



**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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