



HOPE TOLSON PCS - PLA 22-23 SY ENROLLMENT FORM

Part I: Student Demographics

First Name:	Middle Name:	Last Name:
D.O.B:	Gender:	USI # (Staff enters)
Country of Birth:	Town/County of Birth:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other: _____	Is the student hispanic or latino? <input type="checkbox"/> Yes <input type="checkbox"/> No

Home Language Survey

As part of the enrollment process in DC public and public charter schools, all parents and guardians must complete the Home Language Survey. For all students who are enrolling in a DC school for the first time, parents must complete the OSSE Home Language Survey at the time of enrollment. The purpose of the three questions below is to determine if your child needs English language proficiency screening. If the answers to questions 1, 2 or 3 indicate a language other than English, the school must screen your child for possible identification as an English learner using a screener test.

All DC residents, of all backgrounds, are welcome in public schools in the District of Columbia.

The Home Language Survey is not used for immigration purposes and is not shared with Immigration and Customs Enforcement (ICE). The Home Language Survey is not used to determine:

- - your immigration status;
- - your residency status; or
- - if your child is an English learner.



Please let your school know if you need assistance completing the Home Language Survey.

What is the primary language used in the home?

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What is the language most often used by the student?

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What language or languages did the student use first?

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What other languages are spoken in your home?

*

Part II: Student Address(es)

Student Physical Address	Street Address:		Apt #:
	City:	State:	Zip Code:

Student Mailing Address	Street Address:		Apt #:
	City:	State:	Zip Code:

Part III: Student Contacts

Enrolling Parent/Guardian	Full Name:	Relationship to Student:	
	Home Phone Number:	Cell Phone Number:	
	Work Phone Number:	Email Address:	
	Street Address:		
	City:	State:	Zip Code:



School-Aged Siblings

Name:	Grade:	School:	D.O.B.
Name:	Grade:	School:	D.O.B.
Name:	Grade:	School:	D.O.B.
Name:	Grade:	School:	D.O.B.
Name:	Grade:	School:	D.O.B.

Emergency Contacts

Emergency Contact #1	Name:	Contact Number:	<input type="checkbox"/> Authorized to Pick Up
Emergency Contact #2	Name:	Contact Number:	<input type="checkbox"/> Authorized to Pick Up
Emergency Contact #3	Name:	Contact Number:	<input type="checkbox"/> Authorized to Pick Up
Emergency Contact #4	Name:	Contact Number:	<input type="checkbox"/> Authorized to Pick Up
Emergency Contact #5	Name:	Contact Number:	<input type="checkbox"/> Authorized to Pick Up
Emergency Contact #6	Name:	Contact Number:	<input type="checkbox"/> Authorized to Pick Up
Emergency Contact #7	Name:	Contact Number:	<input type="checkbox"/> Authorized to Pick Up



Part IV: Permissions/Agreements

INDEPENDENT RELEASE AGREEMENT	
Independent Release Agreement: <i>I am aware that students in grades 3-8 are permitted to walk or use public transportation at dismissal time with a parent's permission. Students cannot leave independently without the signature of the parent/guardian/caregiver, emergency contact, or authorized pick up.</i>	<input type="checkbox"/> I consent <input type="checkbox"/> I do <u>not</u> consent
MEDIA CONSENT	
Off-Campus Activities: <i>I give permission for my student to leave the school grounds in the company of Hope Community staff members for the purpose of educational, athletic, or recreational activities.</i>	<input type="checkbox"/> I consent <input type="checkbox"/> I do <u>not</u> consent
Events: <i>I hereby agree and give my permission for the Hope Community Public Charter School (HCCS) and/or partners to record, film, photograph, audiotape or videotape my/my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the HCCS website, posting in schools, posting on social media sites and/or for broadcasting on television or radio as determined by the HCCS. I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works. I understand that the Works may appear in electronic form on the internet or in other publications outside of the HCCS's control. I agree that I will not hold the HCCS responsible for any harm that may arise from such unauthorized reproduction.</i>	<input type="checkbox"/> I consent <input type="checkbox"/> I do <u>not</u> consent
Media Specific: <i>I also understand that external media organizations may attend school events. I give permission for my/my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.</i>	<input type="checkbox"/> I consent <input type="checkbox"/> I do <u>not</u> consent
Photographs for Educational Purposes: <i>I give permission for Hope Community and/or its agents to take and publish photographs of my student for educational purposes, and for the purposes of promoting the school and/or its partners (e.g. EL Education).</i>	<input type="checkbox"/> I consent <input type="checkbox"/> I do <u>not</u> consent
Video for Educational Purposes: <i>I give permission for Hope Community and/or its agents to video or publish my student for educational or promotional purposes.</i>	<input type="checkbox"/> I consent <input type="checkbox"/> I do <u>not</u> consent
EXTRACURRICULAR ACTIVITIES & SPORTS	
Participation in Extracurricular Activities: <i>I give permission for my child to participate in extracurricular sporting activities at Hope Community Public Charter School during the 2021/2022 school year. It is recognized that participation in athletics or after school activities can lead to injury. My permission evidences that I accept the general liability for the participation of my child in extracurricular sporting activities and that I agree to indemnify and hold harmless Hope Community Public Charter School, its teachers, its coaches, its governing board, and other participating agents either jointly or severally, from and against</i>	<input type="checkbox"/> I consent <input type="checkbox"/> I do <u>not</u> consent



any and all claims, injuries, damages, loses, costs, or causes of action that may arise in connection with activities or sports. If my child is participating in sports or athletic activity, my signature indicates that I understand that each participating student must have a physical form from a licensed physician on file in the school office before the first practice of the first sports played each school year. This physical is valid for a calendar year from the date of examination. My signature also shows that I agree, in the event of a medical emergency, to allow my child to be treated by medical personnel as outlined in my Emergency Release Form as well as certified staff, coaches and school agents.

TRANSPORTATION POLICY FOR ATHLETICS AND ACTIVITIES

Hope Community P.C.S. Athletics and Activities Department is committed to providing safe and reliable transportation for registered students in extracurricular activities, including attending meetings, practices, games, and events.

The ability to ride the school van or contracted transportation to and from school for extracurricular activities and field trips is a privilege, not a right, and may be rescinded at any time. Any instance of breaking the following rules, as reported by the van driver, will result in immediate suspension from the school provided transportation. A second offense will mean that the student may no longer ride the school provided transportation. A warning will not be given for misbehavior, nor will an appeal process be available if the van staff recommends suspension.

1. The driver is responsible for the safe operation of the school transportation and therefore is in charge of the school transportation while it is in use. Students must obey and respect the instructions of the driver at all times.
2. Student riders must stay seated at all times while the school transportation is in motion. If seat belts are available, they must be worn at all times by students while the transportation is in motion.
3. Students may not move from their seats until the transportation has come to a complete stop.
4. Students' actions should not cause the driver to be distracted while the transportation is moving.
5. Students should not talk in an overly loud voice, scream, or yell on the transportation. They may talk quietly with a neighbor.
6. There is to be no profanity or vulgar language or gestures on the transportation.
7. All body parts (head, arms, long hair, etc.) must be kept inside of the transportation.
8. There is to be no writing on or destruction of property.
9. There is to be no bullying, threatening, or sexual harassment of others.
10. There is to be no throwing of any object within the transportation or out of the windows of the transportation.
11. There is to be no wrestling, spitting, fighting, pushing, and/or shoving.
12. The transportation driver may assign seats.
13. Objects that may be harmful, e.g., sharp metal objects and weapons, are prohibited.
14. Smoking is prohibited on the transportation at all times.
15. The driver will report misbehavior to the appropriate school administrator.

I give permission for my scholar to ride in Hope Community Public Charter School's 15 passenger van and/or school provided contracted transportation to travel to extracurricular athletic and club meetings, practices, games, and events. Furthermore, I and my scholar have read, understood, and accepted the above transportation policy.

Parent Signature:

Date: