



## St. Mary's County Public Schools Registration Information

FOR OFFICE USE ONLY						
County	Student ID	State ID	Entry Code	Entry Date	School	Registration Date
18						

STUDENT INFORMATION						
Name:				Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
Phone:			DOB:			SSN:
School:				Grade:		
Student's Legal Residence:						
Street #		Street Name		Apt	City	State   Zip
Mailing Address if different than above:						
Race:	<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander				<input type="checkbox"/> White	
Ethnicity:	<input type="checkbox"/> Hispanic / Latino					

PREVIOUS SCHOOL INFORMATION	
Has the student ever attended a public school in St Mary's County? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what school?	
Has the student attended another school during this school year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide school information below ( <b>PS 100 MUST be complete</b> )	
<input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Check if last school attended was outside of the US.	
Name of School:	
Address:	City, State, Zip:
Telephone #:	Fax #:
Were Special education services being provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were Section 504 services being provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student ever been retained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Withdrawal?	Last grade attended:

PARENT(S) / LEGAL GUARDIAN(S) RESIDING WITH THE STUDENT						
Parent / Legal Guardian 1 full name:				Relationship to student:		
Employer:						
Employer Address:						
Street #		Street Name		Bldg #	City	State   Zip
Work Phone:	Cell :	Email:				
Parent / Legal Guardian 2 full name:				Relationship to student:		
Employer:						
Employer Address:						
Street #		Street Name		Bldg #	City	State   Zip
Work Phone:	Cell	Email:				

NON-CUSTODIAL PARENT (S)						
Are there any custodial restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No   (if Yes, <b>MUST provide legal documentation</b> )						
If there is a non-custodial parent (who should receive information), please provide the following:						
Full Name of non-custodial parent:				Relationship to student:		
Address:						
Street #		Street Name		Apt/Bldg#	City	State   Zip
Home Phone:	Cell Phone:	Work Phone:		Email:		

**GUARDIAN FEDERAL WORK INFORMATION**

Is either parent, legal guardian or step-parent on active duty in the Uniformed Services?  Yes  No  
(including National Guard or Military Reserves?)

Is either parent, legal guardian or step-parent a civilian employee on federal property within the state of Maryland?  Yes  No

**AUTHORIZED CONTACTS**

Person(S) with whom we may release the student and contact if the legal/parent or guardian cannot be reached. Please list in order of importance.

1). Last Name	First Name	Home Phone	Cell Phone	Email	Relationship
2). Last Name	First Name	Home Phone	Cell Phone	Email	Relationship
3.) Last Name	First Name	Home Phone	Cell Phone	Email	Relationship
4.) Last Name	First Name	Home Phone	Cell Phone	Email	Relationship

**DAYCARE / CHILDCARE**

Name of daycare/childcare provider:

Physical Address of daycare/childcare provider:

Phone: Email:

**BUS TRANSPORTATION**

*EARLY DISMISSAL DAYS: SMCPs has several 2 hour early dismissal days build into the regular school system calendar, as well as the occasional need to alter the school times due to inclement weather. We cannot call parents on emergency early dismissal days. Please plan accordingly.*

- Transport to school from legal residence in AM
- Transport from school to legal residence in PM
- Transport to school from Child Care Provider Address
- Transport from school to Child Care Provider Address
- Other, Transportation form attached (must be approved by DOT)

**OTHER CHILDREN IN THE HOUSEHOLD**

NAME	DATE OF BIRTH	SCHOOL ATTENDING

**MEDICAL INFORMATION**

Health Insurance?  Yes  No Primary Care Physician: Phone:

Date of Last Physical: Immunizations Complete?  Yes  No

Medications at school:  Yes  No (IF YES, A PS 109 MUST BE COMPLETED FOR MEDICATIONS)

Please list any medical concerns:

**CERTIFICATION**

I have received, reviewed, read and understand the guidance policies and procedures as spelled out in the St. Mary’s County Public Schools Student Handbook / Code of Conduct. I certify that I am the legal parent or guardian of this student and I affirm that the information submitted on this form and on any attachments is accurate, complete, and true to the best of my knowledge, I understand that falsification of any information submitted shall be cause for denial of enrollment.

**SIGNATURE OF PARENT / LEGAL GUARDIAN:** \_\_\_\_\_

**DATE:** \_\_\_\_\_