



Personal & Family Information/Student Registration

Is this move due to a loss of permanent housing? Yes No

Student's Name (Last, First, Middle)			Suffix	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade	School Year
Birthdate (mm/dd/yyyy)	Birthplace		Secondary only: F-1 or J1 Visa status	Transportation <input type="checkbox"/> Car <input type="checkbox"/> Walker <input type="checkbox"/> Bus # _____		Special Education Services <input type="checkbox"/> IEP <input type="checkbox"/> 504
Previously attended Anne Arundel County Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year(s) Attended	Name of School		Student Currently Suspended/Expelled <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason	
Race/Ethnicity: (choose all that apply)	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander	Asian <input type="checkbox"/> White	Black or African-American <input type="checkbox"/>	Emergency Dismissal Plan (choose one) <input type="checkbox"/> Bus Rider <input type="checkbox"/> Car Rider <input type="checkbox"/> Picked up at School <input type="checkbox"/> Walk Home	

PARENT/GUARDIAN INFORMATION (custody paperwork, if applicable)

Primary Contact Relationship to Student	Secondary Contact Relationship to Student
Name of Responsible Adult at Student's Address (Last, First, Middle)	Name of Responsible Adult at Student's Address (Last, First, Middle)
Physical Address (Street)	Physical Address (Street)
City State Zip	City State Zip
Check ONE Preferred Communication method for receiving automated attendance phone calls <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____	Check ONE Preferred Communication method for receiving automated attendance phone calls <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____
Email <input type="checkbox"/> Active Duty Military <input type="checkbox"/> Federal Employee	Email <input type="checkbox"/> Active Duty Military <input type="checkbox"/> Federal Employee
Employer	Employer
Contact has the following rights. (Please check ALL that apply) <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with Student <input type="checkbox"/> Pickup from School <input type="checkbox"/> Emergency Contact	Contact has the following rights. (Please check ALL that apply) <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with Student <input type="checkbox"/> Receives Mailings <input type="checkbox"/> Pickup from School <input type="checkbox"/> Emergency Contact

MEDICAL/EMERGENCY INFORMATION In case of emergency, if neither parent guardian can be reached, call:

Emergency Contact #1 Relationship to Student	Emergency Contact #2 Relationship to Student
Contact Name (Last, First, Middle)	Contact Name (Last, First, Middle)
Home Phone Cell Phone	Home Phone Cell Phone
Work Phone Other Phone _____	Work Phone Other Phone _____
Email	Email
Contact has the following rights. (Please check ALL that apply) <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with Student <input type="checkbox"/> Receives Mailings <input type="checkbox"/> Pickup from School <input type="checkbox"/> Emergency Contact	Contact has the following rights. (Please check ALL that apply) <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with Student <input type="checkbox"/> Receives Mailings <input type="checkbox"/> Pickup from School <input type="checkbox"/> Emergency Contact

Medical Concerns (Allergies, Asthma, Diabetes, etc.)	Medication(s)
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SIBLING INFORMATION (BROTHERS/SISTERS)

Name (Last, First, Middle)	Birthdate	School	Grade
Name (Last, First, Middle)	Birthdate	School	Grade
Name (Last, First, Middle)	Birthdate	School	Grade

I hereby declare and affirm under penalties of perjury that the foregoing information is true and correct to the best of my knowledge, information and belief.

Parent/Guardian Signature Date

For School Use Only					
Entry Date	Entry Code	SIF#	SASID#	MD Transfer Form <input type="checkbox"/> Yes <input type="checkbox"/> No	Records Requested <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ School Official Signature			_____ Title Date		

Personal & Family Information/Student Registration Registration/Enrollment Guidelines (for school use only)

Entry Code

Entry Status
 R First entry into any school
 E Transferring from another school
 N Reentry

Entry/Transfer Type

01 First entry
 02 Continuing
 06 Involuntary WD-current reporting pd.
 07 Voluntary WD-current reporting pd.
 08 Reentry-involuntary WD

09 Reentry-Voluntary WD
 10 Transfer-same LEA
 13 Transfer-MD public school
 14 Transfer-US public school
 15 Transfer-local nonpublic

16 Transfer-MD nonpublic
 17 Transfer-US nonpublic
 18 Transfer-foreign school
 21 Transfer-evening high
 22 MD Institution

24 Home schooling
 25 Schools in Improvement
 26 Unsafe School Choice
 27 Homeless

Parent/Guardian Relationship to Student

Relationship ➔ Procedure

- Natural parent with custody ➔ *Continue enrollment*
- Court-appointed custodian/guardian ➔ *Continue enrollment*
- Natural parent without custody ➔ *Notarized statement from parent with custody*
- Foster parent/AA County DSS ➔ *Refer to Pupil Personnel*
- Foster parent/Out of county agency ➔ *Refer to Pupil Personnel*
- Homeless ➔ *School determination/PPW/Homeless Office*
- Kinship Care ➔ *Refer to Pupil Personnel*
- Abandoned student ➔ *Refer to Pupil Personnel*
- Other ➔ *Refer to Pupil Personnel*

Custody papers (court order signed by a judge) if applicable

Enrollment Requirements

Mandated Records

- Maryland Transfer Form (SR7) from MD public school
- Immunization record
- DHMH Lead Certificate
- DHMD Record of Physical Examination

Evidence of Birth

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Church Certificate |
| <input type="checkbox"/> Passport/Visa | <input type="checkbox"/> Hospital Certificate |
| <input type="checkbox"/> Physician's Certificate | <input type="checkbox"/> Parent Affidavit |
| <input type="checkbox"/> Birth Registration | <input type="checkbox"/> Other |
| <input type="checkbox"/> Baptism Certificate | |

Residency Documentation

Mandatory – Proof of primary residency must be one of the following:

- Valid rental agreement, deed, mortgage document issued within last 60 days, military housing lease
- Tenant verification *(with additional paperwork within 30 days)*

2nd Proof of primary residency must be one of the following:

- Utility/cable bill or work order *(within last 60 days)*
- Current bank statement *(last 60 days)*
- Valid commercial driver's license
- Current paystub
- W-2 Form or Form 1099 issued the previous year
- Social Security check
- Domestic Relations (child support) check
- DSS documentation:** Food stamps or community Medical Assistance letter
- Unemployment award
- PPW verification letter or form after home visit

Special Physical or Educational Needs Services

- Concerns *(i.e. health emotional, behavioral)*
- Non/Limited English Speaking *(Home Language Survey. Refer to ISO)*
- Special Education – copy of current IEP
- Advanced Programs
- PPW verification letter or form after home visit
- 504
- Title 1
- AIS
- FBA/BIP
- Other

Additional Supporting Documents

- Copy of last report card/transcript
 - Standardized test scores
- Custody documents Yes No