



Brookland Campus
1404 Jackson Street, NE
Washington, DC 20017
202-459-4710

16th Street Campus
5413 16th Street NW
Washington, DC 20011
202-506-3620

STUDENT ENROLLMENT CHECKLIST

Welcome to School Year 2019-2020!

If you have any questions about completing your enrollment packet, please do not hesitate to contact the main office at your campus.

RETURNING MMBDA STUDENTS

- Returning Student Annual Enrollment Form
- Media Release/Universal Field Trip Form
- DC Residency Verification Guidelines and Form (must be provided every school year)

NEW MMBDA STUDENTS

- MySchool DC Acceptance Form
- New Student Enrollment Form
- Home Language Survey
- School Uniform Policy and Agreement
- Media Release/Universal Field Trip Form
- Proof of Age (One of the following)
Birth Certificate/Hospital Records/Previous School Records/Passport/ Baptismal Certificate
- DC Residency Verification Guidelines and Form (must be provided every school year)

ADDITIONAL FORMS AVAILABLE IN MAIN OFFICE, IF NEEDED

- DC Immunization Requirements
- DC Universal Health Certificate Instructions and Form*
- DC Oral Health Assessment Form*
- Asthma Action Plan
- Action Plan for Anaphylaxis
- Dietary Accommodations Form
- Medication and Treatment Authorization Forms

*Health and Dental forms are good for 1 year. Please have these forms completed prior to the start of school.

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- Mary McLeod Bethune



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LISTA DE VERIFICACIÓN DE INSCRIPCIÓN ESTUDIANTIL ¡ Bienvenido al año escolar 2019-2020!

Si tiene alguna pregunta acerca de completar su paquete de inscripción, por favor no dude en ponerse en contacto con la oficina principal en su campus.

ESTUDIANTES DE MMBDA QUE REGRESAN

- Formulario de inscripción anual del estudiante que regresa
- Liberación de medios/formulario de viaje de campo universal
- Pautas y formulario de verificación de residencia de DC (deben proporcionarse todos los años escolares)

NUEVO ESTUDIANTES DE MMBDA

- Formulario de aceptación de MySchool DC
- Nuevo formulario de inscripción estudiantil
- Encuesta de idioma del hogar
- Política uniforme escolar y acuerdo
- Liberación de medios/formulario de viaje de campo universal
- Comprobante de edad (uno de los siguientes)
Acta de nacimiento/registros hospitalarios/antecedentes escolares/pasaporte/certificado bautismal
- Pautas y formulario de verificación de residencia de DC (deben proporcionarse todos los años escolares)

FORMULARIOS ADICIONALES DISPONIBLES EN LA OFICINA PRINCIPAL, SI ES NECESARIO

- Requisitos de inmunización de DC
- Instrucciones y formulario de certificado de salud universal de DC *
- Formulario de evaluación de salud bucal de DC *
- Plan de acción para el asma
- Plan de acción para la anafilaxia
- Formulario de acomodaciones dietéticas
- Formularios de autorización de medicamentos y tratamientos

* La salud y las formas dentales son buenas para 1 año. Por favor, tenga estos formularios completados antes del inicio de la escuela.

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Campus Student Will Attend
 Brookland or 16th Street

RETURNING STUDENT ANNUAL ENROLLMENT FORM SCHOOL YEAR 2019-2020

(Please print)

STUDENT INFORMATION

Last Name	First Name	Middle Name	Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		Apt. Number	Zip Code	
Grade Level SY 19-20 <input type="checkbox"/> PK3 <input type="checkbox"/> PK4 <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			Phone Number	

PARENT/GUARDIAN INFORMATION

Parent/Guardian	Relationship	Parent/Guardian	Relationship
Address (if not same as student)		Address (if not same as student)	
Email Address	<input type="checkbox"/> Email opt-in <input type="checkbox"/> Text message opt-in	Email Address	<input type="checkbox"/> Email opt-in <input type="checkbox"/> Text message opt-in
Home Phone	Cell Phone	Work Phone	Home Phone Cell Phone Work Phone

SIBLING INFORMATION (IF ATTENDING OR APPLYING TO MARY McLEOD BETHUNE DAY ACADEMY PCS)

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Name				
Grade				

EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT/GUARDIAN)

Name	Relationship	Name	Relationship
Address		Address	
Home Phone	Cell Phone	Work Phone	Home Phone Cell Phone Work Phone

MMBDA agrees that the data/information provided in the Student Enrollment Form remain confidential and shall only be used for legitimate business. I completed this form and certify that the information above is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law. By signing below, I acknowledge my agreement with any consents or opt-ins provided in this form.

Signature of Enrolling Parent/Guardian

Date

FORMULARIO DE INSCRIPCIÓN ANUAL DEL ESTUDIANTE QUE REGRESA
 AÑO ESCOLAR 2019-2020

(Por favor imprima)

INFORMACIÓN DEL ESTUDIANTE

Apellido	Primer nombre	Segundo nombre	Fecha de nacimiento / /	Género <input type="checkbox"/> masculino <input type="checkbox"/> Mujer
Dirección de la calle		Número de apt.	Código postal	
Nivel de grado SY 19-20 <input type="checkbox"/> PK3 <input type="checkbox"/> PK4 <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8			Número de teléfono	

INFORMACIÓN DEL PADRE/TUTOR

Padre/guardián	Relación	Padre/guardián	Relación
Dirección (si no es igual que el estudiante)		Dirección (si no es igual que el estudiante)	
Dirección de correo electrónico	<input type="checkbox"/> Correo electrónico opt-in <input type="checkbox"/> Mensaje de texto opt-in	Dirección de correo electrónico	<input type="checkbox"/> Correo electrónico opt-in <input type="checkbox"/> Mensaje de texto opt-in
Teléfono de la casa	teléfono celular	Teléfono de la casa	teléfono celular
Teléfono de trabajo		Teléfono de trabajo	

INFORMACIÓN DEL HERMANO (SI ASISTE O SOLICITA A MARY McLEOD BETHUNE DAY ACADEMY PCS)

	Hermano 1	Hermano 2	Hermano 3	Hermano 4
Nombre				
Grado				

INFORMACIÓN DE CONTACTO DE EMERGENCIA (QUE NO SEA PADRE/TUTOR)

Nombre	Relación	Nombre	Relación
Dirección		Dirección	
Teléfono de la casa	teléfono celular	Teléfono de la casa	teléfono celular
Teléfono de trabajo		Teléfono de trabajo	

MMBDA acuerda que los datos/información proporcionados en el formulario de inscripción estudiantil permanecen confidenciales y sólo se utilizarán para negocios legítimos. Completé este formulario y certifico que la información anterior es exacta. Entiendo que proporcionar información falsa con el fin de defraudar al gobierno es punible por la ley. Al firmar a continuación, reconozco mi acuerdo con cualquier consentimiento o opt-ins proporcionados en este formulario.

Firma de inscribir Padre/Guardián

Fecha



CONSENT AND RELEASE FOR STUDENTS TO BE FILMED/ PHOTOGRAPHED/ INTERVIEWED AND FOR USE OF IMAGE/VOICE/SCHOOL WORK

I, _____ hereby grant to Mary McLeod Bethune Day Academy (MMBDA), and its employees and agents, 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 without my express written permission. I further grant MMBDA and 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 MMBDA and its employees and agents, 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. This consent and release form is valid through the end of the summer school session following the school year during which it is signed. I understand that the provisions of this release are legally binding.

I consent. I do not consent.

UNIVERSAL PERMISSION SLIP FOR FIELD TRIPS

I, the parent/guardian of _____, hereby give permission for him/her to participate in all field trips for the 2019-2020 school year. In consideration of the advantages of the field trips, I agree to release, indemnify, and hold harmless Mary McLeod Bethune Day Academy, its agents and employees from liability for bodily injury or property damage that might occur during this trip. I agree if the behavior or health of my child should result in him/her being sent home prior to the expected return time, I will be responsible for necessary arrangements and/or expenses. If my child has a medical condition that requires health services and/or medication(s) while on field trips, I have communicated those needs to the school personnel. I agree that in an event of an emergency injury or illness, the staff member(s) in charge of the field trip may act on my behalf and at my expense in obtaining medical treatment for my child.

* Parents/guardians will be notified in advance of field trip date, departure and anticipated return times as well as any cost associated with any trips.

Permission to attend 2019-2020 field trips: Yes No

Parent/Guardian Signature: _____

Date: _____

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**CONSENTIMIENTO Y LIBERACIÓN PARA QUE LOS ESTUDIANTES SEAN FILMADOS/FOTOGRAFIADOS/ENTREVISTADOS
Y PARA USO DE LA IMAGEN/VOZ/TRABAJO ESCOLAR**

Me _____ otorga a Academia de día de Maria McLeod Bethune (MMBDA), y sus empleados y agentes, sus sucesores y sus cesionarios el derecho de registrar la imagen y/o la voz, y utilizar la obra de arte y/o obra escrita de mi hijo, _____, en videocinta, en película, en fotografías, en medios digitales y en cualquier otra forma de medio electrónico o impreso y para editar dicha grabación a su discreción. Entiendo que el nombre completo, la dirección y la información biográfica de mi hijo no se harán públicos sin mi permiso expreso por escrito. Además, otorgamos MMBDA y sus sucesores, y sus cesionarios, el derecho a usar, y permitir que otros utilicen, la imagen y/o voz de mi hijo en Internet, en folletos y en cualquier otro medio y por la presente consiente dicho uso. Por la presente libera MMBDA y sus empleados y agentes, sus sucesores, y sus cesionarios y cualquier persona que utilice la imagen y/o voz de mi hijo, obras de arte y/o trabajos escritos de conformidad con esta liberación de cualquier reclamo, daño, responsabilidad, costos y gastos que yo o mi hijo tenga ahora o en lo sucesivo puede tener por razón de su uso. Este consentimiento y formulario de liberación es válido hasta el final de la sesión de la escuela de verano después del año escolar durante el cual se firmó. Entiendo que las disposiciones de esta versión son legalmente vinculantes.

Consiento. **Me no consiente.**

PERMISO UNIVERSAL PARA VIAJES DE CAMPO

Yo, el padre/tutor de _____, por la presente le da permiso para participar en todos los viajes de campo para el año escolar 2019-2020. En consideración de las ventajas de los viajes de campo, acepto liberar, indemnizar y eximir a Mary McLeod Bethune Day Academy, sus agentes y empleados de responsabilidad por lesiones corporales o daños a la propiedad que pudieran producirse durante este viaje. Estoy de acuerdo si el comportamiento o la salud de mi hijo debe resultar en él/ella ser enviado a casa antes del tiempo de regreso esperado, yo seré responsable de los arreglos y/o gastos necesarios. Si mi hijo tiene una afección médica que requiere servicios de salud y/o medicamentos durante los viajes de campo, he comunicado esas necesidades al personal de la escuela. Estoy de acuerdo en que en caso de una lesión o enfermedad de emergencia, el miembro del personal a cargo del viaje de campo puede actuar en mi nombre y a mi cargo en la obtención de tratamiento médico para mi hijo.

* Los padres/tutores serán notificados antes de la fecha del viaje de campo, salida y los tiempos de retorno previstos, así como cualquier costo asociado con cualquier viaje.

Permiso para asistir a 2019-2020 viajes de campo: Sí No

Firma del padre/tutor: _____

Fecha: _____

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Parents/Guardians, follow ONE of the methods (A-D) to verify your DC residency.

<p>Method A</p>	<p>Verify with a school official. If you are homeless, a ward of the District, and/or a participant of a District public benefits program, such as Medicaid, Supplementation Nutrition Assistance Program, or Temporary Assistance for Needy Families – your school may already have your information. Check with your school official or the school’s homeless liaison.</p>	
<p>Method B</p>	<p>Verify through the Office of Tax and Revenue’s website. Re-enrolling families/students are often able to verify residency using OTR residency verification process. The person enrolling the student or the adult student must have paid taxes in DC during the previous fiscal year and have the student’s social security number. Login to the system at ossedctax.com. Your information will then be sent directly to your school.</p>	
<p>Method C</p>	<p>Verify by submitting supporting documentation. Provide hard copies. The address and name on each of the items must be the same as on the completed form.</p> <p>ONE item is needed from this list to verify residency.</p> <ul style="list-style-type: none"> • A valid pay stub issued within forty-five (45) days of providing proof of residency. Must contain the name of person enrolling the student or the name of the adult student showing his/her current DC home address and withholding of only DC personal income tax for the current tax year and no other states listed. • Unexpired official documentation of financial assistance from the Government of the District of Columbia, issued to the person enrolling the student or the adult student and current at the time presented to the school, including, but not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, the State Child Health Insurance Program (SCHIP), Supplemental Security Income, housing assistance or other programs. • Certified copy of Form D40 by the DC Office of Tax and Revenue, with the name of person enrolling the student or the name of the adult student as evidence of payment of DC taxes for the current or most recent tax year. • Current military housing orders or statement on military letterhead, both of which shall include the name of the person enrolling the student or the name of the adult student, and the residing District address. • Embassy letter issued within the past twelve (12) months. Must contain the name of the person enrolling the student or the adult student and an official embassy seal. Must indicate that the caregiver and the dependent student or the adult student currently live on embassy property in DC or will reside on DC property during the relevant school year. 	<p>TWO items are needed from this list to verify residency.</p> <ul style="list-style-type: none"> • Valid and unexpired DC motor vehicle registration showing the name of the person enrolling the student or the name of the adult student and his/her current District home address. • Valid and unexpired lease or rental agreement with a separate proof of payment of rent, in the name of the person enrolling the student or the name of the adult student, for a period within two (2) months immediately preceding of the submission of this form, for the current DC address at which the person enrolling the student actually resides. • Valid and unexpired DC motor vehicle operator’s permit or official government issued non-driver identification in the name of the person enrolling the student or the name of the adult student showing his/her current DC home address. • Utility bill (only gas, electric, and water bills are acceptable) with a separate paid receipt showing payment of the bill, from a period within the two (2) months immediately preceding the submission of this form, listing the name of the person enrolling the student or the name of the adult student and his/her current DC home address.
<p>Method D</p>	<p>Verify through an alternative method. If you are unable to verify through one of the above methods, speak with your school official about a home visit.</p>	



DC Residency Verification Form

Use this form to verify that you are a District resident and therefore you or your student is eligible to enroll in a DC public or public charter school.

Step One: Choose the residency verification method that best applies to you.

Details of all the available methods for verifying your DC residency are provided on page two. Choose ONE after completing sections 2 and 3 below. To be eligible to enroll in a DC public or public charter school: 1) the person enrolling the child must be the parent or the valid legal guardian, custodian or Other Primary Caregiver with proper documentation; 2) the person has established a physical presence in the District of Columbia; and 3) the person has submitted valid and proper documentation that establishes residency as set forth in law and regulations.

Step Two: Provide information about your family.

Student First Name:		Student Last Name:		DOB:
Name of SY18/19 School:			Name of SY19/20 School:	
Person enrolling student > First Name:			Last Name:	
I am the:				
<input type="checkbox"/> adult student		<input type="checkbox"/> student's parent/guardian/custodian		
<input type="checkbox"/> minor parent and completed the sworn statement		<input type="checkbox"/> student's other primary caregiver and completed the OPC Form		
Address of person enrolling student:				
City:	State:	ZIP	Email:	Phone:

Step Three: Certification of Residency Requirements

- I certify that I am the parent or the valid guardian, custodian, or other primary caregiver and am submitting valid and proper documentation accordingly;
- I certify that I have established and will maintain a physical presence in the District, defined as the "actual occupation and inhabitation of a place of abode with the intent to dwell for a continuous period of time"; and I am submitting valid and proper documentation to verify residency, as set forth in 5-A DCMR § 5004.
- I understand that enrollment of the above-named student in District of Columbia public schools, public charter schools, or other schools providing educational services funded by the District of Columbia is based on my representation of **bona-fide DC residency, including this sworn statement of physical presence and my submission of valid and proper documentation verifying residency.**
- I understand that even if the documentation I provide appears to be satisfactory, OSSE or school officials, with reasonable basis, may seek further information to verify the student's residency or the other primary caregiver status of the adult enrolling the student.
- If the District of Columbia, through the Office of the State Superintendent of Education, determines that I am not a resident, I understand that I am liable for payment of retroactive tuition for the student, and that the student may be withdrawn from school.
- I understand that if I provide false information or documentation, I can be referred to DC Office of the Inspector General for criminal prosecution or to the DC Office of the Attorney General for prosecution under the False Claims Act and under D.C. Code § 38-312 which provides that any person who knowingly supplies false information to a public official in connection with student residency verification shall be subject to payment of a fine of not more than \$2,000 or imprisonment for not more than 90 days, but not both a fine and imprisonment.
- I understand that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies including but not limited to the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.
- I am aware that the District of Columbia may use whatever legal means it has at its disposal to verify my residence and may share with appropriate local authorities for verification and/or investigation.
- I agree to notify the school of any change of residence for myself or the student within three (3) school days of such change.

Signature of Person Enrolling Student: _____ Date: _____

Step Four: Bring this completed form and applicable documentation to your school.

SCHOOL OFFICIAL USE ONLY The following method was used and/or presented as proof of District of Columbia residency. Choose ONE.

I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies, including but not limited, to the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.

School Official Name (print): _____ Signature: _____ Date: _____

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Method A: School official verified | <input type="checkbox"/> Method C: One document | <input type="checkbox"/> Method C: Two documents | <input type="checkbox"/> Method D: Home visit |
| <input type="checkbox"/> DC financial assistance verification | <input type="checkbox"/> Pay stub | <input type="checkbox"/> DC motor vehicle registration | |
| <input type="checkbox"/> Homeless liaison has provided homeless verification | <input type="checkbox"/> DC Gov financial assistance | <input type="checkbox"/> DC driver's license/non-driver ID | |
| <input type="checkbox"/> Ward of DC | <input type="checkbox"/> Embassy letter | <input type="checkbox"/> Lease with payment | |
| <input type="checkbox"/> Method B: Office of Tax Revenue | <input type="checkbox"/> DC Tax Form-D40 | <input type="checkbox"/> Utility bill with payment | |
| | <input type="checkbox"/> Military housing orders | | |