



## New Student Registration Checklist SY 22-23

<b>Student Name</b>	<b>Student Grade</b>	<b>Date of Birth</b>
<b>Parent Name</b>	<b>Phone Number</b>	<b>Email</b>
<b>Home Address</b>		

Document Title	Staff Initials	Notes	Date	Verifier Staff Initials
<input type="checkbox"/> OSSE – DC Residency Verification Form				
<input type="checkbox"/> Proof of Residency <b>Verify Tax &amp; Revenue Online (Must be filed 21 days prior)</b> <a href="http://ossedctax.gov">- ossedctax.gov</a> <b>Select one (1) of these:</b> <ul style="list-style-type: none"> <li>· Current pay stub</li> <li>· Unexpired DC Government document of financial assistance (TANF, SNAP, Medicaid)</li> <li>· Certified copy of current DC Tax form D-40</li> <li>· Military housing orders</li> <li>· Embassy Letter</li> </ul> <b>Select two (2) of these:</b> <ul style="list-style-type: none"> <li>· Unexpired DC motor vehicle registration</li> <li>· Unexpired DC Driver's License or Non-driver ID</li> <li>· Unexpired lease with separate proof of payment</li> <li>· Current utility bill (gas, water, electric) with separate proof of payment or two consecutive bills</li> </ul> <input type="checkbox"/> Home Visit				
<input type="checkbox"/> Court Order/caregiver documentation (if applicable)				
<input type="checkbox"/> Enrolling Parent/Guardian Photo Identification				
<input type="checkbox"/> Birth Certificate				
<input type="checkbox"/> Enrollment Express Approved Registration form <input type="checkbox"/> PowerSchool Enrollment Forms				
<input type="checkbox"/> Staff Approved PowerSchool Enrollment Forms				
<input type="checkbox"/> OSSE Home Language Survey (First time to DC only)				
<input type="checkbox"/> DOH Authorization for Emergency Medical Treatment				



## New Student Enrollment Checklist SY 22-23

Student Name	Student Grade	Date of Birth
<input type="checkbox"/> DC Health  Universal Health Certificate <i>(must be completed by doctor)</i> ;and <input type="checkbox"/> Immunization Records; or <input type="checkbox"/> Religious Immunization Exemption Certificate		
<input type="checkbox"/> DC Health  Oral Health Assessment		
<input type="checkbox"/> DC Health  Medication Plan & Procedure Form <i>(must be completed by doctor)</i>		
<input type="checkbox"/> Girls Global Records Release & Request Form		
<input type="checkbox"/> Transcript		
<input type="checkbox"/> Progress Report/Report Card		
<input type="checkbox"/> IEP/504 Information (If Applicable)		
<input type="checkbox"/> GGA School Meals Form		

I understand that the enrollment of my student is contingent upon the complete submittal of the SY 22-23 Enrollment Documents. Any missing documentation may result in the delay of my student's start date, for Girls Global Academy Public Charter School.

\_\_\_\_\_  
**Parent Name (Printed)**
\_\_\_\_\_
**Parent Signature**
\_\_\_\_\_
**Date**

I hereby confirm the receipt and completion of this SY 22 - 23 Enrollment documentation checklist.

\_\_\_\_\_  
**Enrollment Staff Name (printed)**
\_\_\_\_\_
**Enrollment Staff Title**

\_\_\_\_\_  
**Enrollment Staff Signature**
\_\_\_\_\_
**Date**