



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: Breakthrough Montessori PCS		
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: Washington	State: DC	ZIP:
Email:		Phone:
DC Resident:		<input type="checkbox"/> Yes <input type="checkbox"/> No

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:** _____

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| Method A: School official verified | Method B: Select one document | Method B: Select two documents | <input type="checkbox"/> Method C: Home visit |
| <input type="checkbox"/> OSSE Residency Verified (QLIK, ASPEN, or CBO Subsidy) | <input type="checkbox"/> Pay stub | <input type="checkbox"/> DC motor vehicle registration | |
| <input type="checkbox"/> Homeless liaison verified | <input type="checkbox"/> DC Gov. financial assistance | <input type="checkbox"/> DC driver’s license/non-driver ID | <input type="checkbox"/> Non-resident |
| <input type="checkbox"/> Ward of DC | <input type="checkbox"/> Certified DC Tax Form-D40 | <input type="checkbox"/> Lease with payment | |
| | <input type="checkbox"/> Military housing orders | <input type="checkbox"/> Utility bill with payment | |
| | <input type="checkbox"/> Embassy letter | | |