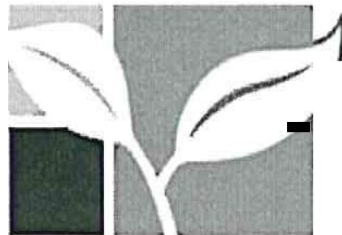
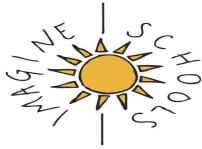


**NEW STUDENT  
ENROLLMENT  
PACKAGE  
SCHOOL YEAR  
2017-2018**



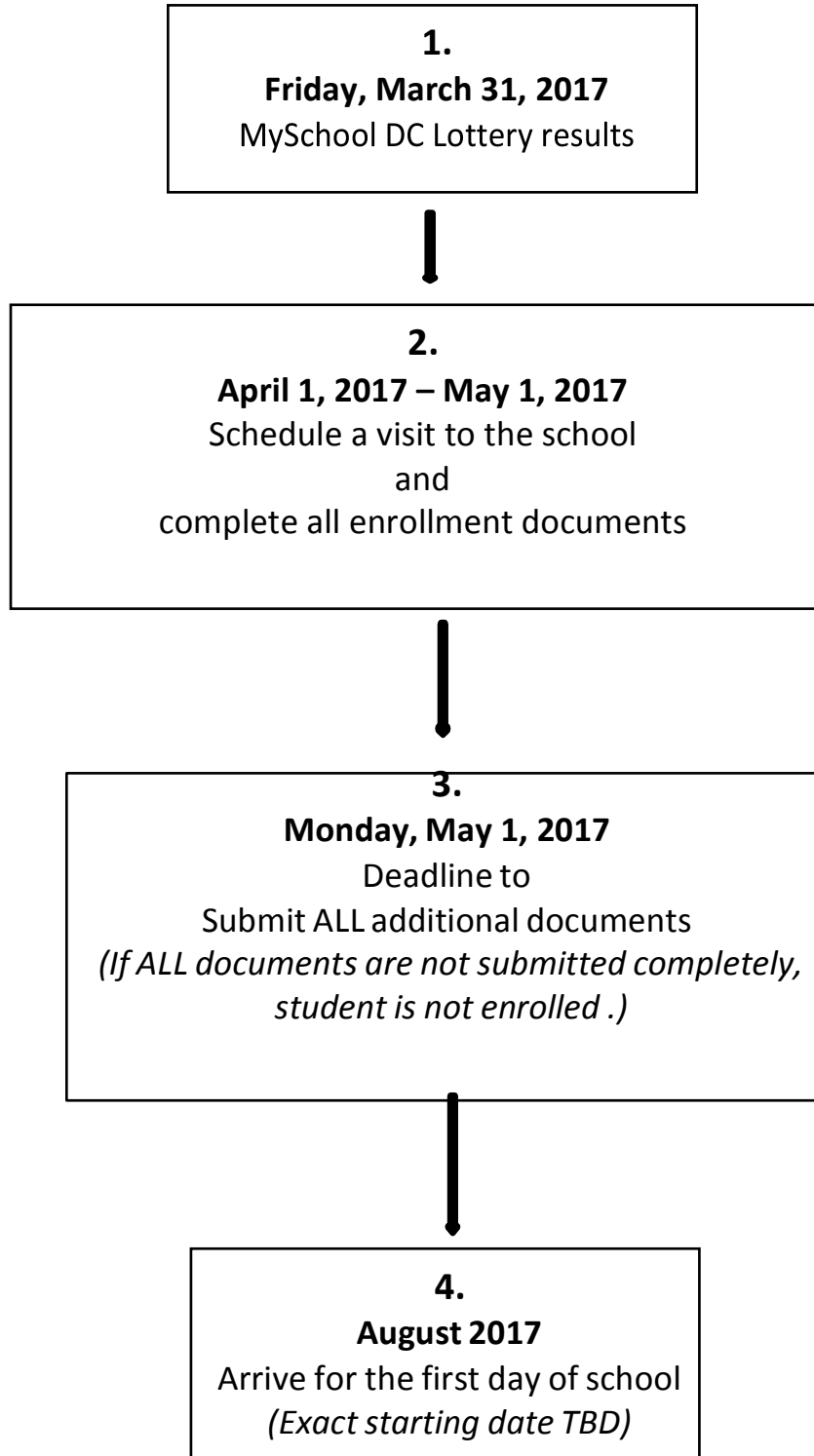
**IMAGINE HOPE  
COMMUNITY  
PUBLIC  
CHARTER  
SCHOOL**

*6200 Kansas Avenue, NE  
Washington, DC 20011  
(202) 722-4421*



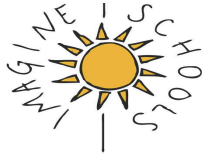
## Lamond Campus

### Enrollment Process and Important Dates



#### **Additional Documents**

- Proof of DC Residency
- DC Child Physical & Oral Health Certificates
- Immunization Records
- Student's Original Birth Certificate
- Lunch Application



# Hope Community Public Charter School

*Developing Character, Enriching Minds*

## LAMOND CAMPUS ENROLLMENT APPLICATION 2017-2018 SCHOOL YEAR

*Imagine Hope Community Charter School, Lamond Campus follows OSSE's age requirements for enrollment  
Pre-Kindergarten (PK3/PK4) students must be 3 years old/4 years old by September 30, 2017.  
Kindergarten students must be 5 years old by September 30, 2017.*

### Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Birth Date(mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female USI Number \_\_\_\_\_

School Last Attended: \_\_\_\_\_ City/State: \_\_\_\_\_ Grade in 2017-2018 \_\_\_\_\_

### Primary Parent/Guardian Contact Information

*(Only the address of the Primary Parent/Guardian will be used for verification on the student's DC residency verification documents.)*

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Ward \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Secondary Parent/Guardian Contact Information

Check this box if the home address is the same as Primary Parent/Guardian)

2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

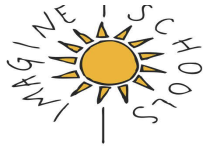
Street Address \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Ward \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_



**Emergency Contact Information**

1) Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Home number: \_\_\_\_\_

2) Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Home number: \_\_\_\_\_

*Please read carefully*

***Sign and date the bottom indicating that you understand and agree to all terms and conditions.***

I understand that I must complete and submit this form, as well as, the required forms and documents listed below by the deadline.

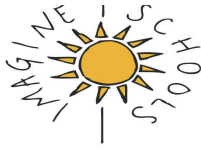
**Required Forms – Deadline May 1, 2017.**

- Proof of DC Residency (additional forms required after April 2017)
- DC Child Physical & Oral Health Certificates (If child's appointment is scheduled after 6/2, provide appointment cards)
- Immunization Records
- Student's Original Birth Certificate
- Copy of Individualized Education Plan (IEP)/504 plan (if applicable)
- Release of Student Records (withdrawal form from previous school)
- Copy of student records from prior school (report cards, test scores, etc.)
- Completed Lunch Application

*I agree that all the answers given in this application, all additional forms, and supporting documents submitted in connection with this application are true, accurate and complete. I understand that submitting false residency documentation will render my child ineligible to attend Imagine Hope Community Public Charter School at no cost and, if I submit false residency documentation, I will be obligated to pay tuition for my child's enrollment in Imagine Hope Community Public Charter School, Lamond Campus.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only</b>	
Date Received: _____	Received by (Print): _____
All Forms Received: _____	If No, list forms (pages) missing _____



## Field Trip Permission

*Throughout the school year, teachers will take students on field trips related to curriculum content. These field trips are well planned, approved, and appropriately supervised by school staff with support from parent volunteers.*

*We request written permission from you in order for your child to participate in any field trip throughout the 2017-2018 school year. Prior to each field trip, teachers will send notification including destination, purpose, travel arrangements, appropriate dress, information about meals, and information regarding the costs associated with the trip. With your permission, your child can participate fully in all of our off-campus field trips to enhance their learning experiences.*

I, the parent or guardian of (Please print student's name) \_\_\_\_\_,

(Check one)  hereby give  do not give permission for my child to attend all field trips arranged by the employees and/or representatives of Imagine Hope Community Public Charter School, Lamond Campus.

## Student Media Consent and Release Statement

*Throughout the school year, students may be photographed or recorded in efforts to promote school activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media.*

I, the parent or guardian of (Please print student's name) \_\_\_\_\_,

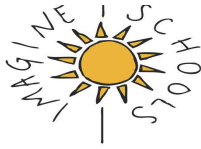
(Check one)  hereby give  do not give Imagine Hope Community Public Charter School, Lamond Campus and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

**I certify that I have read the Field Trip Permission and the Media Consent and Release Liability statement and fully understand its terms and conditions. I further understand that the failure to return this form by the beginning of the 2017-2018 school term constitutes approval of the above requests.**

Name of child (Please print): \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name (Please print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_



## Student Demographic Information

### 1) Race (Check one or more, regardless of ethnicity)

- American Indian or Alaskan Native       Asian       Black or African American  
 Native Hawaiian or Other Pacific Islander       White       Other (specify): \_\_\_\_\_

### 2) Ethnicity (Check only one)

- Hispanic Origin       Not of Hispanic Origin

### 3) Special Services Student Receives (Check all that apply)

- English (ELL) Learner       IEP       504 Plan       Other (specify) \_\_\_\_\_  None

### 4) DC Residency (Check only one)

- Student **and** Primary Parent/Guardian live in Washington, DC in the same household.  
 Student and/or Primary Parent/Guardian DO NOT live in Washington, DC and therefore **is not** a DC resident and **cannot** attend Imagine Hope Community Public Charter School, Lamond Campus for free. Non-resident tuition agreement will be sent.

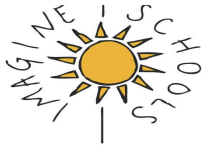
## Sibling Information

Student Name: \_\_\_\_\_ has \_\_\_\_\_ siblings.

Full Name of Sibling(s)	Grade 2017-2018 School Year	School Attending 2017-2018

How did you hear/learn about Imagine Hope Community Charter School-Lamond Campus? (Please select AT LEAST one.)

- Referred by \_\_\_\_\_ Parent of \_\_\_\_\_  
 My School DC EdFest  
 Open House  
 Mailings  
 Internet  
 Newspaper  
 Other Please specify \_\_\_\_\_



### Pick-up Authorization Form

Students will only be dismissed to those parties authorized to do so and listed on this page.

Changes to this document will only be accepted in writing.

*Parents/Guardians are responsible for updating this information during the school year.*

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade 2017-2018: \_\_\_\_\_

Primary Parent/Guardian Name: _____ Primary Parent/Guardian Contact Phone Number: _____ _____ Secondary Parent/Guardian Name: _____ Secondary Parent/Guardian Contact Phone Number _____ _____
---

Please list names and phone numbers of those adults authorized to pick up your student from school other than those parents/guardians listed above.

1) Name \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_

2) Name \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_

3) Name \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_

4) Name \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_

5) Name \_\_\_\_\_ Contact Phone: \_\_\_\_\_

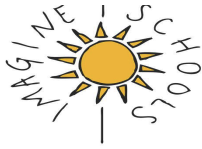
Relationship to student \_\_\_\_\_

Please list information for those persons **NEVER** authorized to pick up your student from school.

**\*\* If you are requesting a parent or legal guardian not be authorized to pick up your student, you must submit an official, updated court document. \*\***

1) Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to student \_\_\_\_\_



## **Request for Student Records**

*(New Student Enrollment Only)*

Student Name: \_\_\_\_\_ USI Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Request records from the following school(s):**

*List most recent school first*

1) School Name: \_\_\_\_\_ Dates attended (mm/yy) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

2) School Name: \_\_\_\_\_ Dates attended (mm/yy) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please send all that apply of: (1) official transcript, (2) withdrawal form, (3) health data, (4) standardized test scores, (5) individualized education plans (IEP), (6) and special education data. If you have any questions, please contact enrollment at (202) 722-4421.

**Please send records to:**  
Imagine Hope Community Public Charter School,  
Lamond Campus  
6200 Kansas Avenue NE  
Washington, DC 20011  
Or Fax: (202) 722-4431

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_





Office of the State Superintendent of Education

OSSE Home Language Survey (HLS) Form

Complete this Home Language Survey at the Student's initial enrollment in a District of Columbia School.

This form must be signed and dated by the Parent or Guardian.

This form must be kept in the student's file.

School: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_

Student's First Name \_\_\_\_\_

**English**

- Is a language other than English spoken in your home?  
 No  Yes \_\_\_\_\_ (specify language)
- Does your child communicate in a language other than English?  
 No  Yes \_\_\_\_\_ (specify language)
- What is your relationship to the child?  
 Father  Mother  Guardian  Other (specify) \_\_\_\_\_

If the answer to question 1 or 2 is Yes, the law requires your child's English language proficiency to be assessed.

REGISTRAR PROCESS:

- If a parent/guardian does not speak English and your school does not have staff that speaks the parent/guardian's language, please use the Language Line for communication (1-800-752-6096).
- If the HLS indicates a language other than English is spoken in the home, then further assessment must be conducted to determine the student's English-language proficiency level.

**Español (Spanish)**

- ¿Se habla otro idioma que no sea el inglés en su casa?  
 No  Sí \_\_\_\_\_ (idioma)
- ¿Habla el estudiante un idioma que no sea el inglés?  
 No  Sí \_\_\_\_\_ (idioma)
- ¿Cuál es su relación con el estudiante?  
 Padre  Madre  Guardián  Otro (especifique) \_\_\_\_\_

Si la respuesta a la pregunta 1 ó 2 es "Sí", la ley requiere que se evalúe la fluidez de su hijo/a en el idioma inglés.

**Français (French)**

- Parlez-vous une langue autre que l'anglais à la maison ?  
 Non  Oui \_\_\_\_\_ (spécifiez la langue)
- Votre enfant communique-t-il dans une langue autre que l'anglais ?  
 Non  Oui \_\_\_\_\_ (spécifiez la langue)
- Quel est votre relation avec l'enfant ?  
 Père  Mère  Tuteur  Autre (spécifiez) \_\_\_\_\_

Si la réponse à la question 1 ou 2 est Oui, la loi exige que les compétences de votre enfant en anglais soit évaluées.

**中文 (Chinese)**

- 您家庭中是否使用不是英语的另外一种语言?  
 否  是 \_\_\_\_\_ (请指明语言)
- 您的孩子会使用不是英语的另一种语言交流吗?  
 不会  会 \_\_\_\_\_ (请指明语言)
- 您和孩子的关系是什么?  
 父亲  母亲  监护人  其它(请指明) \_\_\_\_\_

如果第一或第二项问题的答案为“是”，法律要求评估您孩子的英语熟练能力 (English language proficiency)。

**Tiếng Việt (Vietnamese)**

- Có ngôn ngữ nào khác ngoài tiếng Anh được nói ở nhà quý vị không?  
 Không  Có \_\_\_\_\_ (xin ghi rõ ngôn ngữ nào)
- Con em quý vị có nói một ngôn ngữ nào khác ngoài tiếng Anh không?  
 Không  Có \_\_\_\_\_ (xin ghi rõ ngôn ngữ nào)
- Xin cho biết liên hệ của quý vị với con em?  
 Cha  Mẹ  Giám hộ  Liên hệ khác (xin ghi rõ)

Nếu trả lời của câu hỏi 1 hoặc 2 là Có, luật lệ đòi hỏi con em quý vị phải được thẩm định trình độ thông thạo Anh ngữ.

**አማርኛ (Amharic)**

- በቤትዎ ውስጥ ከእንግሊዘኛ ሌላ የሚነገር ቋንቋ ስለት?  
 የለም  አዎን \_\_\_\_\_ (ቋንቋውን ይጥቀሱ)
- ልጅዎ ከእንግሊዘኛ ሌላ የሚነገር ቋንቋ ስለት?  
 የለም  አዎን \_\_\_\_\_ (ቋንቋውን ይጥቀሱ)
- ለልጁ ያለዎት ዝምድና ምን ይገኛል?  
 ስዛት  ስዓት  ስላዳጊ  ሌላ \_\_\_\_\_ (ይገባዎታል)

ሰጥዎታል 1 ወይም 2 መልስዎ አዎን ከሆነ: የልጅዎ የእንግሊዘኛ ቋንቋ ቅስጥፍና ችሎታው ደረጃ እንዲገምገም ህጉ ያዛል።

School Official's Comments:

\_\_\_\_\_

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_