



MY SCHOOL DC

The Public School Lottery

MySchoolDC.org

SEAT ACCEPTANCE FORM

2018-19 School Year

Parents/Guardians: Please complete this form to confirm your child accepts a seat in a My School DC school.

Student Information *You must fill out one form for each child you are enrolling.

First Name:	MI:	Application Tracking #:
Last Name:	Date of Birth: ____/____/____ <small>MONTH DAY YEAR</small>	
Current School (2017-18):	Current Grade (2017-18):	
Enrolling School (2018-19):	Enrolling Grade(2018-19):	

Parent/Guardian Information *Should be the person completing the form and confirming residency.

First Name:	Last Name:	
Address:		
City:	State:	Zip:

Records Release *Please check the *required* box below so that the enrolling school can request your child's records.

I hereby authorize the enrolling school to request records from the current school for the student above. I also hereby authorize the enrolling school to request records from any other previous schools that the student above has attended. I understand that the enrolling school will not further transfer or communicate the records to any other party or agency without my express written consent except under authority of the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).

Enrollment Confirmation *Please read and check each box below to confirm your enrollment for 2018-19.*

I understand that by submitting this form, I am confirming the enrollment of the student above in the enrolling school for 2018-19.

I understand that I cannot maintain enrollment at more than one school for 2018-19.

I understand that once this form is submitted, I will give up my space at my current school for next school year (2018-19) and my current school will be notified that my space may be awarded to another family.

I understand that if I enroll as a result of receiving a waitlist offer from this school that I will be removed from the waitlists of all schools ranked below this school on my My School DC application.

Parent/Guardian Signature:	Date: ____/____/____ <small>MONTH DAY YEAR</small>
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THIS SECTION IS TO BE COMPLETED BY STAFF AT THE ENROLLING SCHOOL

Date Received: ____/____/____ Time Received: _____ Printed Staff Name: _____ Staff Signature: _____	School Seal (if applicable):
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MY SCHOOL DC

公立学校抽签

MySchoolDC.org

名额接受表

2018-19 学年

父母/监护人：请您填写此表格，以确认您的孩子在一所 My School DC 学校接受了名额。

学生信息 *请务必为您想要登记的每一个孩子填写一份表格。

名字：	中间名：	申请 追踪号：
姓氏：	出生日期：____/____/____ 月 日 年	
当前学校(2017-18)：	当前年级(2017-18)：	
登记入学的学校(2018-19)：	登记入学的年级(2018-19)：	

父母/监护人信息 *应为填写此表格和确认住处之人。

名字：	姓氏：	
地址：		
城市：	州：	邮编：

记录公开 *请勾选下方要求的方框，以便登记入学的学校可以请求获得您的孩子的记录。

本人在此授权登记入学的学校请求上述学生的当前学校提供学生记录。本人也在此授权登记入学的学校请求上述学生的任何曾就读学校提供学生记录。本人理解，除非根据家庭教育权利和隐私法 (Family Educational Rights and Privacy Act, 简称 FERPA) (20 U.S.C. § 1232g; CFR 第 34 篇, 第 99 部分) 的要求，否则在没有本人的明确书面同意的情况下，登记入学的学校不会将记录进一步转让或者传达给任何其他方或机构。

入学登记确认 *请阅读并勾选下面的每个方框，以确认您的 2018-19 学年入学登记。*

本人理解，通过提交此表格，本人确认上述学生 2018-19 学年在该学校的入学登记。

本人理解，本人不能为 2018-19 学年保留多所学校的入学登记。

本人理解，一旦提交此表格，本人将放弃在当前学校的下一个学年 (2018-19) 的入读名额，且会通知本人的当前学校将本人的入读名额授予另一个家庭。

本人理解，如果本人收到这所学校提供的候补名单而进行入学登记，那么本人将从我的 My School DC 申请中排名低于这所学校的所有学校的候补名单中删除。

父母/监护人签名：	日期：____/____/____ 月 日 年
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本部分由登记入学的学校工作人员填写

Date Received: ____/____/____ Time Received: _____ Printed Staff Name: _____ Staff Signature: _____	School Seal (if applicable):
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