

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, cable bill.*
- **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

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: _____