

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

Frederick County Public Schools Enrollment Form

School _____

Legal Name of Student _____

First	Full Middle Name	Last	Date of Birth	Sex
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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: _____

Is the student Hispanic or Latino? Yes _____ No _____

Race (check all that apply)

- AMERICAN INDIAN/ALASKAN NATIVE
 ASIAN
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 WHITE

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 school 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

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

Please circle your dwelling type:
Apartment/Condo Detached/Mobile
Townhouse/Duplex

Is your child eligible for free/reduced meals?

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

Are you a seasonal agricultural migrant worker? Yes No

Employed on Federal Property? 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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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).

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