



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: Kingsman Academy Public Charter School					
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



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.

This form must be signed and dated by the parent/guardian and school official and kept in the student's file.

Student's Last Name

Student's First Name

Kingsman Academy Public Charter School

School Name

1. What is the primary language used in the home? _____

2. What is the language most often used by the student? _____

3. What language or languages did the student use first? _____

For additional information only:

What other languages are spoken in your home? _____

Signature of Parent/Guardian

Date

Signature of School Official

Date

To be completed by School Official:

Refer for English language proficiency screening? Yes No

10/04/2024

Emergency Contact Information

Emergency Contact Information is Mandatory

Primary Emergency Contact

Primary Contact Name

Primary Contact Address

Primary Contact Relationship to Student

Primary Contact Phone Number

Primary Contact Email

Secondary Emergency Contact

Secondary Contact Name

Secondary Contact Address

Secondary Contact Name

Secondary Contact Phone Number

Secondary Contact Email

Dear Kingsman Academy Parent or Guardian:

KINGSMAN ACADEMY is excited to announce a new partnership with Vision To Learn providing vision services to students. This includes a routine eye exam and, if needed, eyeglasses.

All this is available at no cost to you.

About Vision To Learn

Vision To Learn is a non-profit organization working in communities across the U.S. offering vision services to students in support of their academic achievement, free of charge.

Student Vision Services

Vision screenings will take place at your student's school. If your child does not pass the screening, they will be referred to the Vision To Learn mobile clinic to receive a basic eye exam by an independent licensed optometrist. If needed, your child may also be prescribed glasses. The optometrist may also identify and refer students in need of follow-up vision care. *Eye exams do not involve eye drops or dilation.*

Vision To Learn follows CDC, state and federal regulations, the use of Personal Protective Equipment for staff and students, and thorough disinfection between patients. Vision To Learn is committed to following best practices to prioritize the safety of our students.

Student Information for Vision Services

Kingsman Academy will share your child's name, date of birth, gender, parent/guardian name, demographic and contact information, and vision screening results with Vision To Learn. Vision To Learn will share your child's eye exam information with Kingsman Academy. Vision To Learn may also share limited information required to receive programmatic funding from the state.

Medicaid Benefit Usage

Receiving vision services provided by this program will constitute a routine eye exam and – as needed – eyeglasses and dispensing of glasses that may be billed to your child's Medicaid benefits, if applicable. Please note that a no-cost eye exam and eyeglasses will be provided even if your insurance cannot be billed. You may receive a notice called an Explanation of Benefits (EOB) from your insurance carrier with information regarding the services billed and the payments that have been approved, but you will not receive any bill for the services or eyeglasses.

Glasses

If your child receives a prescription for glasses:

- 1) They will choose a frame,
- 2) Vision To Learn will order the glasses, and
- 3) A trained and licensed optician will dispense glasses at the school within 2-3 weeks.

If you have Vision To Learn program questions, please contact Vision To Learn at the information listed below.

Return this form if you **do not** want your child to receive free vision services.

If you choose to **opt out of (or decline) vision services for your student**, please complete the information below and return to your child's school **in the next 3-5 business days**.

I **do not** give permission for my child _____ to participate in the Vision To Learn program. (Student Name)

Parent Signature

Date



Appendix A: Consent for Medicaid Reimbursement

The Local Education Agency (LEA) and The Office of the State Superintendent of Education (OSSE) are eligible to receive federal Medicaid reimbursement for certain health related services provided to your child when the services meet state Medicaid requirements and are provided in accordance with your child's Individualized Education Plan (IEP). These services may include any of the following:

- Assistive Technology Services/Assessment
- Audiology Services/Assessment
- Behavioral Support Services
- Nutrition
- Occupational Therapy/Assessment
- Orientation and Mobility Services/Assessment
- Personal Care Aide Services
- Physical Therapy Services/Assessment
- Psychological Evaluation
- Skilled Nursing Services
- Speech-Language Pathology Services/Assessment
- Special Education
- Transportation Services

A claim containing personal information about your child must be submitted to the Department of Health Care Finance (DHCF) in order to receive reimbursement. DHCF will not be allowed to use this information for any other purpose and will be required to keep this information confidential. The Family Educational Rights and Privacy Act (FERPA) require that your written consent be obtained to share or disclose personally identifiable information from your child's educational records. In addition, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) requires your written consent in order to bill for Medicaid-eligible health related services provided to your child. By completing and signing this form, you will help meet these consent requirements.

Rights

- The District will not require you to enroll in Medicaid in order for your child to receive special education services.
- The District will not require you to incur out-of-pocket expenses incurred in filing a claim for services. The District may pay the cost that you would otherwise be required to pay.
- The District will not use Medicaid if that use would: (1) Decrease the available lifetime coverage or any other insured benefit; (2) Result in any cost to your family; (3) Increase premiums or lead to the discontinuation of benefits or insurance.
- You are not required to provide your consent, and your refusal to do so will not prevent your child from receiving special education services at the expense of the District.
- Upon written request, you or your child may receive a copy of the information shared with DHCF.

Parental Consent

By signing below, I voluntarily give the LEA and OSSE my consent to share with DHCF my child's name, primary address, date of birth, social security number, Medicaid number, IEP, and all information about health related services provided to my child, the dates and frequency of the services provided, and special education assessments and evaluations related to my child. I also authorize the release of this information to state and/or federal Medicaid representatives for the purpose(s) of determining eligibility and/or completing audit/review requests. I understand that, unless I revoke my consent in writing, this consent will remain in effect for one year from the date of my signature. If I do revoke consent, my previous consent is still valid regarding all information shared prior to my revoking consent. In addition to providing consent for services provided after the date of my signature, I also grant consent to OSSE and the LEA to seek Medicaid reimbursements for IEP services that occurred within two years prior the date of my signature that have not already been submitted. In the event that the services in my child's IEP changes, I will be required to sign another consent form.

CONSENT FOR MEDICAID REIMBURSEMENT (please check the appropriate box below)

- I am providing consent as indicated by my signature below**
- I am providing consent if my child becomes Medicaid eligible in the future as indicated by my signature below**
- I decline to provide consent to bill for Medicaid reimbursable services**

Student Name

Student Local ID

Student State ID

Student Medicaid ID (if available)

Parent Signature

Date

Local Education Agency Name: Kingsman Academy PCS

Informed Consent for Telehealth Services

STUDENT NAME:	Date of Birth:	USI:
STUDENT LEA: Kingsman Academy Public Charter School	DATE:	
PRACTITIONER NAME:	SPECIALTY:	
PRACTITIONER NAME:	SPECIALTY:	
PRACTITIONER NAME:	SPECIALTY:	

As of March 2020, students may have received telehealth and/or in-person services due to the public health emergency. Please review the following form and consent to the continued use of telehealth in the course of service provision that began in March 2020.

Introduction

Telehealth involves the use of electronic communications to enable related service practitioners to provide services for the purpose of IEP implementation. The information obtained through the use of Telehealth may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following: Student records, Medical records and images, Live two-way audio and/or video, Output data from medical devices and sound and video files. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of student identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits

Improved access to services by enabling a student to remain in his/her home (or at a remote site) to receive IEP prescribed services from a healthcare practitioner at a distant/other site(s). Continuation of IEP prescribed services.

Possible Risks

As with any service, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to: In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate decision making by a practitioner; Delays in service could occur due to deficiencies or failures of the equipment and technology; In very rare instances, security protocols could fail, causing a breach of privacy of personal identifiable information

Student/Parent Consent to the Use of Telehealth

- I have read and understand the information provided above regarding telehealth, have discussed it with the practitioner(s) or such assistants as may be designated, and all of my questions have been answered to my satisfaction. **I hereby give informed consent for the use of telehealth for the continuous implementation of the student's IEP.**
- I have read and understand the information provided above regarding telehealth, have discussed it with the practitioner(s) or such assistants as may be designated, and all of my questions have been answered to my satisfaction. **I hereby Do Not give informed consent for the use of telehealth for the continuous implementation of the student's IEP.**
- I have read or was verbally provided with and understand the information provided above regarding telehealth, have discussed it with the practitioner(s) or such assistants as may be designated, and all of my questions have been answered to my satisfaction. **I hereby give verbal informed consent** for the use of telehealth for the continuous implementation of the student's IEP. In the event verbal consent is provided, the practitioner shall complete the section below.

Guardian/Adult Student Signature

Date

- Written Consent could not be obtained** (In the event of an emergency, consent for the use of distance service provision may be obtained verbally. A detailed service note that describes the beneficiary's consent, the reasons why a written consent was not available at the time, and the practitioner's attempts to obtain consent shall be included in the student's service note in the OSSE SEDS system.)

Releases, Consents, & Authorizations

Student & Parent/Guardian Information		
Student Name _____	Date of Birth _____	Parent/Guardian Name _____
Adult Student?	YES	NO
Records Release		
<p>By signing below I authorize Kingsman Academy Public Charter School to request records from all schools the student above has attended. I understand that Kingsman Academy will not further transfer or communicate therecords to any other party or agency without my express written consent except under the authority of the FamilyEducational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).</p>		
Parent/Guardian Signature _____	Date _____	
Field trip Authorization		
<p>I understand that the student above may have the opportunity to participate in field trips that will take him or her away from campus. I understand that these trips will be under the direct supervision of a Kingsman AcademyPublic Charter School faculty member and that the student above will be transported either by public transportation, a Kingsman Academy vehicle, or a for-hire vehicle.I request that the student above be allowed to attend such field trips.I authorize any medical treatment in case of emergency and agree that I am responsible for the cost of such treatment.I agree to release, hold harmless and indemnify Kingsman Academy Public Charter School, its agents,representatives, and employees from all claims, damages, or other liabilities for injuries to the student above that are not the result of gross negligence, intentional neglect or willful or wanton conduct by the school or its agents,representatives, or employees.I understand that any trips that take my student out of the District of Columbia metropolitan area or that require an overnight stay will require a separate permission form that will be provided to me by Kingsman Academy.</p>		
Parent/Guardian Signature _____	Date _____	
Media Release		
<p>By signing below, I hereby grant Kingsman Academy Public Charter School and its employees, agents,successors, and assignees the right to: (1) record the image and voice of the student above; (2) edit such recordings at their discretion; and (3) use such recordings, along with the artwork and written work of the students on videotape, in photographs, in digital media, and in any other form of electronic or print media. I understand that this release does not grant Kingsman Academy the right to disclose any biographical or other identifying information regarding the student above and that I may revoke this consent at any time by contacting the school.I hereby release Kingsman Academy, its successors, its assignees, and anyone using image, voice, artwork,and/or written work of the student above pursuant to this release from any and all claims, damages, liabilities, costs, and expenses which I or the student above now have or may hereafter have by reason of any use thereof.I understand that the provisions of this release are legally binding. This consent is valid through the end of the school year and can be revoked at any time.</p>		
<p>I CONSENT I DO NOT CONSENT</p>		
Parent/Guardian Signature _____	Date _____	

Release of Information to Military Recruiters (Optional)	
<p>Federal laws require Kingsman Academy Public Charter School to provide military recruiters, upon request, with the name, address, and telephone number (“information”) of all sixth through twelfth-grade students unless the parent/guardian or adult student has opted out of such disclosure by signing below. This opt-out is valid throughout the student’s time enrolled at Kingsman Academy Public Charter School and can be revoked at any time.</p>	
<p>I request that Kingsman Academy not release information on the student above to military recruiters</p>	
Parent/Guardian Signature _____	Date _____
Consent to Social and Emotional Health Services (Optional)	
<p>Kingsman Academy Public Charter School has highly qualified professionals to help students experiencing stress,sadness, anger, or other emotions that can affect their lives. By signing below, you authorize Kingsman Academyprofessionals to begin working with the student above. You will be notified and included in any plan for services,consistent with best practices. The student’s information will be reviewed by the school’s mental health and behavioral support professionals and will be handled confidentially. This consent is valid through the end of the school year and can be revoked at any time.If you consent, please check which of the following your student has or is experiencing:</p>	
Parental divorce/separation	Foster Care
Homelessness	Incarcerated Parent
Death of close family	Incarceration
Other trauma: _____	
Parent/Guardian Signature _____	Date _____
Google Apps Consent (Optional)	
<p>Kingsman Academy Public School uses G Suite for Education, and we are seeking your permission to provide and manage a G Suite for Education account for the student above. G Suite for Education is a set of educational productivity tools from Google including Gmail, Calendar, Docs, Classroom, and more used by tens of millions of students and teachers around the world. Kingsman Academy students use their G Suite accounts to complete assignments, communicate with their teachers, sign into Chromebooks, and learn 21st-century digital citizenshipskills.Kingsman Academy has a notice that provides answers to common questions about what Google can and can’t do with the personal information of the student above, including:</p> <ul style="list-style-type: none"> • What personal information does Google collect? How does Google use this information? Will Google disclose the student’s personal information? Does Google use student personal information for users in K-12 schools to target advertising? Can the student share information with others using the G Suite for Education account? 	
<p>The notice is posted on the school website and available in print by request. Please read it carefully, let us know of any questions, and then sign below to indicate that you’ve read the notice and give your consent. If you don’t provide your consent, we will not create a G Suite for Education account for the student above. Students who cannot use Google services may need to use other software to complete assignments or collaborate with peers.By signing below, I give permission for Kingsman Academy to create/maintain a G Suite for Education account for the student above and for Google to collect, use, and disclose information about the student above only for the purposes described in the notice described above.</p>	
Parent/Guardian Signature _____	Date _____

Student Technology Loan Agreement

Equipment being lent to the borrower in good working order. It is the borrower's responsibility to care for the equipment and ensure that it is retained in a safe environment. **The borrower is responsible for submitting the equipment to periodic checks by Kingsman Academy staff to ensure the device remains in good condition.** Students may be eligible to receive YouEarnedIt points upon successfully passing each check

The equipment is, and at all times remains, the property of Kingsman Academy Public Charter School and is lent to the borrower for educational purposes only. Borrower may not deface or destroy this property in any way. Borrower may not alter the hardware, including removing the chip.

All policies and expectations outlined in the Student and Family Handbook, including the Acceptable Use Policy and other technology policies, apply to the use of the equipment during the time period of the loan agreement. Inappropriate use of the equipment may result in the borrower losing his/her right to use the equipment. The equipment will be returned to the school at the end of the school year or if requested by the school's administration.

The borrower may use the equipment only for non-commercial purposes in accordance with the school's policies. Any included software may be used only in accordance with the applicable license and it is the borrower's responsibility to be familiar with and comply with the provisions of such license. Borrower may not install or utilize any software in connection with the use of the equipment other than the software owned by the school and made available to the borrower in accordance with this agreement or by administrative approval. The borrower also agrees to not make any unauthorized use or modifications of such software.

One user account with specific privileges and capabilities will be set up on applicable devices and the network for the exclusive use of the borrower to which it has been assigned. The borrower agrees not to attempt to change the account's privileges and capabilities.

Acknowledgement

I acknowledge and agree that my use of the Phone and/or other equipment is a privilege and that by this agreement, I accept the responsibility to protect and safeguard the equipment and to return it in good condition and repair. **I agree that the school may, at its sole discretion, hold me financially responsible for any damage to, loss of, or failure to return school property. This could include repayment of the value of the phone through YouEarnedIt! points**

I have also read and agree to abide by Kingsman Academy's Acceptable Use Policy and other technology policies.

Student Signature: _____

Date: _____

Guardian/Adult Student Signature: _____

Date: _____



STUDENT HANDBOOK ACKNOWLEDGMENT FORM

Student's First Name	Student's Last Name
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Each year, Kingsman Academy Public Charter School publishes the Student and Family Handbook, which contains the most current information about school policies and procedures. The Student and Family Handbook can be downloaded from the school website on the Resources Page. Please note policies and expectations may have changed from the previous year.

If you have questions about any of the school policies, please contact the main office at (202) 547-1028.

Please complete the following form, acknowledging that you have reviewed the Student and Family Handbook Forms.

Student's Signature	Date
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Parent/Guardian's Signature	Date
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