

Enrollment Requirements Checklist

Welcome to Rocketship Public Schools! To enroll your child(ren), complete the following documents. Online registration is available.

- **Student Information** (Page 2)
- **Child Find Query & Health Form** (Page 3)
- **Home Language Survey & Media Release** (Page 5)
- **Other Information & Emergency Contacts** (Page 6)
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Registration is not considered complete until the following mandatory documents are received.

- **Birth certificate, Baptismal Certificate, Passport, or Hospital Record.**
 - If the document does not contain the parent/guardian name, additional guardianship verification is required. Some examples of verification include:
 - 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
- **Current photo ID** (to verify identity, not residency)
 - Examples include DC driver's license or identification card, valid passport, consulate-issued photo identification, military identification, or other government-issued photo identification.
- **DC Universal Health Certificate Form** (included in this packet)
- **DC Oral Health Assessment Form** (included in this packet)
- **My School DC Seat Acceptance Form** (issued after enrollment offer is accepted)
- **DC Residency Verification Form (DCRV)** (included in this packet)
- **Proof of DC Residence**
 - EITHER One of the following with same enrolling person name and address on DCRV:**
 - Pay stub within 45 days of enrollment date
 - Unexpired documentation of DC Government financial assistance
 - Certified copy of DC Tax Form-D40
 - Military housing orders
 - Embassy letter
 - OR Two of the following items with the same enrolling person name and address on DCRV:**
 - Unexpired DC motor vehicle registration.
 - Unexpired DC driver's license or non-driver ID.
 - Unexpired rental/lease agreement and proof of payment
 - Utility bill within 60 days of enrollment date and proof of payment

Additional documentation (if applicable)

- **Most recent Individualized Education Plan (IEP) or 504 Plan**
- **Medication Administration Form** (included in this packet)
- **Physician Food Allergy Accommodation form** (included in this packet)
- **Withdrawal Form** (from previous school with transcript that shows current grade level)

Student Health Information

DC Universal Health Certificate Examination Date: _____ (Please provide school with a copy of the certificate)

DC Oral Health Assessment Date: _____ (Please provide school with a copy of the form)

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# _____

Does the student experience any of the following:

Allergies? Yes No **Asthma?** Yes No **Diabetes?** Yes No **Seizures?** Yes No

Vision Problem? Yes No **Hearing Problem?** Yes No **Heart Condition?** Yes No **Uses Glasses?** Yes No

Breathing Problem? Yes No **Physical Limitations?** Yes No **Other?** Yes No
*due to bee stings

If yes to any of the questions above, please provide additional details: _____

Food Allergies or Dietary Restrictions? If yes, please provide a copy from doctor _____

Is medication required at school? Yes No ** if yes, please provide the "OSSE Medical Administration Form" signed by the physician*

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 authorization.

Parent/Guardian Signature: _____

Date: _____

Home Language Survey & Media Release

Home Language Survey

Student's Name: _____ Student Date of Birth: _____
Legal Last Name Legal First Name Month / Day / Year

Directions to Parents and Guardians:

The U.S. Department of Education directs schools to assess the English language proficiency of students. The process begins with determining the language(s) spoken in the home of each student. The responses to the home language survey will assist in determining if a student's proficiency in English should be tested. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with these requirements. Please do not leave any question unanswered on the "OSSE Home Language Survey."

Media Release

Rocketship Public Schools is proud of the many accomplishments of our students and staff. Often, such accomplishments draw the attention of RPS partners, newspapers, television stations, or other media who visit our schools to photograph, videotape, record, and/or interview students and staff during various activities. In addition, we often use pictures of our students in Rocketship Public Schools publications and websites. Our education partners may also want to use student pictures and recordings for similar educational and promotional purposes. In furtherance of our goal to develop exceptional educators, we may invite educational partners (e.g., teacher credentialing organizations) to attend classroom sessions and share classroom photos and videos with these organizations to support our educators' professional development.

For your child's privacy, we must know whether or not you want your child to be photographed, videotaped, or interviewed for the purposes described above. .

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. or Rocketship Public Schools and its licensees (e.g., third-party educational support organizations and partners)—collectively "Rocketship".-Further, I authorize Rocketship to record my child's likeness and/or voice with still photography, film, videotape, or digital recording ("Recordings") and to edit such Recordings, and to use, reproduce, display, and/or distribute, and/or to make derivative works from any of the Recordings or my child's work product for educational and promotional purposes, in perpetuity. I understand and agree that use of such Recordings and work products will be without any compensation to me or my child. I understand and agree that Rocketship may display or otherwise use my child's first and last name in conjunction with its use of the Recordings and/or my child's work product. I understand and agree that Rocketship and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.

No, I DO NOT give permission for my child to be photographed, videotaped, or interviewed as described above. Nor do I give my permission for Rocketship Public Schools to use my child's Recordings for the purposes described above.

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.

Parent/Guardian Signature: _____

Date: _____

Request for Student Records

Student Request Form

This form is required of all students who will be entering grades K- 5. Please send all records and files for the following student and include all health records, test scores, portfolios, and confidential files.

Student's Last, First Name _____ Student Birth Date (Mo/Day/Year): _____

Previous School Attended: _____ Previous School District: _____

2022-23 Grade Level: _____

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

Rocketship Rise Academy

2335 Raynolds Place SE
Washington, DC 20020
Phone: 202-750-7177
Email: rise@rsed.org

Rocketship Legacy Prep

4250 Massachusetts Avenue SE
Washington, DC 20019
Phone: 202-803-7004
Email: dcinfo@rsed.org

Rocketship Infinity Community Prep

5450 3rd Street NE.
Washington, DC 20011
Phone: 202-627-2256
Email: dcinfo@rsed.org

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

Parent/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.

Parent/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.

Parent/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

- Yes, I DO give my permission** to AppleTree Schools to use images and/or video of my child as indicated above.
- No, I DO NOT give my permission** to AppleTree Schools to use images and/or video of my child as indicated above.

Parent/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.

- Yes, I DO give my permission** for my child to be screened.
- No, I DO NOT give my permission** for my child to be screened.

Parent/Guardian Signature: _____

Date: _____

Prepared For Liftoff Consent Form

At Rocketship Public Schools DC, our mission is to catalyze transformative change in low-income communities through a scalable and sustainable public school model that propels student achievement, develops exceptional educators, and partners with parents who enable high-quality public schools to thrive in their community. To further this goal for our Rocketship DC alumni, we have assembled a dedicated team of professionals known as the Prepared for Liftoff Transition Team (“PFL”) team. PFL is dedicated to partnering with every student and family on the journey to and through Middle School and beyond. The PFL team begins working with Rocketship DC students and families in 5th grade to help them prepare for the transition to middle school.

Throughout middle school, PFL stays connected with students to offer enrollment, wellness, school choice guidance, and a sense of belonging and connection with former Rocketship students and the supportive Rocketship community while in Middle School.

PFL is committed to providing a variety of opportunities for students to prepare for middle school, and the world beyond. In order to provide these available opportunities and supports, Rocketship DC needs your written permission to provide and receive information from your student’s educational record with the following types of agencies and institutions: Educational institutions, including the school(s) that the student may attend and the programs that support a student’s enrollment in those institutions, attendance, and enrichment programs.

This authorization of disclosure gives consent for

- student attendance and grade information to be released orally or in writing, as preferred by the agency or institution.
- student to have bi-monthly lunch or other gathering with former Rocketship students and staff.
- student to participate in 2 out of school time workshops.
- student to submit 4 surveys per year regarding their health and wellness.

I understand, unless otherwise noted, this authorization of disclosure is valid for the duration of the student’s middle school career.

I understand I have the right to revoke authorization at anytime. I, do hereby, declare that I am the legal guardian and I am responsible for the release of information for the student.

Please provide the following information: Student Name:

| | | | |
|--------------|---------------|---------------|---------------------------------------|
| Student Name | Current Grade | Date of Birth | Current Middle School (if applicable) |
|--------------|---------------|---------------|---------------------------------------|

Please select one:

- | | |
|--|---|
| <input type="checkbox"/> I give my permission for student attendance and grade information to be released orally or in writing, as preferred by the agency or institution. | <input type="checkbox"/> I do not give my permission for student attendance and grade information to be released orally or in writing for the student at this time. |
|--|---|

Please select one:

- | | |
|--|--|
| <input type="checkbox"/> I give my permission for my student to participate in PFL lunches, out of school time workshops, and surveys. | <input type="checkbox"/> I do not give my permission for my student to participate in PFL lunches, out of school time workshops, and surveys at this time. |
|--|--|

| | | |
|------------------------------|---------------------------|------|
| Parent/Guardian Printed Name | Parent/Guardian Signature | Date |
|------------------------------|---------------------------|------|