

### Private/Religious Schools Child Find Referral Form

Student Name		Student's Date of Birth	
Parent/Guardian Name		Student's Gender & Race/Ethnicity	
Relationship to Student		Phone (Home)	
Address		Phone (Cell or Work)	
Guardian's Email		Parent/Guardian's Primary Language	
Private/Religious School Name		Student's Primary Language	
Name of Referrer (can be parent/guardian)		Student's Grade	
Referrer's Organization		Does the student receive Title 1 Services?	
Referrer's Email		Referrer's Phone	

**Reason For Referral:**

Check major area(s) of concern.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Speech/Language      | <input type="checkbox"/> Attention Problems |  |
| <input type="checkbox"/> Hearing              | <input type="checkbox"/> Physical           | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Vision               | <input type="checkbox"/> Academics          | _____  |
| <input type="checkbox"/> Social/emotional     | <input type="checkbox"/> Health Issues      | _____  |
| <input type="checkbox"/> Cognitive Impairment |   |  |
| <input type="checkbox"/> Developmental Delay  |   |  |

Describe the reason for referral:

**Parent/Guardian consent to release information to DC Public Schools**

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to share my child,  
(Parent/Guardian/Adult Student's Printed Name) (Private School Printed Name, and referrer's name if not parent or school)  
 \_\_\_\_\_'s information with DC Public Schools (DCPS). This will be used to initiate the referral process for  
(Student's Printed Name)

special education services. I also give permission to DCPS to conduct classroom observations and collect data on my child in their current educational setting.

By checking off this box, I am requesting that DCPS be my child's Local Education Agency (LEA), opposed to another LEA. I acknowledge this will make DCPS responsible for my child's referral process.

Parent/Guardian/Adult Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Private School Parent,

To enroll your child in DCPS for purposes of receiving a FAPE, evaluation or Equitable Services, you must first complete the following attestation.

Student Name: \_\_\_\_\_

Student DOB: \_\_\_\_\_

Please check the (1) Correct Box Below of the four options below:

I confirm that my child is enrolled at a private school, and/or will be enrolled at a private school for the upcoming school year. My child was enrolled at \_\_\_\_\_ on \_\_\_\_\_  
(Name of private school) (Date)

I confirm that my child is not currently enrolled at a private school and will not be enrolled at a private school for the upcoming school year.

I confirm that my child was enrolled at a private school but has been withdrawn and will not be enrolled at a private school for the upcoming school year. My child was withdrawn from \_\_\_\_\_ on \_\_\_\_\_  
(Name of private school) (Date)

I confirm that my child will enroll at a DCPS school, and I further certify that I understand that my child may not be dually enrolled at a private school and a DCPS school.

I am seeking the following for my child:

An IEP/Free Appropriate Public Education (FAPE) (only an option for DC residents)

Equitable Services at their Private School located in DC (an option for DC residents and non-DC residents)

A special education evaluation as part of Child Find, without an IEP/FAPE offer (an option for non-DC residents)

Please check the (1) Correct Box Below of the two options below:

I certify that I am a resident of the District of Columbia

I certify that I am not a resident of the District of Columbia

By signing below, I certify that I understand the affirmations I have made are material to the work that DCPS must do and that making a false statement herein may be punishable by criminal penalties, knowing that the facts stated in the filing are not true in any material respect.<sup>[1]</sup>

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

<sup>[1]</sup> § 22-2405. False statements.

(a) A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true; provided, that the writing indicates that the making of a false statement is punishable by criminal penalties or if that person makes an affirmation by signing an entity filing or other document under Title 29 of the District of Columbia Official Code, knowing that the facts stated in the filing are not true in any material respect or if that person makes an affirmation by signing a declaration under [§ 1-1061.13](#), knowing that the facts stated in the filing are not true in any material respect;

(b) Any person convicted of making false statements shall be fined not more than the amount set forth in [§ 22-3571.01](#) or imprisoned for not more than 180 days, or both. A violation of this section shall be prosecuted by the Attorney General for the District of Columbia or one of the Attorney General's assistants.

## ATTACH PROOF OF ENROLLMENT & PROOF OF RESIDENCY

Please include Proof of Enrollment and Proof of DC Residency (for DC residents) when sending the referral form.

I hereby certify that my child goes to a private school in the District of Columbia and have included proof of enrollment with the referral form.

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Parent Signature

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Date

### ABOUT PROOF OF ENROLLMENT

To proceed with the Eligibility Process, DCPS requires Proof of Enrollment that verifies the student's private school attendance. This can be a letter from the school confirming enrollment attached here. Alternatively, the school may email [dcps.childfind@k12.dc.gov](mailto:dcps.childfind@k12.dc.gov) Proof of Enrollment in the form of a letter or email. This email must come from an official school email address.

**Until proof of enrollment is verified, the timelines for Evaluations and Services Plans will not apply.**

**If your child is homeschooled, please include both the DC Residency documentation and the Homeschool certification from OSSE.**

### ABOUT PROOF OF RESIDENCY

**DC residents must submit Proof of Residency.** This confirms that the student will receive a Free Appropriate Public Education (FAPE) offer by DCPS in the form of an IEP should the child be found eligible for special education services.

For the 2025-2026 school year, we can complete the residency verification process online. Please [click here](#) to complete the DCPS Enrollment packet, which includes the DC residency verification form; for any required fields regarding the school for SY25-26, please select Private School Enrollment. Please attach your documentation to verify DC residency to the final page of the form.

Please email [dcps.childfind@k12.dc.gov](mailto:dcps.childfind@k12.dc.gov) if you need a paper version of the enrollment packet.

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