

STUDENT ENROLLMENT FORM

CARROLL COUNTY PUBLIC SCHOOLS

Revised June 2024

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.

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

CLEAR
FORM

SCHOOL _____

TODAY'S DATE _____

STUDENT INFORMATION

Legal First Name: _____

ie: _____ 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 ☐ Native Hawaiian or Other Pacific Islander (4) ☐ C]

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 ☐ Not ☐ 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 ☐

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 ☐ 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.

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: _____

Home Phone: _____ Cell Phone: _____

Home Phone: _____

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 ☐ [Z Car Rider E] Day Care Transportation ☐ [3 Drives] ☐ Walker

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

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 owners 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: _____ A.M. Bus _____ P.M. Bus _____ Entry Code: _____

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

School Use Only: Pre-Registration _____ Current Enrollment _____

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Carroll County Public Schools
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Maryland Home Language Survey

In accordance with federal and state requirements, the Home Language Survey will be administered to all students and used only for determining whether a student needs English language support services and will not be used for immigration matters or reported to immigration authorities.

If a language other than English is indicated on two or more of the three questions below, the student will be assessed for English language support services. Additional criteria for testing may be considered.

Student Name: Preferred Name: Birthdate:

School: _____

- 1 . What language(s) did the student first learn to speak?

- 2 . What language does the student use most often to communicate?

- 3 . What language(s) are spoken in your home?

For Staff: if a language other than English is identified in any of the questions above, send a copy to the Supervisor of ESOL Services.

Copy: Supervisor of ESOL — Central Office



Carroll County Public Schools
Kindergarten Prior Care Form (revised Jan 2019)

Student Name: Date of Birth:

The Maryland State Department of Education (MSDE) requires Carroll County Public Schools to collect information about the early care experiences of all newly enrolling Kindergarten students.

Predominant prior Care - In what kind of early care did your child spend most of his/her time since September of the year prior to entering Kindergarten? Mark a maximum of one full-day or two half-days.

Prior Care	Full Da	Half-Da
Informal Care Care provided in a home by a relative or non-relative. Location:		
Head Start Program A federal pre-school program for 3 to 5 year olds from low income families: funded by the U.S. Department of Health and Human Services and licensed by the Maryland Department of Education, Office of Child Care. Location:		
PreKindergarten in a Public School Public school prekindergarten education for four year olds. Administration by local boards of education and regulated by the Maryland State Department of Education (MSDE) according to COMAR 13A.06.02 Prekindergarten Programs, (General Education or Special Education) Location:		
Child Care Center Child care provided in a facility, usually non-residential, for part or all of the day that provides care to children in the absence of a parent The center is licensed by the Maryland State Department of Education, (Office of Child Care). Location:		
Family Child Care Regulated care given to a child younger than 13 years old, in place of parental care for less than 24 hours, in a residence other than the child's residence and for which the provider is paid. Family child care is regulated by the Maryland State Department of Education, Office of Child Care. Location:		
Non-Public Nursery School Preschool programs with an "education" focus for 2, 3 or 4 year olds; approved or exempted by MSDE; usually part-day, nine months a year. Location:		

Kindergarten Student is repeating Kindergarten. Location:		
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*School Registrar:

Please enter this information into the "Kindergarten Prior Care" screen in ESP under Registration

Emergency Contact Information

***This information is used in case parents cannot be reached in an emergency**only**

THIS DOES NOT GIVE PERMISSION TO PICK STUDENTS UP FROM SCHOOL .

Emergency Contact #1

Name:

Relationship to student:

Primary Phone Number:

Emergency Contact #2

Name:

Relationship to student:

Primary Phone Number:

Emergency Contact #3

Name:

Relationship to student:

Primary Phone Number:
