

SEAT ACCEPTANCE FORM 2024-25 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 Cedar Tree Academy PCS and submit it with our other enrollment requirements.

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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:	and Last Name: Date of Birth (MM/DD/YYYY):	
Current School (2023-24):		Current Grade (2023-24):
Enrolling School (2024-25):		Enrolling Grade (2024-25):
Records Release		
Please read and sign the bottom of this form so that Cedar Tree Academy PCS can request your child's records.		
By signing this form, I authorize Cedar Tree Academy PCS to request records from the current school for the student above. I also hereby authorize Cedar Tree Academy PCS to request records from any other previous schools that the student above has attended. I understand that Cedar Tree Academy PCS 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 2024-25.		
I understand that I cannot maintain enrollment at more than one school for 2024-25 and I am confirming my enrollment at Cedar Tree Academy PCS.		
I understand that once this form is submitted, I will give up my space and feeder pattern at my current school (you will still maintain rights to your K-12 DCPS in-boundary schools) for next school year (2024-25) 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 Cedar Tree Academy PCS that I will be removed from the waitlists of all schools <u>ranked below</u> 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 #: _