

Enrollment Date _____	Student ID# _____	School Name _____	Bus # _____
Enrollment Code _____	Teacher Name _____	School # _____	Walker _____

FREDERICK COUNTY PUBLIC SCHOOLS ENROLLMENT FORM

THE FOLLOWING ITEMS ARE REQUIRED BY MARYLAND LAW BEFORE A STUDENT CAN ATTEND/ENROLL IN SCHOOL

If you are missing any of the following information please see the secretary.

- **Proof of Date of Birth** *Birth Certificate, Physicians Certificate, Church Certificate, Passport/Visa/Hospital Certificate, Parent Affidavit*
- **Proof of Residency** *Signed Lease Agreement, Utility Bill (electric/water/gas), property tax bill. NOT ACCEPTED: Phone bills, cable bills*
- **Proof of Immunizations**

Legal Name of Student: _____
First Name FULL Middle Name Last Name Gender Date of Birth

Home Phone Number: _____ **Grade:** _____

Student's Preferred Name or Nickname (optional): _____

EVIDENCE OF DATE OF BIRTH (*Check one. School will retain a copy.*)

Birth Certificate
 Physician's Certificate
 Church Certificate
 Passport/Visa
 Hospital Certificate
 Parent's Affidavit
 Other (specify) _____

RACE: (check all that apply):
 American Indian/Alaskan Native
 Asian
 Black or African American
 White
 Native Hawaiian or other Pacific Islander

ETHNICITY: Is the student Hispanic or Latino? Yes No Country of Birth: _____

What language(s) did the student first learn to speak? _____

What languages does the student use most often to communicate? _____

What language(s) are spoken in your home: _____

STUDENT ADDRESS: Please include a street address with PO Boxes

_____ House Number / Street Name / Apartment Number / PO Box City / State / Zip Code

DWELLING TYPE: Apartment/Condo
 Townhouse/Duplex
 Single Family / Detached

Is this address out-of-district? Yes No *If yes, school will refer to PPW*

LEGAL PARENT/GUARDIAN INFORMATION Enter one guardian in each area. Enter *PRIMARY CONTACT FIRST*.

Legal Parent/Guardian Name: _____ **Relationship to Student:** _____

Address (if different from student): _____
House Number / Street Name / Apartment Number / PO Box City / State / Zip Code

Phone Numbers: Cell: _____ Home: _____ Work: _____

Email: _____

Legal Parent/Guardian Name: _____ **Relationship to Student:** _____

Address (if different from student): _____
House Number / Street Name / Apartment Number / PO Box City / State / Zip Code

Phone Numbers: Cell: _____ Home: _____ Work: _____

Email: _____

Is there a court order concerning custody? Yes** No Not applicable

Type of proof of custody and/or guardianship, e.g., court / legal documents: _____

Is there a "NO CONTACT" order? Yes** No

***FCPS must have a copy of any court orders relating to CUSTODY or NO CONTACT in order to honor the request.*

ADDITIONAL STUDENT INFORMATION

Will you allow your child's name to be published? (*e.g., newspaper, FCPS television broadcasts, Honor Roll*) Yes No

Is the current address a temporary living arrangement? Yes No

If yes, is this current living arrangement due to lack of housing or economic hardship? Yes No

PRIOR SCHOOL INFORMATION

School Last Attended: _____ Date(s) Last Attended: _____
Address: _____
Contact: _____ Phone: _____

Is your child currently attending, or has your child ever attended a Maryland Public School or a Frederick County Public School? Yes No

If YES, please provide school district name: _____

Is the student currently expelled or suspended from another school? Yes No *If yes, school will refer to PPW*

Is the student transferring from an alternative school? Yes No *If yes, school will refer to PPW*

SPECIAL SERVICES

Was your child enrolled in a special program? Yes No

If yes, please specify: Special Education: Hours of service: _____ 504 Plan Student Support Teacher Services

Court Placement: _____ Residential _____ Other

English Language Learner Specify one: _____ Beginner _____ Intermediate _____ Advanced

EMERGENCY CONTACTS (OTHER THAN LEGAL PARENT/GUARDIAN)

Name: _____ **Relationship to Student:** _____

Address (if different from student): _____
House Number / Street Name / Apartment Number City / State / Zip Code

Phone Numbers: Cell: _____ Home: _____ Work: _____

Email: _____

Name: _____ **Relationship to Student:** _____

Address (if different from student): _____
House Number / Street Name / Apartment Number City / State / Zip Code

Phone Numbers: Cell: _____ Home: _____ Work: _____

Email: _____

DAY CARE PROVIDER:

Name _____ House Number / Street Name _____ City / State / Zip Code _____
Phone Numbers: _____ (home) _____ (cell)

OTHER HOUSEHOLD MEMBERS

Name _____ Date of Birth _____ Relationship to student _____

Name _____ Date of Birth _____ Relationship to student _____

Name _____ Date of Birth _____ Relationship to student _____

HEALTH CONCERNS (e.g., takes daily medications, wears glasses, hearing problem, allergies, diabetic, etc.)

Describe: _____

Immunization records on file? Yes No

Has the child received a physical examination in the past 9 months? Yes No

Is DHMH on file? Yes No If no, give reason: Insufficient financial resources Lack of access to care

Community Services (optional): If your family has been in contact and/or has received services from outside agencies, please indicate (e.g., Mental Health, Social Services, Community Agency School Services (CASS)): _____

DISCLAIMER: Your son/daughter _____ has been enrolled on the basis of available information. Upon receipt of all records and information, formal enrollment will be completed. Any person who willfully makes a material misrepresentation shall be subject to a penalty payable to the County for three times the pro rata share of tuition for the time the child fraudulently attends a Frederick County Public School.

*Contact information provided in this document will be used by authorized FCPS and Frederick County Health Department (FCHD) employees to contact parent(s)/guardian(s) of students when necessary.

Signature: _____ **Date:** _____
