### **Roots Public Charter School**

### **ENROLLMENT CHECK-OFF STATUS SHEET**

### **School Year 2025-2026**

SIUDENI NAME: _	(Last)	(First)	(Middle Initial)
GRADE: (PK3)	(PK4) (K) (:	1) (2) (3) (4	(5) (check one)
- ENR	ROLLMENT	APPLICATI	ON
0	Enrollment	and Support A	greement
0	Academic a	nd Behavioral	Contract
0	Media Relea	ase Form	
0	PAC Comm	ittee Member	ship Form
			(required for grades PK3-PK4)
0	Home Lang	uage Survey (	new families only)
• RES	SIDENCY D	ATA (2 Requ	ired)
0	Driver's Lic	ense	
0	Vehicle Reg	gistration	
0			recent paid receipt)
	<ul><li>PEPC</li></ul>	O, WASA, G.	AS ONLY
		-OF	
		ATA (1 Requ	
			t (with recent paid receipt)
		Stub (within	200 1 2 2 2 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0	SSI/TANF/I	MEDICAID (1	with student's name listed)
		TA (from exit	
		hdrawal Form	
	Report Card		
		d Test Scores	
0	Special Acc	ommodations	Documentation (if applicable)
	LTH DATA		
		ealth Certifica	
		Assessment F	
0	Health Exen	nption Form (	if applicable)
Roots PCS	Verification	•	Date:

### **ROOTS PUBLIC CHARTER SCHOOL**

### **ENROLLMENT APPLICATION**

SY 2025-2026

Enrolling Grade:		Student ID#:		
STUDENT CONTACT INFORMATION				
First Name	MI	Last Name	Suffix	
Date of Birth	Gender	Race/Ethnicity (check	all that apply)	
//	☐ Female	│ │ □Black □Asian □Americar	n Indian/Alaska Native	
Student's Age:	□ Male	□White □Hispanic Origin □Tw		
Name of Last School Attended	City/State	Date Last Attended	Last Grade Completed	
		/		
Special Services (check all that a	apply) <b>Ø</b>	How did you hear	about Roots?	
□ Current IEP (Individualized Education Program	n)	□ DC EdFES	Г	
□ Current 504 Plan		□ My School	DC	
□ English Language Learner ( <i>ELL</i> )		□ Referral (W	Vord of Mouth)	
Any health issues requiring emerg	ency response?	□ School We	bsite	
□ Yes □ No		□ Social Med	lia	
		□ Google Se	arch	
If yes, please give a brief description:		□ Marketing	Outreach	
Tyoo, produce give a prior decomption.		<del></del>		
Student's Residential Address		City/State/Zip Code		
Apartment/Suite Number		Are there any siblings at Roots?	currently enrolled	
I certify that the information given false information for purposes				
Parent/Guardian Signature	Andrew Andrew Andrew	Date		

### PARENT/GUARDIAN CONTACT INFORMATION

PARENT/GUARDIAN (1) First Name	MI	Last Name	PARENT/GUARDIAN (2) First Name MI	Last Name
riist Name	MI	Last Name	First Name MI	Last Name
Street Address (if different from student)		Street Address (if different from student)		
Apt #		Ward	Apt #	Ward
City		City		
State		Zip Code	State	Zip Code
Home Phone		Work Phone	Home Phone	Work Phone
Cell Phone			Cell Phone	
E-mail Address	de Printerio de la constitución de Paris de Constitución de Paris de Constitución de Constituc	and the second s	E-mail Address	
Address		Address		
Name Address		Name Address		
Polationship	posterior de la constantina della constantina de		Relationship	
Relationship		Relationship		
Primary Phone		Primary Phone		
Alternate Phone		Alternate Phone		
MERGENCY CONTACT			EMERGENCY CONTACT	INFORMATION (4)
Other than parent,	/guardia	an)	(Other than parent	/guardian)
Name		Name		
Address		Address		
Relationship		Relationship		
Primary Phone		Primary Phone		

Alternate Phone

Alternate Phone

# ROOTS PUBLIC CHARTER SCHOOL ENROLLMENT AND SUPPORT AGREEMENT

I/We, the undersigned hereby enroll Roots Public Charter School. (hereinafter "Roots") for the sc		
I/We are in full agreement with the Roots' mission, philosop to abide by the policies that are outlined in the Parent/Sunderstand.		
I/We further agree and understand that enrollment is conorientation session. This session is crucial to my/our undesthodology, and what is expected of me/us in the my/our/child/children.	derstanding of the s	chool's structure/design,
I/We understand that Roots will take precautions for my ch without liability to anyone acting on behalf of Roots, to so medication/treatment that I/we bring to Root for him/her. I and I/we cannot be contacted, I/we authorize Roots to take the hospital for treatment.	ecure and provide Fi If my child becomes i	rst Aid and administer any II or involved in an accident
I/We accept responsibility for any necessary expenses in the not covered by the following:	ne medical treatment	t of my/our child, which is
Health Insurance Company:		
Policy#		
I/We consent that my/our child/children can participate in without liability to anyone acting on behalf of Roots. I als video, broadcast, or published media related to the school	o consent to our fan	nily's participation in print,
Accepted by:		
Roots Administration	Date	
Parent/Legal Guardian	Date	_
Parent/Legal Guardian	Date	

# **ACADEMIC AND BEHAVIORAL CONTRACT**

Between

### Parent/Student and Roots Public Charter School

Roots Public Charter School maintains high academic and behavioral standards. Students must be self-motivated and self-disciplined. Therefore, as a parent, I promise to ensure:

- 1. that I will supervise all homework assignments.
- 2. that my child completes all homework assignments.
- 3. that I will review and sign my child's weekly academic grade report provided by the teacher.
- 4. that if my child's weekly academic grade report reflects poor performance, I will supervise my child's home free time to assist in enhancing knowledge in areas of weakness.
- 5. that my child is obedient, respectful, and demonstrates acceptable behavior.
- 6. that following the suspension of my child for unacceptable behavior, I will accompany the child to school and spend the days as part of in-school suspension.
- 7. that if my child is found to have a weapon (of any type) in school, I understand in compliance with the Gun-Free Schools Act, my child will be expelled from RPCS for one year and referred to the Juvenile Delinquency System.
- 8. that I am responsible for all information contained in correspondence sent home with my child.
- 9. that my child attends school daily with all school supplies.
- 10. that all textbooks issued to my child will be returned in satisfactory condition; otherwise, I will be charged for the cost of the textbooks.
- 11. that I will support all school community fundraisers.
- 12. that I will attend all parent meetings.
- 13. that I will be an active PAC member and volunteer a day or more in the classroom per semester.
- 14. that I will refrain from conflict or aggressive behaviors towards staff, students, and other parents.

I understand that breach of this contract may result in the dismissal of my child from Roots Public Charter School.

Agreed:			
Parent/Guardian Signature	Date	Principal	Date

# **Media Release Form**

I hereby authorize and irrevocably grant the Roots Public Charter School and assigns the unrestricted right to use and publish any film, videotape, audiotape, still photographs, print and any other media known and hereafter invented of my child.

I acknowledge that Roots PCS shall own all rights, title, and interest in and to this media. I further agree that they may cause all or parts of this media to be used for publications, exhibitions, public displays, editorials, advertising, or other purposes.

I waive any inspection or approval of the media or any advertising or publicity in which my child appears. I expressly release and agree to hold harmless Roots Public Charter School and its assigns from any liability.

Date	
Parent/Guardian Signature	
Print Name	



# **ROOTS PUBLIC CHARTER SCHOOL**

# PAC COMMITTEE MEMBERSHIP FORM

Please PRINT Clearly

Parent's Name:		
Child's Name:		
Child's Grade: _		
Address:		
Phone No: (	) Best time to call: AM or I	PM (circle one)
Email address:		
participate each m	ontract, each parent is encouraged to join <i>PAC (Parent Advisory on the parent Advisory of the parent Advisory of the following committees and results and the following committees and results are the parent of the following committees and results are the following committees and results are the following committees and results are the following committees are t</i>	eturn this form to the
	<b>Ipers and Substitutes</b> : Arranges for parents to volunteer as a substitutes in the classroom. From time to time, make phone	
	ational Affairs Committee: Makes flyers, posters, and tickets for farticles in community news. Send alumni flyers about fundraisers a	
	committee: Helps to maintain the upkeep of the school, place salt or set-up and Clean-up for all school fundraisers	
	mmittee: Helps prepare and serve food during all school events (Cuerade Ball, Family Fun Day, End of the Year Recital, Graduations	
	d Educational Affairs: Update performance objectives as needed, science fairs, spelling bees, geography bee coach and/or judge, etc.	
	ants Committee: Helps coordinate events (Skate Party, Masquera ox Tops coordination. Helps find grants and sponsors for the Brick	
schedule for event	nmittee: Creates up-to-date parent directory, makes phone calls to ts, create various documents for teachers/staff, etc. Send group emportribute to the PAC monthly newsletter.	
	<u>nittee:</u> Provides various school supplies and snacks each month the nacks during Standardized Test Week. Donates office and education	

needed.