

(For School Use Only)

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

Frederick County Public Schools Enrollment Form

School _____

Legal Name of Student _____

First Middle Last Date of Birth Sex

Do you have a proof of custody/guardianship? (Birth certificate/guardianship papers)?	Yes	No
Do you have current proof of residency? Gas, Electric, Water Bill Signed Lease Agreement Other (PPW permission required)		
Do you have proof of immunization for your child?	Yes	No
<i>If you do not have all boxes marked yes, please see secretary. MD COMAR requires all the above before a child can attend/enroll in school.</i>		

Is there a court order concerning custody? Yes No N/A

Is there a "NO CONTACT" order? Yes No

* If there is a NO CONTACT order in any legal form of documentation, FCPS must have a copy to honor the request.

Evidence of Date of Birth: (check one and retain copy)

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

SOCIAL SECURITY # _____ GRADE: _____

Ethnic Background: AMERICAN INDIAN/ALASKAN NATIVE ASIAN/PACIFIC ISLANDER AFRICAN AMERICAN WHITE HISPANIC

Primary language spoken in home: _____ Student's First Language _____

Country of Birth _____

Home Telephone: _____

Student Address _____

Would you like your child listed in student directory information?

Yes No

Is this an out of district residence? Yes No

Is your current address a temporary living arrangement? Yes No

School Last Attended _____

If yes, is this temporary living arrangement due to lack of housing or economic hardship?

Yes No

Date Last Attended _____

Address _____

Is your child eligible for free/reduced meals?

Yes No

Telephone: _____

Contact Person: _____

If coming from out of county/state, has your child ever attended a Frederick County Public School Yes No

If yes, please specify: _____

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 child enrolled in a special program? Yes No Specify: _____

Special Education Hours of Service Court Placement Residential Other

Was child enrolled in a 504 plan? Yes No

English Language Learner Yes No

Circle One Beginner Intermediate Advanced

Student Support Teacher Services Yes No

Parent/Legal Guardian

Parent/Legal Guardian

(Relationship to Student)

(Relationship to Student)

Parent/Legal Guardian address (if different from student)

Parent/Legal Guardian address (if different from student)

Home Telephone _____

Home Telephone _____

Work Telephone _____

Work Telephone _____

Employer _____

Employer _____

Cell Telephone _____

Cell Telephone _____

Are you a seasonal agricultural migrant worker? Yes No
Employed on Federal Property? Yes No

Are you a seasonal agricultural migrant worker? Yes No
Employed on Federal Property? Yes No

OTHERS IN THE HOUSEHOLD:

NAME	DATE OF BIRTH	RELATIONSHIP TO STUDENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

DAY CARE PROVIDER:

Name _____ Telephone # _____

Address _____

PERSON(S) TO BE CONTACTED IN AN EMERGENCY (Other Than Guardian):

- Name _____ Home Telephone # _____
 Address _____ Work Telephone # _____
 Relationship to Student _____
- Name _____ Home Telephone # _____
 Address _____ Work Telephone # _____
 Relationship to Student _____

<p>HEALTH CONCERNS (Takes medication regularly, wears glasses, hearing problem, allergies, diabetic, etc.)</p> <p>Describe: _____</p> <p>Immunization record on file? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the child received a physical examination in the past 9 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is DHMH on file? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason: <input type="checkbox"/> Insufficient financial resources <input type="checkbox"/> Lack of access to care</p>
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<p>Community Services (optional) If your family has been in contact and/or has received services from outside agencies, please indicate below: (i.e., Mental Health, Social Services, Community Agency School Services (CASS).</p> <p>_____</p>
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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.

Date

Signature of Parent/Legal Guardian