

# BALTIMORE COUNTY PUBLIC SCHOOLS

**Department of Student Support Services**  
**Office of Pupil Personnel Services**  
**PLEASE TYPE OR PRINT**

Agency Placement-Qualifies for Out-of-County Tuition Recapture

Yes  No      Code \_\_\_\_\_  
 School ID \_\_\_\_\_  
 Tuition Status \_\_\_\_\_

**PPW Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Zip** \_\_\_\_\_  
**Telephone** \_\_\_\_\_

Signature of Pupil Personnel Worker \_\_\_\_\_ Date \_\_\_\_\_

## APPLICATION TO ENROLL STUDENT IN STATE-SUPERVISED CARE

1. Name of Child \_\_\_\_\_ Last School, City, State \_\_\_\_\_
  2. D.O.B. \_\_\_\_\_ Student ID# \_\_\_\_\_ Grade for Year of Application \_\_\_\_\_
  3. Name of Birth Mother \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City, County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  4. Name of Birth Father \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City, County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  5. Have parental rights been terminated?     Yes  No
  6. Court awarded guardianship/custody to:    Mother     Father     Other (Not Foster Parent)
- | Name  | Address | City/County | State | Zip |
|---|---------|-------------|-------|-----|
| 7. If custody has not been awarded, with whom does the child live when not in a foster care home or residential facility?<br>Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> _____ |         |             |       |     |
| 8. Is this child receiving special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No    LRE Code _____    504 <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |         |             |       |     |
| 9. Does the student have a parent surrogate? <input type="checkbox"/> Yes <input type="checkbox"/> No   |         |             |       |     |
| Name of Surrogate _____ Phone (Home) _____ (Work) _____   |         |             |       |     |
| Address _____ City, County _____ State _____ Zip _____  |         |             |       |     |
| Baltimore County Home School _____  |         |             |       |     |
10. Agency with Order of Care \_\_\_\_\_ Is child staying in an emergency, temporary, or transitional shelter? If yes, child must be immediately enrolled pursuant to PS 512.     Yes  No  
 Address of Agency \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Social/DJS/Worker (Print) \_\_\_\_\_ D&T/ID# \_\_\_\_\_ Supervisor (Print) \_\_\_\_\_  
 Worker's Phone \_\_\_\_\_ Fax \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_
  11. Is this application for the purpose of transportation only?     Yes  No
  12. Has the student been institutionalized, hospitalized, or in DJS placement since the last school placement?  
 Where \_\_\_\_\_ Date \_\_\_\_\_
- | (Circle One) Foster Family/Kinship Care/Group Home | Contractual Service Provider   |
|--|--|
| Name _____   | Name _____   |
| Address _____                                      | Address _____  |
| Zip Code _____                                     | Zip Code _____   |
| Telephone (Home) _____                             | Name of Case Worker _____  |
| (Work) _____                                       | Telephone _____ Fax _____  |
| Baltimore Co. Home School _____                    | Residential <input type="checkbox"/> Yes <input type="checkbox"/> No |

Signature of Social/DJS Worker \_\_\_\_\_

Date \_\_\_\_\_