



Public Charter School

New Student Enrollment Packet

2010 - 2011 School Year

Enrollment Period: December 1, 2009 – March 26, 2010

Contents of this packet:

- Enrollment Fact Sheet
- 2010-2011 Enrollment Form
- Release of Records
- Home Language Survey

Return your completed enrollment packet to your preferred campus.

Locations:

Blow Pierce Campus
725 19th St, NE
Washington, DC 20002
202-572-1070
Grades PS-K and 5 -8

Chamberlain Campus
1345 Potomac Ave, SE
Washington, DC 20003
202-547-5800
Grades PS-8

Southeast Campus
645 Milwaukee Pl, SE
Washington, DC 20032
202-562-1980
Grades PS-5

Woodridge Campus
2959 Carlton Ave, NE
Washington, DC 20018
202-635-6500
Grades PS-8

**Collegiate Academy
(Woodson)**
4095 Minnesota Ave, NE
Washington, DC 20019
202-396-5500
Grades 9-12

Tech Prep
645 Milwaukee Pl, SE
Washington, DC 20032
202-562-1981
Grades 6 - 8



Friendship
Public Charter School

Enrollment Fact Sheet

2010 - 2011 School Year

Enrollment Period: - December 1, 2009 – March 26, 2010

HOW TO ENROLL:

To be eligible for enrollment in Friendship Public Charter School, parents must **COMPLETE two phases** of the enrollment process by submitting ALL of the forms and supporting documentation indicated below:

PHASE 1 – (Pre-Registration) – December 1, 2009 – March 26, 2010

- **2010-2011 Enrollment Form**★
- Home Language Survey★
- Release of Records Form ■
- Proof of Legal Guardian's identity(photo copy of state issued id) ■
- Birth Certificate ■
- Immunization Record■

PHASE 2 - (Enrollment/Registration) - July 1, 2010 – July 31, 2010

- Valid Proof of DC Residency★
- Free/ Reduced Family Meals application(Lunch Application)★
- Current Individualized Education Plan (I.E.P) / 504 Plan ►■
- Final Report Card current school year ►■
- Transfer/ Withdrawal from sending school. ►■
- Health Certificate and Oral Health (must be submitted annually)

★Documentation required for new and returning students

■ Documentation required new students only

► Documents are available to parents at the end of the current school year. Parents are required to retrieve these documents from the sending school.

Parents who fail to submit ALL of the information listed above, by the Phase 1 and Phase 2 deadlines will become ineligible for enrollment.

The Friendship Public Charter School guidelines for enrollment have been determined based on the open-enrollment requirements stated in the D.C. School Reform Act §31-2853.16. For more information go to
<http://www.dcpubliccharter.com/pcschoools/enrollguidelines.html>



Friendship
Public Charter School

2010-2011 Enrollment Form

FOR SCHOOL USE ONLY:

Date Received: ___ / ___ / ___

Time: _____ : _____

By: _____

1. Please select a campus (check one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Blow Pierce Campus
725 19 th St, NE
202-572-1070
Grades PS-K and 5 - 8 | <input type="checkbox"/> Chamberlain Campus
1345 Potomac Ave, SE
202-547-5800
Grades PS-8 | <input type="checkbox"/> Southeast Campus
645 Milwaukee Pl, SE
202-562-1980
Grades PS-5 |
| <input type="checkbox"/> Woodridge Campus
2959 Carlton Ave, NE
202-635-6500
Grades PS-8 | <input type="checkbox"/> Collegiate Academy (Woodson)
4095 Minnesota Ave, NE
202-396-5500
Grades 9-12 | <input type="checkbox"/> Tech Prep
645 Milwaukee Pl, SE
202-562-1981
Grades 6 - 8 |

2. Student Information: please check Current Student New Student

Last Name: _____ First Name: _____ Middle Initial: _____

Grade Level Fall 2010: _____ Birth Date:(Month/Day/Year): ___ / ___ / ___ Gender: Male Female

Ethnicity: African-American Hispanic-American Asian-American Caucasian Other: _____

Street Address: _____ Apt/ Unit # _____

City: _____ State: _____ Zip: _____ Ward: _____

If this student is new to Friendship, please indicate current school: _____

Current School City: _____ State: _____ School Phone: _____

3. Legal Guardian Information

Legal Guardian 1: First Name: _____ Last Name: _____

Relationship to Student: Mother Father Other (please specify) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Legal Guardian 2: First Name: _____ Last Name: _____

Relationship to Student: Mother Father Other (please specify) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home address if different from student: _____

Email Address: _____

I understand that the mission of Friendship Public Charter School is to prepare students to be ethical, literate, contributors to their community. By signing below, I agree:

- I and the student named above are legal residents of the District of Columbia.
- I understand that my student must attend school regularly, Monday through Friday.
- I understand that my student must abide by the Friendship code of conduct, classroom rules of behavior and dress code.
- I understand that my student must attend Saturday and Summer sessions as required.
- I understand that this application only applies to the 2010-11 school year.
- **I understand that providing false information or failure to submit required DC residency and other documentation by the prescribed deadlines will result in the loss of enrollment.**

Legal Guardian Signature: _____ Date: _____



2010-2011 STUDENT ENROLLMENT FORM

Student Name: _____

Grade Level Fall 2010: _____

4. Siblings

If you have other children **Enrolling or Attending** Friendship Public Charter School, please complete the following:

Student Name	Name of Friendship School	Currently Attending	Grade Level
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

5. Emergency Contacts

In case of an emergency, the following relatives, friends, neighbors may be contacted and my child may be released to their custody.

Emergency Contact 1: First Name: _____ Last Name: _____

Relationship to Student: (please specify) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact 2: First Name: _____ Last Name: _____

Relationship to Student: (please specify) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

6. Medical Information

Does your child receive Medical Assistance (Medicaid) under the DC Medical Assistance Program? Yes No

Name of Insurance Provider: _____ Policy Number: _____

Physician's Name: _____ Telephone Number: _____

Does your child have any type of Allergy (i.e. peanuts, seafood, milk,) or health condition (i.e. Asthma, Epilepsy, Diabetes etc)? If yes, please specify: _____

Does your child take any type of prescribed medication for the allergies/ health conditions indicated above? Yes No

Note: If your child requires medication during the school day, you must contact the school nurse for a Medication Authorization Form.

Please sign below if you authorize the school nurse to inform your child's teacher(s) of any allergies or health conditions that may require emergency response.

Parent Guardian Signature _____ Date: _____

7. Media Release

If you **DO NOT** grant permission for the Friendship Public Charter School to use photography of your child in promotional materials (slides, brochures, website, flyers, posters etc.) or for release to the media (newspapers, magazines, television, etc.).

Initial Here: _____

How did you hear about Friendship? Flyer Family/Friend Mail Newspaper Radio Other: _____



HOME LANGUAGE SURVEY

DCPS ID NUMBER:

SCHOOL NAME:

STUDENT NAME:

Parent Name: _____

Parent's Signature: _____

Date: _____

This document MUST be signed and dated by the parent or guardian.

ENGLISH (Please answer ALL five questions.)

Please make sure to provide your name and signature in the space provided above

- 1) Is a language OTHER THAN English used at home?
2) What language did your child first speak?
3) Does your child frequently speak a language other than English for communication at home?
4) Was your child born in a country OUTSIDE OF THE USA?
5) What is your relationship to the child?

AMHARIC (እባክዎን አምስቱንም ጥያቄዎች በሙሉ ይመልሱ)

ከከላይ በተተወልዎ ባደ ቦታ ላይ እባክዎን ስምዎንና ፊርማዎን ማስፈርዎን ያረጋግጡ፤

- 1) በቤትዎ ውስጥ ከእንግሊዘኛ ሌላ የምትጠቀሙበት ቋንቋ አለ ወይ?
2) በመጀመሪያ ልጅዎ አፋን የፈታው በምን ቋንቋ ነው?
3) አብዛኛውን ጊዜ ልጅዎ በቤት ውስጥ ለመግባቢያ ከእንግሊዘኛ ሌላ፣ በሌላ ቋንቋ ይጠቀማል ወይ?
4) ልጅዎ ከአሜሪካ ግዛት ክልል ውጪ ነው ወይ የተወለደው?
5) ከከልጁ ጋር ያለዎት ዝምድና ምንድን ነው?

SPANISH (Por favor responde a TODAS las cinco preguntas.)

Por favor asegurese de escribir y firmar su nombre en el espacio disponible arriba

- 1) ¿Se habla otro idioma ADEMÁS DE INGLÉS en la casa?
2) ¿En qué idioma comenzó a hablar su hijo/a?
3) ¿Habla frecuentemente su niño/a otro idioma ADEMÁS DE INGLÉS para comunicarse en la casa?
4) ¿Nació su hijo/a en otro país que NO sea EE.UU. (USA)?
5) ¿Cuál es su relación al niño/a?

FRENCH (S'il vous plaît répondez à TOUTES les cinq questions.)

Veillez vous assurer de donner votre nom et signature dans l'espace ci-dessus indiqué

- 1) Est-ce que vous parlez une langue AUTRE QUE L'ANGLAIS chez vous?
2) Quelle langue votre enfant utilise lorsqu'il commence à parler?
3) Chez vous, pour communiquer, votre enfant emploie-t-il fréquemment une langue AUTRE QUE L'ANGLAIS?
4) Votre enfant était-il né HORS DES ÉTATS-UNIS?
5) Quel est votre lien de parenté avec l'enfant?

CHINESE (请回答以下所有五个问题)

请在以上家长姓名处写上您的姓名和在家长签名处签上您的名字

- 1) 您家庭中是否使用不是英语的另一种语言?
2) 您孩子最初学说话时说以下哪种语言?
3) 您孩子在家是否经常使用不是英语的另一语言与家人沟通?
4) 您孩子是否在美国以外的国家出生?
5) 您与孩子的关系是:

VIETNAMESE (Xin vui lòng trả lời TẤT CẢ năm câu hỏi.)

Xin quý vị chắc chắn là đã viết tên và ký tên của quý vị vào khoảng trống phía tên

- 1) Ở nhà có thường sử dụng thứ tiếng nào KHÁC HƠN Anh Ngữ không?
2) Con quý vị đã nói thứ tiếng nào trước nhất?
3) Ở nhà con em có thường sử dụng một thứ tiếng nào khác hơn Anh Ngữ khi nói chuyện hay không?
4) Con quý vị đã sinh ra ở một NƯỚC NÀO KHÁC HOA KỲ không?
5) Liên hệ của quý vị với đứa trẻ?



Friendship
Public Charter School

Release of Records Form

FOR SCHOOL USE ONLY:

Date Received: ___ / ___ / ___

Time: _____ : _____

By: _____

1. Please select a campus (check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> Blow Pierce Campus
725 19 th St, NE
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645 Milwaukee Pl, SE
Washington, DC 20032
202-562-1981
Grades 6 - 8 |

2. Student Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Grade Level Fall 2010: _____ Birth Date:(Month/Day/Year): ___ / ___ / ___ Gender: Male Female

3 School Information: Please release to the school selected above all available academic, special education, and medical records to the below address within **ten days** of receipt of this form.

Check here if student was not previously enrolled in a school.

Name of Current School: _____

Address: _____

City, State, Zip: _____

School Phone Number: _____

Dates Attended: _____

Name of Previous School: _____

Address: _____

City, State, Zip: _____

School Phone Number: _____

Dates Attended: _____

I give permission for the Friendship Public Charter School to request records for my child and for the sending school to release all school records.

Legal Guardian Signature: _____

Date: _____