

**FAILURE TO PROVIDE TRANSITION YEAR RESIDENCY VERIFICATION
PS 515, L2**

School Letterhead

[DATE]

[NAME OF PARENT(S)/GUARDIAN(S)]
[ADDRESS OF PARENT(S)/GUARDIAN(S)]
[CITY, STATE, AND ZIP CODE]

Dear [NAME OF PARENT(S)/GUARDIAN(S)]:

It has come to my attention that you have failed to provide verification of residency as previously requested on [DATE], 20[]. In order for your child to begin [NAME OF SCHOOL], the parent/guardian must provide photo identification and residency documentation for your current address as outlined in Board of Education Policy and Superintendent's Rule 5150, *STUDENTS; Enrollment and Attendance*. Copies are enclosed for your review.

If you would like [STUDENT'S NAME] to remain enrolled in [NAME OF SCHOOL], you must provide the required documentation by [DATE-10 SCHOOL DAYS]. Failure to comply will result in the withdrawal of [STUDENT'S NAME] on that date. You will then be required to enroll your child at [NAME OF SCHOOL] for the [SCHOOL YEAR] school year.

Please be advised that you have the right to appeal the decision set forth in this letter. Should you wish to do so, you must submit your appeal in writing within ten (10) school days from the date of this letter to the coordinator, Office of Pupil Personnel Services, Baltimore County Public Schools, 9610 Pulaski Park Drive, Suite 219, Baltimore, Maryland 21220.

I wish [STUDENT'S NAME] much success in all future educational endeavors.

Sincerely,

[NAME OF PRINCIPAL]
Principal

Enclosures: Board of Education Policy and Superintendent's Rule 5150

- c Coordinator, Office of Pupil Personnel Services
Residency Liaison, Office of Pupil Personnel Services
[Name of Pupil Personnel Worker], Pupil Personnel Worker
[Name of Residency Assistant], Residency Assistant
File