

**Please print and complete the following form. Bring it with you when you come to BMS for your scheduled appointment. To schedule an appointment call Brunswick Middle School (240-236-5400). Summer hours for the Guidance Department: Monday – Thursday 7:30 a.m. – 2:30 p.m.**

**Please bring the following items for enrollment:**



- **Birth Certificate**
- **Immunization Records**
- **Proof of Residency**
- **Utilities Bill**
- **Previous School Information**

(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

<b>Do you have a proof of custody/guardianship? (Birth certificate/guardianship papers)?</b>	Yes	No
<b>Do you have current proof of residency?</b> Gas, Electric, Water Bill Signed Lease Agreement Other (PPW permission required)		
<b>Do you have proof of immunization for your child?</b>	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 \_\_\_\_\_

Is this an out of district residence? Yes No

School Last Attended \_\_\_\_\_

Date Last Attended \_\_\_\_\_

Address \_\_\_\_\_

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

Would you like your child listed in student directory information?

Yes No

Is your current address a temporary living arrangement? Yes No

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

Yes No

Is your child eligible for free/reduced meals?

Yes No

