



BALTIMORE COUNTY PUBLIC SCHOOLS SCHOOL REGISTRATION FORM

Place School Name Here



Student Information

Student's Last Name

Student's First Name

Student's Middle Name

Street Address _____

Home Phone _____

Apartment Number _____

Unlisted Yes No

City, State _____

Email _____

Zip Code _____

Current Grade _____

Male Female

Birth Date (mm/dd/yy) _____

U.S. Citizen

Yes No

SS# (Optional) _____

Place of Birth _____

Documentation of Birth (Name of Document) _____

Is a language other than English the student's first or home language? _____

Yes No

If yes, indicate the language. _____

The U.S. Department of Education requires all public schools to collect racial and ethnicity information. Please complete Part I and II.

Part I

Hispanic (Check yes if your child is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Yes No

Part II

1. **American Indian or Alaskan Native**

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

2. **Asian**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

3. **Black or African American**

A person having origins in any of the black racial groups of Africa.

4. **Native Hawaiian or Other Pacific Islander**

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. **White**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Siblings

Brother/Sister

Age

School

Grade

Resides with registering student (yes/no)

SIBLING INFORMATION

Name of Last School Attended _____

Grade: _____

Last School Address: _____

Last School City, State, Zip Code _____

Last School Telephone: _____

Name of Last School Attended in BCPS _____

APPLICATION INFORMATION

Name of Person Completing Form _____

Relationship _____

Phone # _____

Do you have legal custody of this child? Yes No

Year _____

Are your custody documents on file? Yes No

Child lives with

Both Parents Mother Father
 Guardian(s) Foster Parent(s) Other

Name: _____

Are you residing in temporary housing or do you lack housing? _____

Yes No

If yes, school will immediately contact pupil personnel worker to provide assistance. (Parent/Guardian is to complete HSE-1 form)



BALTIMORE COUNTY PUBLIC SCHOOLS SCHOOL REGISTRATION FORM (SCHOOL NAME GOES HERE)



PARENT/GUARDIAN INFORMATION

Mother/Female Legal Guardian _____	Telephone Number _____
Guardian's Relationship _____	Work Number _____
Mother/Guardian's Address _____	Cell Number _____
Apt. # or P.O. Box _____	E-mail _____
City _____ Zip _____	Pager _____
Employer _____	Does the student reside with you? Yes <input type="checkbox"/> No <input type="checkbox"/>

Father/Male Legal Guardian _____	Telephone Number _____
Guardian's Relationship _____	Work Number _____
Father/Guardian's Address _____	Cell Number _____
Apt. # or P.O. Box _____	E-mail _____
City _____ Zip _____	Pager _____
Employer _____	Does the student reside with you? Yes <input type="checkbox"/> No <input type="checkbox"/>

STUDENT SUPPORT SERVICES INFORMATION

Check the services below that your child currently receives:

ELL (English Language Learners) IEP
 Free and Reduced Meals, Breakfast and Lunch 504
 Gifted and Talented

EMERGENCY CONTACT LIST (Please list by order of contact)

Name	Relationship	Telephone

Please read carefully before signing this form:

I understand that if it is determined that I have provided false information regarding my place of residence, my child will be withdrawn from school and tuition will be assessed on a pro-rated basis for the period of time that he/she was fraudulently enrolled. (Tuition rates are currently over \$6,000 per year and are increased on an annual basis.)

To the best of my knowledge, all information entered on this enrollment form is accurate.

Signature of adult responsible for the student's enrollment



BALTIMORE COUNTY PUBLIC SCHOOLS SCHOOL REGISTRATION FORM (SCHOOL NAME GOES HERE)



(For Office Use Only)

Date: _____ Student's Name: _____

Student ID # _____ Teacher (optional) _____ Grade _____
 Enrollment Date _____ Bus Stop _____ Bus No. _____ Entry Code _____

Shared Domicile Nonresident Informal Kinship Homeless Tuition Agency Placed IEP 504
 Special Transfer **Please indicate Reason(s):** Terminal Grade Change of residence from attendance area Childcare
 Program Study Change of residence to attendance area Family Conditions
 Employee's Child Sibling

PHOTO IDENTIFICATION

To validate the identity of the parent/guardian responsible for the student's enrollment, photo identification must be provided at the time of enrollment and a copy made. If the photo ID contains an address, it must match the Baltimore County address appearing on other residency documents. A driver's license may not be used to verify address if used for photo ID.

Driver's License Other Photo
 Current Passport Government Issued License or Certificate

HOME/DOMICILE RESIDENCY VERIFICATION (MUST BE PRESENTED AT REGISTRATION)

Residency verification must be presented at the time of registration. To establish proof of the student's domicile/address, a parent/guardian must provide one (1) of the following documents to verify the student's address and three supporting documents. Copies must be maintained in the student's record.

Lease (Lease End Date) Property Settlement Sheet Property Title
 Real Estate Tax Bill Mortgage Coupon Book PPW Documentation
 Residency Verification Letter Property Deed

Name/Address Documents (three (3) required, dated within the previous 60 days) – Types of Acceptable Documents:

Utility bill (BGE/phone/water)	Credit card bill	Bank statement
First Class Mail from business or government agency	Paycheck or stub	Court documents
Driver's license (If same address as student)	Mailing from BCPS	Voter registration card
Notarized letter from landlord	Government issued license or certificate	Receipt of immunizations
Vehicle registration card	Tax return from previous year	Cable bill
Other documents accepted by residency assistant	Notarized statement from employer	Health center mailing or appointment
1.	2.	3.

PROOF OF IMMUNIZATION

Proof of age-appropriate immunizations is required at the time of registration. Students missing an immunization record or required shot(s) may be admitted for up to 20 days if they have an appointment to obtain missing records or shot(s).

Immunizations provided No immunizations/Temporary Admission

Checklist for enrollment process:

Task	Name (of BCPS personnel employee)	Title	Date
Enrollment <input type="checkbox"/>			
Entry on STARS <input type="checkbox"/>			
Records Request <input type="checkbox"/>			
Immunizations/Health Registration to Nurse <input type="checkbox"/>			
Other <input type="checkbox"/>			