

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 bill, cable bill*)
- **Proof of Immunizations**

**Legal Name of Student:**  
(First, FULL Middle & Last Name)

**Gender:**

**Home Phone Number:**

**Grade:**

**Date of Birth:**

**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 / PO Box / 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 / PO Box / City / State / Zip Code

Phone Numbers: Cell: Home: Work:

Email:

**DAY CARE PROVIDER:** Name, House Number/Street Name, City / State / Zip Code

Phone Numbers: Cell: Home:

**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: \_\_\_\_\_