

OFFICE OF PUPIL PERSONNEL SERVICES

PLEASE TYPE/PRINT CLEARLY

Date: _____

<u>This section to be completed by PPW</u>	
<input type="checkbox"/> Denied	Code: _____
<input type="checkbox"/> Nonresident-Tuition paying	School# _____
<input type="checkbox"/> Nonresident-Non-tuition	Tuition status: _____
<input type="checkbox"/> Confirmed <u>Not</u> Homeless	
Signature of PPW: _____	
Date: _____	

APPLICATION FOR REQUEST TO ENROLL NONRESIDENT STUDENT

1. Name of Child _____ Last School, City, State _____
2. Date of Birth _____ Student ID. # _____ Grade Placement for School Year of Application _____
3. Name of Biological Father _____ Address _____
City, State, Zip County Phone _____
4. Name of Father's Employer _____ Weekly Income _____
(Documentation Must Be Attached)
5. Name of Biological Mother _____ Address _____
City, State, Zip County Phone _____
6. Name of Mother's Employer _____ Weekly Income _____
(Documentation Must Be Attached)
7. Is child in an emergency youth shelter? Yes No
8. Court ordered guardianship is granted is: **ATTACH COPY OF COURT ORDER TO THIS APPLICATION.**
 Mother Father Both Parents Applicant Other _____
9. With whom did child last reside? (Check One) Both Parents Mother Father Other
If Other, give name and relationship of caretaker _____
10. Applicant _____ Relationship to Child _____
11. Address of Applicant _____ Zip Code _____
12. Phone Number of Applicant [Home] _____ [Work] _____ [Fax] _____
[Other] _____
13. Baltimore County Public School Serving Address of Applicant _____
14. Why is enrollment in the Baltimore County Public Schools being Requested? _____

15. How long has child been living with applicant? _____

16. Will applicant receive public assistance funds to support this child? _____

STATEMENT OF RESPONSIBILITY

We hereby declare and affirm that the matters and facts set forth in this application are true to the best of our knowledge, information, and belief. By signature below, the parents/guardians and applicant will assume responsibility for the child's daily on-time school attendance and the applicant will act in the capacity of parent in all routine matters pertaining to school.

Signature of Mother

Date

Signature of Father

Date

Signature of Court-Appointed Guardian

Date

Signature of Applicant

Date

Does the child receive special education services or have an IEP Yes No

IEP must be attached

Parent Surrogate (IEP Purposes):

Name _____

Address _____

City, State, Zip _____

Phone _____

Office of Pupil Personnel Services
PPW File