

# STUDENT ENROLLMENT FORM

Revised June 2024

CARROLL COUNTY PUBLIC SCHOOLS  
125 N. Court Street, Westminster, MD 21157

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.**

**CLEAR FORM**

PLEASE COMPLETE BOTH PAGES OF THIS FORM. 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  Non-binary Date of Birth: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

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

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.

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. Step parents 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: \_\_\_\_\_ Cell 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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

Carroll County Public Schools (CCPS) does not discriminate on the basis of disability in employment or the provision of services, programs, or activities. Persons needing auxiliary aids and services for communication should contact the Communications Office 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, may 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.

Information concerning the Americans with Disabilities Act is available from the Director of Facilities Management, (410) 751-3177, or the Communications Officer, (410) 751-3020, 125 North Court Street, Westminster, Maryland 21157.

\*\*\* RETAIN THIS FORM FOR 3 YEARS BEYOND THE YEAR THAT A NEW ENROLLMENT FORM IS RECEIVED \*\*\*

# PARENT/LEGAL GUARDIAN NOT LIVING WITH STUDENT

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work 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    Language Spoken at Home: \_\_\_\_\_  
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: \_\_\_\_\_

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.***

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ----- FOR SCHOOL USE ONLY -----

### Proof of Birth: (Place check mark next to verified document)

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: (Place check mark next to verified document) \* Indicates document must be dated within 60 days of enrollment.

Recent Bill for Services to the Home Including Turn On Notice\* \_\_\_\_\_ Signed Rental/Lease Agreement \_\_\_\_\_  
Rent Receipt (current)\* \_\_\_\_\_ Signed Settlement Document \_\_\_\_\_ Property Tax Bill (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 document) \_\_\_\_\_

### Proof of Immunization Compliance: (Place check mark next to verified document)

DHMH Certificate 896 \_\_\_\_\_ Clinic Record or Physician's Office Record \_\_\_\_\_ Other State Official Immunization Record \_\_\_\_\_  
Official School Record \_\_\_\_\_ Baby Book (Must be signed by a physician) \_\_\_\_\_

### Blood Level Certificate: (Place check mark next to verified document) First enrollment in Pre-K, Kindergarten or Grade 1

Blood Lead Certificate: \_\_\_\_\_

School Official(s) Verifying Enrollment Documents Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ Entry Code: \_\_\_\_\_ A.M. Bus \_\_\_\_\_ P.M. Bus \_\_\_\_\_

Birth Country (for ALL students): \_\_\_\_\_ Date of 1<sup>st</sup> U.S. School Entry if Foreign-Born: \_\_\_\_\_

School Use Only:    \_\_\_\_\_ Pre-Registration    \_\_\_\_\_ Current Enrollment