TWO RIVERS PUBLIC CHARTER SCHOOL

School Year 2026-2027 Enrollment Process and Forms

Once families are accepted into Two Rivers PCS via the My School DC Lottery, they will have to complete the required enrollment process below.

Step 1:

Please complete the new student enrollment PowerSchool application for the School Year 2026-27.

Link:

https://registration.powerschool.com/family/gosnap.aspx?action=31805&culture=en

(NOT released until April)

Step 2:

Please ATTACH a pdf or scan the following documents to our enrollment email, trenroll@tworiverspcs.org:

- **Valid Proof of DC Residency: The 2026-2027 DC Residency Verification Form will be provided by OSSE in March 2026.**
- **Parent/guardian Unexpired Government Issued Identification**
- **Student Birth Certificate**
- **Immunization Record (Mandatory for PK3, Kindergarten, and 7th Grade)**
- **Health Certificate (Due one month before the first day of school)**
- **Dental Certificate (Due one month before the first day of school)**

If you are unable to send the required documents via email, please let us know so that we can complete enrollment in person.

Step 3:

Complete the new student enrollment packet via Adobe. The packet is sent once steps 1 and 2 are completed and approved.

- **DC Residency Verification Form**
- **Home Language Survey (only for students that were not enrolled in a DC Public School)**
- **Records Release (Acknowledgement of Seat Acceptance)**
- **Medical Authorization Form (Allows medication administration by our on site nurse)**

Please note that we offer in person enrollment upon request, as well as interpreter and translator services.

TWO RIVERS PUBLIC CHARTER SCHOOL

Two Rivers Public Charter School Registration Checklist

•Student's Name:
•Date of Birth:
•School Year:
•Grade:

The following documents are required, and must be submitted as part of your completed registration packet once you have accepted an offer of enrollment. Once printed, please initial next to each item listed below to indicate it has been completed.

- Student Registration Application completed in PowerSchool
- Media Release Form
- Records Release Form
- Washington, D.C. Proof of Residency Documentation
- 26 - 27 DC Residency Verification Form sent via Adobe
- Home Language Survey sent via Adobe
- Medical Authorization Form sent via Adobe
- Student Immunization Record
- COPY of student's proof of identity (e.g. birth certificate, passport, adoption records)
- COPY of Parent/Legal Guardian's proof of identity (e.g. state issued ID)
- COPY of up-to-date Immunization Records, or a completed Statement of Exemption from Immunizations form

Please provide the following documents (if relevant):

- Relevant custody information (e.g. court decision regarding sole custody, divorce decree order, foster care)
- Medical Authorizations - Department of Health Medication Plan and Procedure, Department of Health Anaphylaxis Plan, or Department of Health Asthma Plan
- Legal Alert (e.g. restraining order information)
- 504/IEP/Evaluation

Two Rivers
New Student Registration

Student Information

Applying School Year

First Name

Middle Name

The student does not have a middle name. [ ] The student does not have a middle name.

Last Name

Suffix/Generation

Nickname

Gender

Date of Birth

Age (as of September 30 of the selected school year)

Grade for School Year 2025-2026

School

Please enter your MySchoolDC Application Tracking ID

Student's Physical Address

House Number

Street Prefix

Street Name

Street Type

Street Suffix

Apartment

City

State

Zip

Student's Mailing Address

Is Mailing Address Same as Physical Address?

Student's Housing Status

Housing Status - Is student accompanied by a parent/guardian/adult?

Special Accommodations

Does the student have an Individualized Education Plan (IEP)?

Does the student have a 504 Plan?

Has the student ever received EL/ELL/ESL (English learner/English language learner/English as a second language) support services at another school?

Military Connected

Active Military

Reserve Military

Race and Ethnicity

Is this student Hispanic/Latino?

Race Selection #1

Was the student born in the US?

Home Language

Home Language

Does your household require translation and/or interpretation services when participating in school events?

Previous School

Has your child previously attended school?

Is your student receiving speech and language therapy?

Is your student receiving occupational therapy?

Is your student receiving physical therapy?

Is your student receiving counseling?

Family Information

Enrolling Parent/Legal Guardian

Enrolling Parent/Legal Guardian must sign this form and is required to sign DC Residency Verification Form (DCRV) and provide supporting documentation to prove DC Residency.

First Name

Middle Name

Last Name

Suffix/Generation

Relationship to Student

Is contact living with student?

Contact Phone Number

Contact Phone Type

Contact Phone Ext

I would like to add another phone number [ ] I would like to add another phone number

Contact Email

Secondary Parent/Legal Guardian

Secondary Parent/Legal Guardian will receive communication in addition to enrolling parent/guardian regarding your child.

First Name

Middle Name

Last Name

Suffix/Generation

Relationship to Student

Is contact living with student?

Contact Phone Number

Contact Phone Type

Contact Phone Ext

I would like to add another phone number [ ] I would like to add another phone number

Contact Email

Does this student have any siblings?

Emergency/Authorized Pick-Up

1. Designate a minimum of 2 people other than Enrolling Parent/Guardian or Secondary Parent/Legal Guardian to serve as an Emergency Contact (EC) or Authorized Pick–Up (AP). Emergency Contacts are also authorized to pick up. A maximum of 6 contacts can be provided.
2. List each person only once and use the contact type field to designate as EC or AP.
3. EC is a non-parent/guardian who can serve as a proxy in the event parent/guardian cannot be reached. This includes emergency medical treatment authorization.
4. AP is a non-parent/guardian who is authorized to pick the child up but does not have permission to make decisions in the event parent/guardian cannot be reached.

Emergency Contact 1

First Name

Middle Name

Last Name

Suffix/Generation

Contact Type

Contact Relationship

Is contact living with student?

Contact Phone Number

Contact Phone Type

Contact Phone Ext

I would like to add another phone number [ ] I would like to add another phone number

Contact Email Address

Emergency Contact 2

First Name

Middle Name

Last Name

Suffix/Generation

Contact Type

Contact Relationship

Is contact living with student?

Contact Phone Number

Contact Phone Type

Contact Phone Ext

I would like to add another phone number [ ] I would like to add another phone number

Contact Email Address

Emergency Contact 3

First Name

Middle Name

Last Name

Suffix/Generation

Contact Type

Contact Relationship

Is contact living with student?

Contact Phone Number

Contact Phone Type

Contact Phone Ext

I would like to add another phone number [ ] I would like to add another phone number

Contact Email Address

Emergency Contact 4

First Name

Middle Name

Last Name

Suffix/Generation

Contact Type

Contact Relationship

Is contact living with student?

Contact Phone Number

Contact Phone Type

Contact Phone Ext

I would like to add another phone number [ ] I would like to add another phone number

Contact Email Address

Emergency Contact 5

First Name

Middle Name

Last Name

Suffix/Generation

Contact Type

Contact Relationship

Is contact living with student?

Contact Phone Number

Contact Phone Type

Contact Phone Ext

I would like to add another phone number [ ] I would like to add another phone number

Contact Email Address

Emergency Contact 6

First Name

Middle Name

Last Name

Suffix/Generation

Contact Type

Contact Relationship

Is contact living with student?

Contact Phone Number

Contact Phone Type

Contact Phone Ext

I would like to add another phone number [ ] I would like to add another phone number

Contact Email Address

Emergency Contact Priority

Below is the priority in which emergency contacts will be called. To adjust the priority, please select the appropriate order number next to the name.

Authorized Pick-up contacts should be last since we will not contact them in the case of an emergency. Please note, the Parent/Guardian 1 must (1) match the DC residency documentation provided AND (2) be the primary residency of the enrolling student. While both parents will be listed as contacts, Parent/Guardian 1 will be the primary person contacted for communication concerning your child.

Parents/Guardians

Emergency Contacts

Health History

Medical Alert: Please describe the medical alert and the student's needs with regards to it.

Allergy

Asthma

Eczema

Other

Diabetes

Disability

Does the student take any prescriptions?

Prescription(s) Name

Are there any additional medical conditions the school should be aware of? (Type 'None' for not applicable)

Is there any additional information the school should know about the student? Please consider all health, social, family, and academic concerns. (Type 'None' for not applicable)

I hereby give permission to the staff of the school to secure medical treatment for the student while under its supervision. In the event the emergency medical treatment is required, I give consent for the student to be transferred to the nearest medical facility and if necessary to be treated by a qualified physician. I understand that the school cannot transport the student to the nearest medical facility. In the event that the student's contact cannot be contacted and if the designated emergency contact is not available, I understand and agree that the school staff will telephone 911 for emergency medical assistance.

I agree

Additional Questions

D.C. Resident (Student and/or parent/guardian live in D.C.)

What technology support does your student require to complete school work from home?

I give permission for my student to leave the school grounds in the company of Two Rivers staff members for the purpose of educational, athletic, or recreational activities.

I give permission for Two Rivers and/or its agents to take and publish photographs of my student for educational purposes, and for the purposes of promoting the school and/or its partners (e.g. EL Education).

I give permission for Two Rivers and/or its agents to video or publish my student for educational or promotional purposes.

Pickup Agreement

I understand that my student may not be picked up by anyone who is not listed on this form. I also understand that my student must be dropped off no later than 8:30AM and picked up by the close of school.

Registration Commitment

I am registering my student to attend Two Rivers PCS for the 2025-2026 school year. I certify that all the information provided above is accurate to the best of my knowledge.

DC Residency Verification Form

If you wish to upload DC Residency Verification Form, then please complete the DCRV Form by clicking the link DCRV Form. Please upload the signed DCRV form below under 'Upload Supporting Documents'.

Home Language Survey

If your child is enrolling in the District of Columbia for the first time, then please complete the Home Language Survey by clicking the link Home Language Survey. Please upload the signed survey below under 'Upload Supporting Documents'.

Upload Supporting Documents

You may upload supporting documents for your registration below

DC Residency Verification Form	NO DOCUMENT UPLOADED
Previous School Records	NO DOCUMENT UPLOADED
Required Enrollment Documents	NO DOCUMENT UPLOADED
Home Language Survey	NO DOCUMENT UPLOADED
Other	NO DOCUMENT UPLOADED
Other	NO DOCUMENT UPLOADED
Other	NO DOCUMENT UPLOADED
Other	NO DOCUMENT UPLOADED
Other	NO DOCUMENT UPLOADED

Certification

District of Columbia public or public charter schools agree that the data/information is protected by FERPA and that confidential to the extent required by FERPA. The data/information shall only be used for legitimate District of Columbia public school system business. I completed this form and I certify that the information above is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law. By signing below, I acknowledge my agreement with any consents provided in this form.

I Agree

Electronic Signature

Must be signed by Enrolling Parent/Legal Guardian who is also signing DCRV & providing supporting documentation to prove DC residency.

Date

District of Columbia public or public charter schools prohibits discrimination on the basis of race, color, religion, creed, sex, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, genetic information, and any other class of individuals protected from discrimination under state or federal law in any aspect of school admission and assurance of a free and appropriate education.

PLEASE NOTIFY THE SCHOOL IF ANY CHANGES ARE MADE, AT ANY TIME DURING THIS SCHOOL YEAR, TO ANY OF THE INFORMATION ON THIS ONLINE REGISTRATION.

Universal Health Certificate

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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 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:		**Student Grade Level:**	**Gender:** ☐ Male ☐ Female ☐ Non-Binary	
Home Address:	**Apt:**	**City:**	**State:**	**Zip:**
Ethnicity: *(check all that apply)* ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Other ☐ Prefer not to answer				
Race: *(check all that apply)* ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Black/African American ☐ White ☐ Prefer not to answer				
Parent/Guardian Name:		**Parent/Guardian Phone:**		
Emergency Contact Name:		**Emergency Contact Phone:**		
Insurance Type: ☐ Medicaid ☐ Private ☐ None		**Insurance Name/ID #:**		
Has the child seen a dentist/dental provider within the last year? ☐ Yes ☐ 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:** ____/____ ☐ NML ☐ ABNL	**Weight:** ☐ LBS ☐ KG	**Height:** ☐ IN ☐ CM	**BMI:**	**BMI Percentile:**
Vision Screening Acuity Level: For Children 3–6 years of age, only a (Pass/Fail) will be required. Those age 6 years and over will require vision acuity levels for this section.					
Vision Screening: Left eye: 20/_____ L: ☐ Pass ☐ Fail	Right Eye: 20/_____ R: ☐ Pass ☐ Fail	☐ Corrected ☐ Uncorrected	☐ Wears glasses	☐ Referred	☐ Not tested
Hearing Screening: *(check all that apply)* ☐ Pass ☐ Fail ☐ Not Tested ☐ Uses Device ☐ Referred					

Universal Health Certificate

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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MURIEL BOWSER, MAYOR

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

- ☐ Asthma
- ☐ Autism
- ☐ Behavioral
- ☐ Cancer
- ☐ Cerebral palsy
- ☐ Developmental
- ☐ Diabetes
- ☐ Failure to thrive
- ☐ Heart failure
- ☐ Kidney failure
- ☐ Language/Speech
- ☐ Obesity
- ☐ Scoliosis
- ☐ Seizures
- ☐ Sickle cell
- ☐ Significant food/medication/environmental allergies that may require emergency medical care. *Details provided below.*
- ☐ Long-term medications, over-the-counter-drugs (OTC) or special care requirements. *Details provided below.*
- ☐ Significant health history, condition, communicable illness, or restrictions. *Details provided below.*
- ☐ 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 TB tests should be referred to Primary Care Provider for evaluation. For questions call DC Health TB Control at 202-698-4040. Visit dchealth.dc.gov/page/tuberculosis-basics for more information on Tuberculosis.

What is the child's risk level for TB?	**Skin Test Date:**	**IGRA Blood Test Date:**
☐ High > *complete skin test and/or IGRA blood test* ☐ Low	**Skin Test Results:** ☐ Negative ☐ Positive, CXR Negative ☐ Positive, CXR Positive ☐ Positive, Treated	**IGRA Results:** ☐ Negative ☐ Positive ☐ 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) 481-3837 or fax (202) 535-2607.

ONLY FOR CHILDREN UNDER AGE 6 YEARS *Every child must have 2 lead tests by age 2*	**1st Test Date:**	**1st Result:** ☐ Normal ☐ Abnormal, **Developmental Screening Date:**	**1st Serum/Finger Stick Lead Level:**
	2nd Test Date:	**2nd Result:** ☐ Normal ☐ Abnormal, **Developmental Screening Date:**	**2nd Serum/Finger Stick Lead Level:**
	3rd Test Date:	**3rd Result:** ☐ Normal ☐ Abnormal, **Developmental Screening Date:**	**3rd Serum/Finger Stick Lead Level:**

Universal Health Certificate

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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						
DTaP-IPV	1	2					
DTap-IPV-Hib	1	2	3				
DTap-HepB-IPV	1	2	3				
DTap-IPV-Hib-HepB	1	2	3				
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					
Human Papillomavirus (HPV)	1	2	3				
Meningococcal Vaccine (ACWY)	1	2					
Influenza (Recommended)	1	2	3	4	5	6	7
Rotavirus (Recommended)	1	2	3				
COVID-19 (Recommended)	1	2	3	4	5	6	7
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/them back on schedule.
Next appointment is: _____

Universal Health Certificate

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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 (All 3 serotypes) ☐ Measles
☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ Meningococcal (ACWY) ☐ HPV
☐ COVID-19

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 (All 3 serotypes) ☐ Measles
☐ Mumps ☐ Rubella ☐ Varicella ☐ Pneumococcal ☐ HepA ☐ 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 i**n 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.** ☐ NA ☐ 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/childcare facility.

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

WE ARE WASHINGTON DC GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Instructions

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

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

First Name _____ Last Name _____ Middle Initial _____

School or Child Care Facility Name _____

Student ID _____ Date of Birth (MMDDYYYY): | | | / | | | / | | | | |

Current Gender Identity: _____

Home Address: _____ Home State: ____ Home Zip Code | | | | | |

School Grade	Day-care	Pre-K3	Pre-K4	K	1	2	3	4	5	6	7	8	9	10	11	12	Adult Ed.
	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

	Yes	No
1. 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).	☐	☐
2. 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.	☐	☐
3. Does the patient have at least one permanent molar tooth with a **partially or fully retained sealant**?	☐	☐
4. Does the patient have untreated caries or other oral health problems requiring **care before his/her routine check-up**? **(Early care need)**	☐	☐
5. Does the patient have **pain, abscess, or swelling? (Urgent care need)**	☐	☐

6. How many **primary teeth** in the patient's mouth are affected by caries that are either:
   - **a. Untreated** | |
   - **b. Treated with fillings/crowns?** | |
7. How many **permanent teeth** in the patient's mouth are affected by caries that are either:
   - **a. Untreated** | |
   - **b. Treated with fillings/crowns** | |
   - **c. Extracted due to caries?** | |
8. What type of dental insurance does the patient have? Medicaid ☐ Private Insurance ☐ Other ☐ None ☐

Dental Provider Name _____ Dental Office Stamp

Dental Provider Signature _____

Dental Examination Date _____

This form replaces the previous version of the DC Oral Health Assessment Form used for entry into DC Schools, all Head Start programs, and childcare 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.

DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

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 law[1] 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 survey[2]. 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.

District of Columbia
Office of the State Superintendent of Education

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

District of Columbia
Office of the State Superintendent of Education

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

District of Columbia
Office of the State Superintendent of Education

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

District of Columbia
Office of the State Superintendent of Education

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

District of Columbia
Office of the State Superintendent of Education

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

District of Columbia
Office of the State Superintendent of Education

SONDAGE SUR LA LANGUE PARLÉE À LA MAISON

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

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

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

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

Veuillez informer votre école si vous avez besoin d'aide pour répondre au sondage sur la langue parlée à la maison.

Ce formulaire doit être signé et daté par le parent/tuteur et le responsable de l'école et conservé dans le dossier de l'élève.

Nom de famille de l'élève

Prénom de l'élève

Nom de l'école

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

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

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

Pour uniquement davantage d'informations :
Quelles autres langues sont parlées dans votre maison ?

Signature du parent/tuteur

Date

Signature du responsable de l'école

Date

À remplir par le responsable de l'école :
Comptez-vous vous soumettre au contrôle de la maîtrise de l'anglais ? ☐ Oui ☐ Non

District of Columbia
Office of the State Superintendent of Education

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 አለባቸው። ከታች ያለው የሶስቱ ጥያቄዎች አላማ የእርስዎ ልጅ የእንግሊዘኛ ቋንቋ የብቃት ማጣሪያ የሚያስፈልገው መሆኑን ለመወሰን ነው። ለጥያቄዎች 1፣ 2 ወይም 3 ምላሽዎ ከእንግሊዘኛ ውጭ ሌላ ቋንቋ ካመለከተ፣ ትምህርት ቤቱ ልጅዎን በእንግሊዘኛ ተማሪ ሊሆን እንደሚችል መለያ በማጣሪያ ፈተና ማጣራት አለበት።

ሁሉም የDC ኗሪዎች፣ የተለያየ የኑሮ ሁኔታዎች ያሏቸው፣በ ኮሎምቢያ ግዛት የህዝብ ትምህርትቤቶች 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 ሁኔታዎ፣
- የመኖሪያዎ ሁኔታ፣
- ልጅዎ የእንግሊዘኛ ተማሪ ከሆነ።

የቤት ውስጥ ቋንቋ የዳሰሳ ጥናቱን ለመሙላት እርዳታ የሚያስፈልግዎ ከሆነ እባክዎ ትምህርትቤትዎ እንዲያውቀው ያድርጉ።

ይህ ቅጽ በወላጅ/አሳዳጊ እና የትምህርት ቤቱ ባለስልጣን ተፈርሞበት 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፣
በቤትዎ ውስጥ ሌላ የሚነገር ቋንቋ ምንድን ነው?

የወላጅ / አሳዳጊ ፊርማ

ቀን

የትምህርት ቤት ሃላፊ ፊርማ

ቀን

በትምህርት ቤት ሃላፊ የሚሞላ
ለእንግሊዘኛ ቋንቋ ብቃት ማጣሪያ ሪፈር ይደረግ? ☐ አዎ ☐ አይደለም

Округ Колумбия
Офис государственного инспектора по вопросам образования

ОПРОС О РОДНОМ ЯЗЫКЕ

В рамках процесса зачисления в государственные и государственные чартерные школы округа Колумбия все родители и опекуны должны заполнить опрос о родном языке. Для всех учащихся, которые впервые зачисляются в школу округа Колумбия, родители должны заполнить во время зачисления опрос от OSSE о родном языке. Цель трех приведенных ниже вопросов - определить, нуждается ли ваш ребенок в проверке на владение английским языком. Если в ответах на вопросы 1, 2 или 3 указан язык, отличный от английского, школа должна проверить вашего ребенка с помощью скринингового теста на предмет возможной идентификации как лица, изучающего английский язык.

Все жители округа Колумбия любого происхождения могут посещать государственные школы округа Колумбия.

Опрос о родном языке ***не*** используется для иммиграционных целей и не передается в Иммиграционную и таможенную службу (ICE). Опрос о родном языке ***не*** используется для определения:

- вашего иммиграционного статуса;
- вашего статуса резидента; или
- является ли ваш ребенок лицом, изучающим английский язык.

Сообщите своей школе, если вам нужна помощь при заполнении опроса о родном языке.

Эта форма должна быть подписана и датирована родителем/опекуном и должностным лицом школы и храниться в личном деле учащегося.

Фамилия учащегося

Имя учащегося

Название школы

1. Какой основной язык используется дома?

2. Какой язык чаще всего использует учащийся?

3. Какой язык или языки учащийся использовал сначала?

Только для дополнительной информации:
На каких еще языках говорят в вашем доме?

Подпись родителя/опекуна

Дата

Подпись работника школы

Дата

Заполняется работником школы:
Отправить на проверку владения английским языком? ☐ Да ☐ Нет