



## New Student Enrollment Checklist

<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="https://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"/> OSSE Verified				
<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 Pre-Registration form <input type="checkbox"/> PowerSchool Enrollment Forms				
<input type="checkbox"/> Staff Approved PowerSchool Enrollment Forms				
<input type="checkbox"/> DC Health/School Health Services Consent Form				
<input type="checkbox"/> DOH Authorization for Emergency Medical Treatment				



## New Student Enrollment Checklist

Student Name	Student Grade	Date of Birth
<input type="checkbox"/> OSSE Home Language Survey (First time to DC only)		
<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 Enrollment Documents. Any missing documentation may result in the delay or enrollment 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 Enrollment documentation checklist.

Enrollment Staff Name (printed)	Enrollment Staff Title
Enrollment Staff Signature	Date