

(For School Use Only)

Enrollment Date _____	Student ID# _____	Bus # _____
Enrollment Code _____	Social Sec. # _____	Walker _____
Grade Level _____	Teacher Name _____	Other _____

## Frederick County Public Schools Enrollment Form

School \_\_\_\_\_ 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 <input type="checkbox"/> No <input type="checkbox"/>
<b>Do you have proof of residency?</b> <input type="checkbox"/> Gas, Electric, Water Bill <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Other (PPW permission required)	
<b>Do you have proof of immunization for your child?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b><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></b>	

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 your current address a temporary living arrangement? Yes  No

Is this an out of district residence? Yes  No

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

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

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

Is your child eligible for free/reduced meals? Yes  No

Address \_\_\_\_\_  
 \_\_\_\_\_

Would you like your child listed in student directory information? 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

Is the student transferring from an alternative school?  Yes  No

**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  
\_\_\_\_\_  
(Relationship to Student)

\_\_\_\_\_  
Parent/Legal Guardian  
\_\_\_\_\_  
(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><b>HEALTH CONCERNS</b> (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><b>Community Services (optional)</b> If your family has been in contact and/or has received services from outside agencies, please indicate below: ( i.e., 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