



MY SCHOOL DC

The Public School Lottery

MySchoolDC.org

SEAT ACCEPTANCE FORM

2019-20 School Year

Parents/Guardians: If you participated in the My School DC lottery, please complete this form to confirm your child accepts a seat in a My School DC school and submit it with other enrollment requirements to the school in person.

Student Information

You must fill out one form for each child you are enrolling that participated in the My School DC lottery.

First and Last Name:

Date of Birth (MM/DD/YYYY):

Current School (2018-19):

Current Grade (2018-19):

Enrolling School (2019-20):

Enrolling Grade (2019-20):

Records Release

Please read and sign the bottom of this form so that the enrolling school can request your child's records.

By signing this form, I 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 sign the bottom of this form to confirm your understanding of each statement and your child's enrollment for 2019-20.

I understand that I cannot maintain enrollment at more than one school for 2019-20 and I am confirming my enrollment at the "Enrolling School" above.

I understand that once this form is submitted, I will give up my space at my current school for next school year (2019-20) 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 Information

This should be the same person completing the form.

Signature: _____ **Print Name:** _____ **Date:** _____

FOR OFFICE USE ONLY

Application Tracking #: _____



名额接受表

2019-20 学年

父母/监护人：如果您参加了My School DC抽签，请填写此表，以确认您的孩子接受My School DC学校名额，并将本表与其他注册要求一起亲自提交给学校。

学生信息

您必须为参加My School DC抽签的每个孩子填写一份表格。

姓名全名：

出生日期 (MM/DD/YYYY)：

目前就读的学校(2018-19)：

目前所在的年级 (2018-19)：

注册学校 (2019-20)：

注册年级 (2019-20)：

记录公开

请阅读并在本表格底部签字，以便注册的学校可以索取您孩子的记录。

通过签署此表格，我授权注册学校向目前就读的学校索取上述学生的记录。我还在此授权注册学校向上述学生就读过的任何其他学校索取该生的记录。我了解，未经本人明确书面同意，注册学校不得将记录进一步转移或传达给任何其他方或代理机构，除非受到《家庭教育权利和隐私法案》(FERPA)的授权(20 U.S.C. § 1232g; 34 CFR Part 99)。

注册确认

请阅读并在本表格底部签字，以确认您了解各项陈述和您孩子的2019-20学年注册事宜。

本人了解，我不能在多所学校注册报名2019 - 20学年，而且我在上述的“注册学校”处已确认注册。

本人了解，一旦提交本表，我将放弃目前就读的学校下一学年(2019-20)的空间，且目前就读的学校将得知我的空间可能会授予另一个家庭。

本人了解，如果我因收到该学校的候补名单而注册，我将从My School DC申请表中所有学校(列于下方)的候补名单中移除。

父母/监护人信息

此人应是填写本表的人。

签名：_____ 正楷姓名：_____ 日期：_____

FOR OFFICE USE ONLY

Application Tracking #: _____