



Re-enrollment Student Checklist SY 22-23

Student Name	Student Grade	Date of Birth
Parent Name	Phone Number	Email
Home Address		

Document Title	Staff Initials	Notes	Date	Verifier Staff Initials
<input type="checkbox"/> OSSE – DC Residency Verification Form				
<input type="checkbox"/> Proof of Residency Verify Tax & Revenue Online (Must be filed 21 days prior) ossedtax.gov Select one (1) of these: <ul style="list-style-type: none"> · Current pay stub · Unexpired DC Government document of financial assistance (TANF, SNAP, Medicaid) · Certified copy of current DC Tax form D-40 · Military housing orders · Embassy Letter Select two (2) of these: <ul style="list-style-type: none"> · Unexpired DC motor vehicle registration · Unexpired DC Driver's License or Non-driver ID · Unexpired lease with separate proof of payment · Current utility bill (gas, water, electric) with separate proof of payment or two consecutive bills <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"/> PowerSchool Enrollment Forms				
<input type="checkbox"/> Staff Approved PowerSchool Enrollment Forms				
<input type="checkbox"/> DOH Authorization for Emergency Medical Treatment				
<input type="checkbox"/> DC Health Universal Health Certificate (<i>must be completed by doctor</i>);and <ul style="list-style-type: none"> <input type="checkbox"/> Immunization Records; or <input type="checkbox"/> Religious Immunization Exemption Certificate 				
<input type="checkbox"/> DC Health Oral Health Assessment				



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Student Name	Student Grade	Date of Birth
<input type="checkbox"/> DC Health Medication Plan & Procedure Form <i>(must be completed by doctor)</i>		
<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
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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