

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. PLEASE 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  Date of Birth \_\_\_\_\_ Nickname (if provided) \_\_\_\_\_

Current Grade \_\_\_\_\_ 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.

ETHNICITY: Are you Hispanic or Latino? Yes  No  (Please check regardless of the race(s) you select)  
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. Stepparents 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 \_\_\_\_\_ Mobile 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 \_\_\_\_\_ Mobile 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  No  N/A  If yes, please provide the school with a copy of the current court order.

The Board of Education of Carroll County does not discriminate on the basis of age, color, genetic information, marital status, mental or physical disability, ancestry or national origin, race, religion, sex, or sexual orientation in employment or provision of services, programs or activities. Information concerning the Americans with Disabilities Act is available from the Director of Facilities, 410-751-3177. Persons needing auxiliary aids and services for communication should contact the Office of Community and Media Relations 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, 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.

PARENT/LEGAL GUARDIAN NOT LIVING WITH STUDENT

Mother \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Father \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Mobile 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

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 \_\_\_\_\_

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

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.

FOR SCHOOL USE ONLY

Proof of Birth (Initial next to document received):

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 (Initial next to document received) \*Indicates document must be dated within 60 days of enrollment

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

Proof of Immunization Compliance: (Initial next to document received)

DHMH Certificate 896 \_\_\_\_\_ Clinic Record or Physician's Office Record \_\_\_\_\_ Other State Official Immunization Record \_\_\_\_\_  
Official School Record \_\_\_\_\_

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

Residency:

Foreign Exchange  Kinship Care  Non-Resident  Out-of-County Living Arrangement  Out-of-District  SPED Placement

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

Other \_\_\_\_\_

Signature/Title of School Official(s) Receiving Enrollment Documents:

Proof of Birth \_\_\_\_\_ Signature/Title/Date \_\_\_\_\_ Proof of Residence \_\_\_\_\_ Signature/Title/Date \_\_\_\_\_

Immunizations \_\_\_\_\_ Signature/Title/Date \_\_\_\_\_ Signature/Title/Completion Date of School Official Updating eSchool Plus \_\_\_\_\_