STUDENT ENROLLMENT FORM

Revised June 2024

CARROLL COUNTYPUBLICSCHOOLS
125 N. Court Street, Westminster, MD21157

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 thedocuments.**

CLEAR FORM

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

SCHOOL_____ **TODAY'SDATE** _____

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 OtherPacific 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 economichardship? 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 1st U.S. School Entry if Foreign-Born: _____

School Use Only: _____ *Pre-Registration* _____ *Current Enrollment*

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