school personnel about your child's learning.

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# AppleTree Photography and Video Release

AppleTree Schools reserves the right to photograph/videotape its students, faculty, staff and facilities in connection with the activities of the school and to reproduce such images to promote, publicize, or explain the school or its activities. This includes the right, without limitation, to publish such images in the school newsletter, and PR/promotional materials such as marketing and admissions publications, advertisements, fundraising material, and any other school-related publication. These images may appear in any of a variety of formats and media now available or that may be available in the future, including but not limited to print, broadcast, videotape, and electronic/online media.

AppleTree Schools is in partnership with AppleTree Institute. As part of the regular program, your child's teachers will assess your child's academic and social skills. AppleTree Institute reviews the data internally and with your child's teacher to improve instruction. De-identified data are also shared with staff, consultants, educators, and in educational reports. Within this partnership, AppleTree Institute reserves the right to photograph/videotape students, faculty, staff and facilities in connection with the activities of the school and to reproduce such images to promote, publicize, or explain the school or its activities. These images may appear in any of a variety of formats and media now available or that may be available in the future, including but not limited to print, broadcast, videotape, and electronic/online media.

Please select your answer

- I DO give my permission to AppleTree Schools to use images and/or video of my child as indicated above.
- I do NOT give my permission to AppleTree Schools to use images and/or video of my child as indicated above.

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# AppleTree Consent for Screenings

AppleTree Early Learning Public Charter School will be providing vision and hearing screenings to students during the school year. The Center for Blindness Prevention will provide the vision screenings. These screenings will be conducted during the school day. The results of the screenings will be sent home for you to review. Please contact us if you have any questions. These screenings do not replace the regular vision screenings provided by your child's health care provider.

I give my permission for my child to be screened.

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# AppleTree

## School Agreement for Divorce-Separated Families

School/LEA Name \_\_\_\_\_  
Enrolled Student's Name \_\_\_\_\_

It is the intent of AppleTree Early Learning Public Charter Schools to remain neutral towards families split by divorce or separation. We cannot take sides with one parent against the other where there is conflict over children attending our schools. If you have a court ordered document that establishes you as the legal/primary custodial parent or guardian, you will need to provide AppleTree with a copy to be attached to the child's record. We will use this court decree as a legal basis to work with custodial parent. In the absence of such a document, please be aware that we cannot deny either parent access to his/her child. We cannot withhold information or refuse to see or work with the other parent. We cannot keep either parent from picking their child up from school or adding friends/family members to the pick up/emergency contact list. AppleTree ELPCS wants to protect all children from emotionally disturbing situations. We ask that parents consider the well being of their child as priority and work do their best to manage conflict outside the school environment. We ask that you inform us immediately of any legal changes to the custodial status of your child/children.

\_\_\_\_\_  
School Official Print & Sign full name Date

\_\_\_\_\_

\_\_\_\_\_  
Parent 1 Print & Sign full name Date

\_\_\_\_\_

\_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_