



## Student Re-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="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"/> OSSE Verified				
<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/School Health Services Consent Form				



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<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"/> 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**