



## **SY 2025-2026 Student Enrollment Forms**

### **Required Documentation**

1. Government Identification
2. DC Residency document

### **Enrollment Forms**

1. OSSE DC Residency Verification Forms (subject to change)
2. OSSE Sworn Statement (subject to change)
3. OSSE Attestation for Other Primary Caregiver (subject to change)
4. OSSE Other Primary Caregiver (subject to change)
5. OSSE Home Visitation Consent & Verification (subject to change)
6. Application Form / Code of Conduct
7. Release of information (students under 22)

The Carlos Rosario International Public Charter School does not discriminate on the basis of race, color, national origin, sex, age, disability or other status protected by applicable law in admission or access to its programs and activities. The School's full nondiscrimination policy statement is available on its website at [www.carlosrosario.org/public-information/](http://www.carlosrosario.org/public-information/)

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# DC Residency Verification Form – 2024-25 School Year

Use this form to verify that you are a District resident and therefore you or your student is eligible to enroll in a DC public or public charter school. All forms and supporting residency documentation are submitted to the enrolling school.

## Step One: Choose the residency verification method that best applies to you.

Details of the available methods for verifying your DC residency are provided on page two. **Choose ONE** after completing sections 2 and 3 below. To be eligible to enroll in a DC public or public charter school tuition-free: 1) the enrolling person must be the parent, adult student, or the valid legal guardian, custodian or Other Primary Caregiver (OPC) with proper documentation; 2) **the enrolling person has established a physical presence in the District of Columbia**; and 3) the enrolling person has submitted valid and proper documentation that establishes residency as set forth in law and regulations.

## Step Two: Provide information about student and enrolling person.

Student First Name:		Student Last Name:		DOB:	
Name of School in the 2024-25 School Year:					
Enrolling person (see page 2) > First Name:			Last Name:		
I am the:		<input type="checkbox"/> student's legal parent/guardian/custodian		<input type="checkbox"/> student's Other Primary Caregiver and completed the OPC Form	
		<input type="checkbox"/> adult student		<input type="checkbox"/> minor parent and completed the sworn statement	
Address of enrolling person:				Apt #:	
City:		State:	ZIP:	DC Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:			Phone:		

## Step Three: Sign Certification of Residency Requirements.

- I certify that I am the adult student or the student's legal parent, guardian, custodian, or Other Primary Caregiver (OPC) and am submitting valid and proper residency documentation accordingly or have identified myself as a non-resident and understand the required tuition agreement and tuition payment needed for enrollment.
- I certify that I have established and will maintain a physical presence in the District, defined as the "actual occupation and inhabitation of a place of abode with the intent to dwell for a continuous period of time"; and I am submitting valid and proper documentation to verify residency, as set forth in 5A DCMR § 5004; or, I have identified myself as a non-resident and will complete the required tuition agreement and tuition payment.
- I consent to the disclosure of whether I was determined to meet the residency requirements for any government funded financial assistance program (such as, Medicaid, Temporary Assistance for Needy Families [TANF], or Supplemental Nutrition Assistance Program [SNAP]) in which I am enrolled for the sole purpose of verifying District residency for DC public or charter school enrollment. By signing below, I am saying: I authorize the Office of the State Superintendent of Education (OSSE) to obtain my personally identifiable DC residency status information from other state or federal agencies, including but not limited to, the DC Department of Human Services (DHS), the DC Housing Authority (DCHA) and the Department of Health Care Finance (DHCF). OSSE will protect my information and follow all applicable laws regarding the protection and use of this information.
- I understand that enrollment of the above-named student in District of Columbia Public Schools, public charter schools, or other schools providing educational services funded by the District of Columbia is based on my representation of **bona-fide DC residency, including this sworn statement of physical presence and my submission of valid and proper documentation verifying residency** or by completion of a tuition agreement and tuition payments.
- I understand that even if the documentation I provide appears to be satisfactory, OSSE or school officials, with reasonable basis, may seek further information to verify the student's residency or the OPC status of the adult enrolling the student.
- If the District of Columbia, through OSSE, determines that I am not a resident or an approved non-resident under 5A DCMR § 5007, I understand that I am liable for payment of retroactive tuition for the student, and that the student may be withdrawn from school.
- I understand that if I provide false information or documentation, I can be referred to DC Office of the Inspector General for criminal prosecution or to the DC Office of the Attorney General for prosecution under the False Claims Act and under DC Code § 38-312 which provides that any person who knowingly supplies false information to a public official in connection with student residency verification shall be subject to payment of a fine of not more than \$2,000 or imprisonment for not more than 90 days, but not both a fine and imprisonment.
- I understand that this form and all supporting documentation to this form, including all other OSSE forms used to verify residency, will be retained by the school. I consent to their disclosure to OSSE, external auditors and other District agencies including but not limited to the DC Office of the Inspector General and the DC Office of the Attorney General, upon request, for the purposes of ensuring the accuracy of my District residency.
- I understand that the District of Columbia may use whatever legal means it has at its disposal to verify my residence.
- To verify residency to attend District of Columbia schools, I authorize the Office of Tax and Revenue (OTR) to review and confirm my District tax filings for a period of 3 tax years and to provide the results of that review to the OSSE's Office of Enrollment and Residency.
- I agree to notify the school of any change of residence for myself or the student within three school days of such change and complete a DC Residency Verification Form.

Enrolling Person SIGN HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Step Four: Submit this completed form and applicable documentation to your school.

### SCHOOL OFFICIAL USE ONLY The following method was used to verify District of Columbia residency. Choose ONE method.

I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies, including but not limited to, the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.

School Official Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Method A: School official verified

- OSSE Residency Verified (QLIK, ASPEN, or CBO Subsidy)
- Homeless liaison verified
- Ward of DC

#### Method B: Select one document

- Pay stub
- DC Gov. financial assistance
- Certified DC Tax Form-D40
- Military housing orders
- Embassy letter

#### Method B: Select two documents

- DC motor vehicle registration
- DC driver's license/non-driver ID
- Lease with payment
- Utility bill with payment

#### Method C: Home visit

Non-resident



# Sworn Statement – 2024-25 School Year

This form is to be completed by the person enrolling the student, or by the parent of an adult student or minor parent, in cases when a sworn statement is needed to complete residency verification. For example, use this form in cases where a minor parent is enrolling their child but currently living at home and not able to prove DC residency.

## Provide information about individual.

Student First Name:		Student Last Name:	
Person completing sworn statement > First Name:		Last Name:	
Address of person completing sworn statement:			Apt:
City:	State:	ZIP:	
Relationship to enrolling student:			
Email:		Phone:	

## Identify basis for sworn statement.

### Check the appropriate basis for the sworn statement:

- I am the parent, guardian, or custodian of an adult student and the student resides with me at the address provided above. Documents establishing DC residency as set forth in 5A DCMR § 5004.2 are attached.
- I am the parent, guardian, or custodian of a minor parent and the minor parent and child reside with me at the address provided above. Documents establishing DC residency as set forth in 5A DCMR § 5004.2 are attached.
- I am the Other Primary Caregiver (OPC) of the student as attested in the Other Primary Caregiver form. Documents establishing DC residency as set forth in 5A DCMR § 5004.2 are attached.

## Sign and complete the sworn statement.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information and belief. I further accept that all provisions set forth in “Step Three: Certification of Residency Requirements” on the DC Residency Verification Form are incorporated and merged herein.

Signature of person completing sworn statement: \_\_\_\_\_ Date: \_\_\_\_\_



# Attestation of Other Primary Caregiver (OPC) – 2024-25 School Year

This form is to be *completed by a legal, medical, or social service professional* attesting to the status of a person as an “other primary caregiver” to a minor student.

## Step One: Review the definition/description of an Other Primary Caregiver (OPC).

An “Other Primary Caregiver” is a person other than a parent, court-appointed custodian or guardian who is the primary provider of care and support to a child who resides with him or her, and whose parent, custodian, or guardian is unable to supply such care and support due to serious family hardship. For the purpose of this form, a parent is “unable to provide care and support” to a child if one of the serious family hardship conditions described in the boxes below applies. A person seeking to enroll the student as “other primary caregiver” shall provide documentation, including this form, which establishes his or her status as BOTH an “other primary caregiver” AND his or her residency in the District of Columbia as required by District of Columbia law and regulations.

## Step Two: Provide information as the professional attesting to status as an OPC.

Professional First Name:		Professional Last Name:	
Place of Employment:		Title:	
Employer Address:			Apt#:
City:	State:	ZIP:	
Relationship to OPC/Student:			
Student First Name:		Student Last Name:	
OPC First Name		OPC Last Name	
OPC Address:			
City:	State:	ZIP:	

## Step Three: Identify the reason for OPC status.

To the best of my knowledge, the child’s parent, court appointed custodian or guardian is unable to provide care and support to the child, because the parent, court appointed custodian or guardian (check any that apply):

- he/she has an active military assignment
- he/she suffers from a serious illness
- he/she is deceased
- he/she is experiencing loss of habitability
- he/she is incarcerated
- he/she does not live with the child due to neglect and/or abuse
- he/she has abandoned the child
- he/she is unavailable due to deportation

## Step Four: Sign and complete the attestation of OPC status.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information and belief.

Signature of Attesting Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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



# Other Primary Caregiver (OPC) Form – 2024-25 School Year

Use this form to verify that the enrolling student is under the care of "Other Primary Caregiver." School officials should only collect this form if the person enrolling the student is NOT the parent, legal guardian, or court appointed custodian of the student and whose parent, custodian, or guardian is unable to supply such care and support due to serious family hardship.

## Step One: Determine if you are an OPC.

An "Other Primary Caregiver" is a person other than a parent or court-appointed custodian or guardian who is the primary provider of care or control and support to a student who resides with him or her, and whose parent, custodian, or guardian is unable to supply such care and support due to serious family hardship. OPCs must establish DC residency as required on the DC Residency Verification Form, in addition to establishing his/her status as an "Other Primary Caregiver." See reverse for definition of care or control and substantial support.

## Step Two: Provide information about your OPC status.

Student First Name:		Student Last Name:	
OPC First Name:		OPC Last Name:	
OPC Address:			Apt#:
City:	State:	ZIP:	
Relationship to enrolling student:		Date student started residing with OPC:	
Verify OPC status (check all that apply):			
<input type="checkbox"/> I provide care or control for the enrolling student		<input type="checkbox"/> Enrolling student resides with me, the other primary caregiver	
<input type="checkbox"/> I provide substantial support for the enrolling student			

## Step Three: Provide information about the parent/legal guardian.

Full Name of Parent/Legal Guardian:			
Address of Parent/Legal Guardian:			
City:	State:	ZIP:	Phone:
The parent or legal guardian is unable to provide primary care and substantial support because of the following serious family hardship (check any that apply):			
<input type="checkbox"/> he/she has an active military assignment		<input type="checkbox"/> he/she is incarcerated	
<input type="checkbox"/> he/she suffers from a serious illness		<input type="checkbox"/> he/she does not live with the child due to neglect and/or abuse	
<input type="checkbox"/> he/she is deceased		<input type="checkbox"/> he/she has abandoned the child	
<input type="checkbox"/> he/she is experiencing loss of habitability		<input type="checkbox"/> he/she is unavailable due to deportation	

## Step Four: Confirmation of OPC Status.

By signing below, I swear and attest that I am the Other Primary Caregiver and the parent, custodian, or guardian is unable to supply such care and support because of a **serious family hardship**. I further accept that all provisions set forth in "Step Three: Certification of Residency Requirements" on the DC Residency Verification Form are incorporated and merged herein.

Other Primary Caregiver SIGN HERE: \_\_\_\_\_ Date: \_\_\_\_\_

## SCHOOL OFFICIAL USE ONLY Complete the area below to confirm school verification of other primary caregiver status.

I reviewed the OPC status as specified above and the OPC meets all three criteria and that the parent or legal guardian is unable to provide primary care and substantial support due to serious family hardship. In addition, the above identified OPC provided one of the following documents to verify OPC status:

<input type="checkbox"/> Sworn Statement	<input type="checkbox"/> Unexpired official documentation from the federal government or the Government of the District of Columbia
<input type="checkbox"/> Records from the previous school year	<input type="checkbox"/> Attestation for Other Primary Caregiver
<input type="checkbox"/> Immunization or medical records	

I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors and other agencies, including but not limited, to the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.

School Official Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Home Visitation Consent and Verification Form – 2024-25 School Year

Use this form to consent to allowing a school official to verify District of Columbia residency by visiting your residence in-person. Complete one form per student enrolling in a DC public or public charter school.

## Step One: Provide information about your family.

Student First Name:		Student Last Name:		DOB:	
Name of School in the 2024-25 School Year:					
Enrolling person (see page 2) > First Name: <small>(Student name if the enrolling person is an Adult Student)</small>				Last Name:	
I am the:		<input type="checkbox"/> student's legal parent/guardian/custodian		<input type="checkbox"/> student's Other Primary Caregiver (OPC Form must be completed)	
		<input type="checkbox"/> adult student		<input type="checkbox"/> minor parent (Sworn Statement must be completed)	
Address of enrolling person:					Apt:
City:	State:	ZIP:	DC Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email:			Phone:		

## Step Two: Consent to home visit by a school official.

I hereby consent for a school official to conduct an in-person home visit for the purpose of validating my DC residency. Personal information that may be collected in connection with this visit is to be retained in the official record of the student and will not be transferred or disclosed outside of the school, local education agency or state education agency, except where disclosure is required by law or is pursuant to the verification of my District residency. This information will be used for the purpose of validating District residency of the student's parent, guardian, or other primary caregiver, or of the adult student him/herself.

Signature of Person Enrolling Student: \_\_\_\_\_ Date: \_\_\_\_\_

### SCHOOL OFFICIAL USE ONLY The following information was verified by conducting an in-person home visit by a school official.

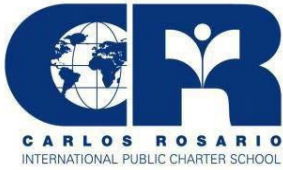
Step 1	Date of <u>in-person</u> home visit (mm/dd/yyyy): _____	
Step 2	Name of people residing in the home:	Relationship to student:
Step 3	Is there evidence that the enrolling person or Other Primary Caregiver resides at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Step 4	Please provide detailed evidence that both the enrolling person and the <i>student</i> live at the residence. Describe:	
Step 5	Check only one:	
	<input type="checkbox"/> I have confirmed District residency of the enrolling person by conducting a home visit.	
	<input type="checkbox"/> I have confirmed District residency of the enrolling person and student by conducting a home visit (OPC Only).	
	<input type="checkbox"/> I was <u>unable</u> to confirm District residency of the enrolling person by conducting a home visit.	
	<input type="checkbox"/> I was <u>unable</u> to confirm District residency of the enrolling person and student by conducting a home visit (OPC Only).	

I certify that I am the enrolling person who consented to an in-person home visit for the student named above. I attest that the information herein provided is true to the best of my knowledge based on the home visit I consented to.

Enrolling Person Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I am the school official authorized by the above-named school to conduct a home visit for the student named above. I attest that the information herein provided is true to the best of my knowledge based on the home visit I conducted.

School Official Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ward: \_\_\_\_\_ Primary Phone No: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_  
ABE/ESL Level: \_\_\_\_\_ Program Requested: \_\_\_\_\_ Session Requested: \_\_\_\_\_

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## STUDENT CODE OF CONDUCT

All students agree to comply with the following Code of Conduct when enrolling in the School:

If enrolled, I promise to abide by all the school rules and policies of the Carlos Rosario International Public Charter School as indicated below and in the student handbook:

1. I will bring my ID card to school every day and wear it at all times. I understand I will not be allowed in the building if I do not wear it.
2. I will come to class beginning on the class start date. I understand that if I am absent during the first week of class, I will be dropped from class.
3. I will come to class every day and I will be on time. I understand that if I do not have 75% attendance (3/4 days of attendance per week), I will be dropped from class.
4. I will return my school laptop if I drop my class, take a leave of absence or at the end of the school year.
5. I will contact my teacher if I need to change my class schedule. I understand that I might not be able to change my class schedule due to space availability.
6. I will fill out a Leave of Absence form at the Registration Office if I need to leave the school for more than 2 weeks for medical, personal or professional reasons.
7. I will be prepared for class, and I will work hard, to the best of my ability, to attain my educational goals.
8. I will demonstrate respect through appropriate actions, dress code, words, tone and body language to my classmates, teachers, staff and school property.
9. I will not be under the influence of drugs, alcohol or any controlled substance while at school or at any school event. Also, I will not use, possess, distribute and/or sell drugs or alcohol on school property or at any school activities occurring off-site.
10. I will not bring any type of weapon to school.
11. I understand that all students are encouraged to obtain all recommended immunizations/boosters, especially students under 26 years of age. See DC Immunization Act, DC Code section 38-501 et seq. If there are any required immunizations/boosters, I will comply with all requirements or I will be dropped from school.

- 12. I agree that I will tell the Registration office immediately, and no later than 3 days, if I move.
- 13. I will attend all classes in person the first two weeks and the last two weeks of the semester.
- 14. I will come in person to complete all required assessments.

In an attempt to provide the best possible instruction, everyone must establish a peaceful and harmonious environment for all students, faculty and staff. Carlos Rosario School decisions regarding student behavior and discipline will respect individuals, balance the interests of the school community, and minimize disruption of academic instruction. This applies to virtual and in person learning environments.

All faculty and staff are trained to respond to Code of Conduct violations. However, disciplinary action will be executed only by a Principal or Assistant Principal.

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*Student Signature / (if applicable) Parent/Guardian*

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*Date*

The Carlos Rosario International Public Charter School admit students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin or any other status protected by applicable law in administration of its educational policies, admission policies, sliding scale tuition, loan programs, and otherschool-administeredprograms.





**RELEASE OF INFORMATION FORM**  
**Students 16 - 21 years old**

Date: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

ATTENDED DCPS: YES  NO

IF YES, SCHOOL NAME & ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

*Month Day Year*

EMANCIPATED MINOR YES  NO

To Whom It May Concern:

I \_\_\_\_\_, am presently enrolled at the Carlos Rosario International Public Charter School and authorize the above-mentioned school to obtain information about my cumulative records and (if applicable) Individualized Education Plan (IEP), which are presently kept at: \_\_\_\_\_.

Please release the above-mentioned record (s) to Jennifer Zoeller, Registrar.

Sincerely,

\_\_\_\_\_  
*Student Signature / (if applicable) Parent/Guardian*

The Carlos Rosario International Public Charter School does not discriminate on the basis of race, color, national origin, sex, age, disability or other status protected by applicable law in admission or access to its programs and activities. The School's full nondiscrimination policy statement is available on its website at [www.carlosrosario.org/public-information/](http://www.carlosrosario.org/public-information/)