



# 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 (First, Middle, Last):					DOB:
Primary Phone Number:			Home Language:		
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-Binary <input type="checkbox"/>	Date First Entered US School:	SSN:	
School:				Grade:	
Place of Birth: City:	State:		Country:		
Student's Legal Residence: Street #		Street Name		Apt #	
City:		State:	Zip:		
Does your student reside on Federal Property? Yes <input type="checkbox"/> No <input type="checkbox"/>			Name of Neighborhood:		
Mailing Address if different than above (P.O. Box):					
Race (Check all that apply):	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Middle Eastern/North African			
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White			
	<input type="checkbox"/> Hispanic/Latino				

## PREVIOUS SCHOOL INFORMATION

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

**PARENT(S) / LEGAL GUARDIAN(S) RESIDING WITH THE STUDENT**

Parent / Legal Guardian full name:

Relationship to student:

Employer:

Employer Address: Street #

Street Name

Bldg #

City

State

Zip

Are you currently employed as a civilian on Federal Property (including telework):

Yes  No

Work Phone:

Cell:

Email:

Parent / Legal Guardian full name:

Relationship to student:

Employer:

Employer Address: Street #

Street Name

Bldg #

City

State

Zip

Are you currently employed as a civilian on Federal Property (including telework):

Yes  No

Work Phone:

Cell:

Email:

**NON-CUSTODIAL PARENT(S)**

Are there any custodial restrictions? Yes  No

(If Yes, MUST provide legal documentation)

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:

**PARENTAL OPT OUT INFORMATION**

Parental Opt Outs/Disclosures are the parent(s)/guardian(s) annual opportunity to "opt" out of certain information disclosures. Information currently on files is considered valid until a new form is submitted to the school.

**Directory Information Opt-Out**

The Family Educational Rights and Privacy Act (FERPA) and state regulation permit St. Mary's County Public Schools (SMCPS) to disclose designated "directory information" without a parent's written consent unless you have notified SMCPS to the contrary. As defined by FERPA, directory information is personally identifiable information that would not generally be considered harmful or an invasion of privacy if disclosed. SMCPS designates the following student information as directory information: Student first and last name, grade level, most recent school attended.

Does SMCPS have permission to disclose any of the following directory information for your student?

Student's Address: Yes  No

Student's Name/ID: Yes  No

Student's Phone: Yes  No

**Use of Student Images and Likenesses in Public Information Programs**

As part of our overall educational program, students are occasionally asked to be photographed or videotaped or have their work displayed. Unless indicated to the contrary below, the school will assume that your child may be photographed or videotaped by the news media or by SMCPs staff, and that the student's likeness (including yearbook), name (including honor roll), performance, artwork, or written work may be used. SMCPs cannot control photography, taping, or interviews of students at events that are open to the public, nor decisions by the news media to post school news on the Internet.

**Do you agree that your child may be photographed or videotaped by the news media and/or SMCPs staff and that the student's likeness (including yearbook), name (including honor roll), performance, artwork, or written work may be used?**

Yes  No

**Maryland YOUTH TOBACCO and RISK BEHAVIOR SURVEY (YTRBS) (Grades 6 - 12 only)**

The Maryland Youth Risk Behavior Survey / Youth Tobacco Survey (YRBS/YTS) is conducted by the Maryland Department of Health (MDH) in collaboration with the Maryland State Department of Education (MSDE) and the Center for Disease Control and Prevention (CDC). The survey will provide data on youth health risk behaviors identified by the CDC. Students are encouraged to participate so that state and local programs can address these risk behaviors.

- Designed to protect student privacy
- The survey is voluntary
- The survey is confidential and anonymous
- Students will not put their names on the survey
- Students can skip questions that they are not comfortable answering

**Do you give your child permission to participate in the YTRBS survey?**

Yes  No

**Military Recruitment (Grades 11 and 12 only)**

Each public school under the jurisdiction of a county board of education that makes students aware of occupational or educational options is required to provide student directory information to recruitment representatives of the United States military. If you, as a parent/legal guardian DO NOT wish for your child's name, address, and telephone number to be released to military recruitment representatives, please check the space provided below.

**Do you give SMCPs permission to release your child's name, address, and telephone number to military recruitment representatives?**

Yes  No

**GUARDIAN ACTIVE-DUTY INFORMATION**

Is either parent, legal guardian, or stepparent on active duty in the Uniformed Services? Yes  No

If yes, please list the guardian/stepparent's name \_\_\_\_\_

Is either parent Active Duty in the National Guard or Military Reserves? Yes  No

If yes, please list the guardian/stepparent's name \_\_\_\_\_

**AUTHORIZED CONTACTS**

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

<b>1. Last Name:</b>	<b>First Name:</b>	<b>Relationship (to student):</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>
<b>2. Last Name:</b>	<b>First Name:</b>	<b>Relationship (to student):</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>
<b>3. Last Name:</b>	<b>First Name:</b>	<b>Relationship (to student):</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>
<b>4. Last Name:</b>	<b>First Name:</b>	<b>Relationship (to student):</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>

**DAYCARE/CHILDCARE (Applicable to Elementary Students Only)**

Name of daycare/childcare provider:

Physical Address of daycare/childcare provider:

Phone:

Email:

**BUS TRANSPORTATION - Please check morning and afternoon transportation.**

**EARLY DISMISSAL DAYS:** SMCPSS has several 2-hour early dismissal days built 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.

Bus transport to school from legal residence in AM

Parent Drop off in AM

Bus transport from school to legal residence in PM

Parent Pick up in PM

Bus transport to school from Child Care Provider Address

Other: Transportation form attached (must be approved by DOT)

Bus transport from school to Child Care Provider Address

**OTHER CHILDREN IN THE HOUSEHOLD - All children in household including those not in school.**

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 Complete [PS 124](#)- Student Health Information

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