

INSTRUCTIONS: This form is to be completed by the parent or legal guardian. Maryland State regulations require verification of the following at the time of enrollment (unless homeless): proof of Carroll County residency, proof of birth and age requirements, and proof of immunizations. Enrollment is not complete, and the student cannot attend classes, until these documents are provided and verified. The biological or adoptive parent or legal guardian must personally appear and provide the required documents. The form must be signed in the presence of the school official accepting the documents.

PLEASE COMPLETE BOTH PAGES OF THIS FORM. PLEASE TYPE OR PRINT ALL INFORMATION.

SCHOOL _____

TODAY'S DATE _____

STUDENT INFORMATION

Legal First Name _____ Middle Name _____ Legal Last Name _____ Gen _____
(Jr., II, III, etc.)

Male Female Date of Birth _____ Nickname (if provided) _____

Current Grade _____ RACE(s): Please select one or more races below. The federal government provides only these categories and requires this information. If not completed, school personnel are required to make a selection.

ETHNICITY: Are you Hispanic or Latino? Yes No (Please check regardless of the race(s) you select)

American Indian/Alaskan Native(1) Asian(2) Black or African American(3) Native Hawaiian or Other Pacific Islander 4) White(5)

Primary Language Spoken at Home _____

PRIOR SCHOOL EXPERIENCE

Name of last school attended prior to this enrollment _____ Grade _____ Dates of Attendance _____

_____ Address _____ City _____ State _____ Zip Code _____ Phone _____

Has the student ever attended a Carroll County Public School? Yes No If yes, name of last school: _____

STUDENT ADDRESS AND PHONE

Residence Address _____ Apt # _____ House No. and Street Name _____ City _____ State _____ Zip Code _____

Transport to school from this address? Yes No Transport from school to this address? Yes No

Mailing Address _____ (If different from residence address) Street Name/P.O. Box _____ City _____ State _____ Zip Code _____

Phone # _____

Is your current address a temporary living arrangement: Yes No If yes, is this due to lack of housing or economic hardship: Yes No N/A

PARENT/LEGAL GUARDIAN INFORMATION (only parents/legal guardians living with the student should be listed here)

* Parent/legal guardian who does not live with the student will be listed on page 2. Stepparents must be listed as emergency contacts only.

Parent/Guardian #1 with whom student is residing _____ Relationship: Mother Father Legal Guardian
Legal First Name and Last Name

Home Phone _____ Mobile Phone _____ Work Phone _____

Email Address _____

Parent/Guardian #2 with whom student is residing _____ Relationship: Mother Father Legal Guardian
Legal First Name and Last Name

Home Phone _____ Mobile Phone _____ Work Phone _____

Email Address _____

Who has legal custody of this student? Mother Father Both Legal Guardian (Legal guardian must provide court documentation.)

Is there a current Custody or "No Contact Order"? Yes No N/A If yes, please provide the school with a copy of the current court order.

The Board of Education of Carroll County does not discriminate on the basis of age, color, genetic information, marital status, mental or physical disability, ancestry or national origin, race, religion, sex, or sexual orientation in employment or provision of services, programs or activities. Information concerning the Americans with Disabilities Act is available from the Director of Facilities, 410-751-3177. Persons needing auxiliary aids and services for communication should contact the Office of Community and Media Relations at 410-751-3020 or publicinfo@carrollk12.org, or write to Carroll County Public Schools, 125 North Court Street, Westminster, Maryland 21157. Persons who are deaf, hard of hearing, or have a speech disability, use Relay or 7-1-1. Please contact the school system at least one (1) week in advance of the date the special accommodation is needed.

PARENT/LEGAL GUARDIAN NOT LIVING WITH STUDENT

Mother _____
Address _____
Email Address _____
Home Phone _____
Mobile Phone _____
Work Phone _____

Father _____
Address _____
Email Address _____
Home Phone _____
Mobile Phone _____
Work Phone _____

TRANSPORTATION INFORMATION

How will your child be transported to school? Bus Car Rider Day Care Transportation Drives Walker

How will your child be transported home from school? Bus Car Rider Day Care Transportation Drives Walker

Does the student have an IEP (Special Education Services)? Yes No Does the student have a 504 plan? Yes No

Has the student participated in an ESOL program (for students that do not use English as their primary language)? Yes No

Does the parent need an interpreter? Yes No

Is the student currently suspended from school? Yes No Has the student ever been expelled from school? Yes No

If yes to either question, Name of School _____ Phone _____

Effective dates of suspension/expulsion _____

Parent/Legal Guardian Signature: _____ Date: _____

The information as submitted on this form and on any attachments is accurate, complete and true to the best of my knowledge. I understand that enrollment will be complete upon receipt of all records and information. I also understand that any information that is misrepresented or falsified may result in tuition charges, or denial of enrollment. Form must be signed in the presence of the school official completing enrollment.

FOR SCHOOL USE ONLY

Proof of Birth (Initial next to document received):

Birth Certificate _____ Birth Registration _____ Physician's Certificate _____ Hospital Certificate _____
Passport/Visa _____ Baptismal/Church Certificate _____ Parent's Affidavit (PPW approved) _____ Official School Record _____
Official Court Document _____

Residence Verification (Initial next to document received) *Indicates document must be dated within 60 days of enrollment

Recent Bill for Services to the Home* _____ Signed Rental/Lease Agreement _____
Signed Settlement Document _____ Property Tax Bill (current) _____ Rent Receipt* (current) _____ Mortgage Statement/Bill* _____
Deed (with owner's name and street address) _____ Residence Verification Form with POR _____ Real Property Data Report _____
Student Services Approved (attach documentation) _____

Proof of Immunization Compliance: (Initial next to document received)

DHMH Certificate 896 _____ Clinic Record or Physician's Office Record _____ Other State Official Immunization Record _____
Official School Record _____

Start Date _____ Entry Code _____ A.M. Bus _____ P.M. Bus _____

Residency:

Foreign Exchange Kinship Care Non-Resident Out-of-County Living Arrangement Out-of-District SPED Placement

Birth Country (for ALL students) _____ Date of 1st U.S. School Entry if Foreign Born _____

Other _____

Signature/Title of School Official(s) Receiving Enrollment Documents:

Proof of Birth _____ Signature/Title/Date _____ Proof of Residence _____ Signature/Title/Date _____

Immunizations _____ Signature/Title/Date _____ Signature/Title/Completion Date of School Official Updating eSchool Plus _____