



Old Mill High School *An IB World School*

600 Patriot Lane | Millersville, MD 21108 | 410-969-9010

_____ has been enrolled in this school for grade _____

Please send.....

- Entire Cumulative Record (if a Maryland School) or an official transcript
- Health and Immunization records
- Birth Certificate
- Discipline Records
- Report Card, Transcripts, and current grades at the time of withdrawal
- Students Schedule for the year
- Test Scores (including HSA and 8th grade Algebra/Foreign Language), if applicable
- A current IEP (including but not limited to all recent educational and psychological assessments), if applicable

Any other documentation for the proper placement of this student is also requested. Thank you for your assistance in this matter.

Sincerely,

M. Reigle

Registrar

Name of Former School: _____

Address: _____

Phone # _____

Fax # _____

To Whom It May Concern:

I hereby give permission to release the above requested information and records for the student named above to:

Old Mill High School

Attn: Registrar

600 Patriot Lane

Millersville, MD 21108

Fax # 410-969-1620

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

SCHOOL USE ONLY: 1st Request _____ 2nd Request _____ 3rd Request _____ 4th Request _____

**Personal & Family Information/Student Registration**Is this move due to a loss of permanent housing? ☐ Yes ☐ No

Student's Name (Last, First, Middle)		Suffix	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade	School Year
Residence Address (Street, City, State, Zip) (Provide 2 forms of proof)			Transportation <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walker	Home Phone	
Birthdate	Birthplace	Race/Ethnicity: (choose all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American		<input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> White Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previously attended Anne Arundel County Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year(s) Attended	Name of School	Secondary only: F-1 or J1 Visa status	Student Currently Suspended/Expelled <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Responsible Adult at Student's Address (Last, First, Middle)			Student Resides with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Partner <input type="checkbox"/> Father/Partner <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Other	

PARENT/GUARDIAN INFORMATION (custody paperwork, if applicable)

Parent/Guardian Name (if other than responsible adult above)		Relationship
Parent/Guardian Address (if different than above)		e-mail
Head of Household (Last, First, Middle)	<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other	Head of Household (Last, First, Middle) <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other
Employer	Employer	
Employer Address	Employer Address	
Cell Phone	Work Phone	Cell Phone Work Phone

SIBLING INFORMATION (BROTHERS/SISTERS)

Name (Last, First, Middle)	Birthdate	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	School	Grade
Name (Last, First, Middle)	Birthdate	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	School	Grade
Name (Last, First, Middle)	Birthdate	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	School	Grade

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

Name	Relationship	Phone
Name	Relationship	Phone
Medical Concerns (Asthma, Diabetes)	Medication	Allergies

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/Transfer Type			
Entry Status	01 First entry	09 Reentry-Voluntary WD	16 Transfer-MD nonpublic	24 Home schooling
R First entry into any school	02 Continuing	10 Transfer-same LEA	17 Transfer-US nonpublic	25 Schools in Improvement
E Transferring from another school	06 Involuntary WD-current reporting pd.	13 Transfer-MD public school	18 Transfer-foreign school	26 Unsafe School Choice
N Reentry	07 Voluntary WD-current reporting pd.	14 Transfer-US public school	21 Transfer-evening high	27 Homeless
	08 Reentry-involuntary WD	15 Transfer-local nonpublic	22 MD Institution	

Parent/Guardian Relationship to Student	
Relationship	Procedure
<input type="checkbox"/> Natural parent with custody	Continue enrollment
<input type="checkbox"/> Court-appointed custodian/guardian	Continue enrollment
<input type="checkbox"/> Natural parent without custody	Notarized statement from parent with custody
<input type="checkbox"/> Foster parent/AA County DSS	Refer to Pupil Personnel
<input type="checkbox"/> Foster parent/Out of county agency	Refer to Pupil Personnel
<input type="checkbox"/> Homeless	School determination/PPW/Homeless Office
<input type="checkbox"/> Kinship Care	Refer to Pupil Personnel
<input type="checkbox"/> Abandoned student	Refer to Pupil Personnel
<input type="checkbox"/> Other	Refer to Pupil Personnel
<input type="checkbox"/> Custody papers (court order signed by a judge) if applicable	

Enrollment Requirements	
Mandated Records	
<input type="checkbox"/> Maryland Transfer Form (SR7) from MD public school	
<input type="checkbox"/> Immunization record	
<input type="checkbox"/> DHMH Lead Certificate	
<input type="checkbox"/> 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:
<input type="checkbox"/> Valid rental agreement, deed, mortgage document issued within last 60 days, military housing lease
<input type="checkbox"/> Tenant verification (with additional paperwork within 30 days)
2nd Proof of primary residency must be one of the following:
<input type="checkbox"/> Utility/cable bill or work order (within last 60 days)
<input type="checkbox"/> Current bank statement (last 60 days)
<input type="checkbox"/> Valid commercial driver's license
<input type="checkbox"/> Current paystub
<input type="checkbox"/> W-2 Form or Form 1099 issued the previous year
<input type="checkbox"/> Social Security check
<input type="checkbox"/> Domestic Relations (child support) check
<input type="checkbox"/> DSS documentation: Food stamps or community Medical Assistance letter
<input type="checkbox"/> Unemployment award
<input type="checkbox"/> PPW verification letter or form after home visit

Special Physical or Educational Needs Services
<input type="checkbox"/> Concerns (i.e. health emotional, behavioral)
<input type="checkbox"/> Non/Limited English Speaking (Home Language Survey. Refer to ISO)
<input type="checkbox"/> Special Education – copy of current IEP
<input type="checkbox"/> Advanced Programs
<input type="checkbox"/> PPW verification letter or form after home visit
<input type="checkbox"/> 504
<input type="checkbox"/> Title 1
<input type="checkbox"/> AIS
<input type="checkbox"/> FBA/BIP
<input type="checkbox"/> Other

Additional Supporting Documents
<input type="checkbox"/> Copy of last report card/transcript
<input type="checkbox"/> Standardized test scores
Custody documents <input type="checkbox"/> Yes <input type="checkbox"/> No



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.

Student's Name		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
Parent/Guardian Name				
School				

1	Was your child born in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , in which state?	If no , in which country?

2	Has your child attended any school in the United States for any three years during their lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes , please provide school name(s), state, and dates attended:		
	Name of School	State	Dates Attended
	Name of School	State	Dates Attended
	Name of School	State	Dates Attended

3	If available, in what language would you prefer to receive communication from the school?
----------	---

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.

4	What language(s) did the student first learn to speak?
5	What language(s) are spoken in your home?
6	What language does the student use most often to communicate?
7	Additional Information:

Parent/Guardian Signature

Date

Original: Cumulative File
CC: ELA Teacher
Office of School & Family Partnerships

Office Use Only		
Student ID#	Date Distributed	Date Received

CHILD CUSTODY

RE: _____
Student Name

DATE: _____

If your child lives with both biological parents and there is no custody issue, please complete this form and indicate this by initialing the statement below.

If your child does not live with both biological parents, please provide a copy of the court approved custody agreement.

If you do not supply a copy of a custody agreement, your child can be picked up by either parent at any time. Please initial here and sign below indicating your acceptance of this information. _____

Parent's Initials

Parent Initials

There is no custody issue regarding my child.

Parent Signature

"Social Security Numbers play a critical role in the linking of student data and therefore should be collected for all students receiving public funding when possible. No student can be denied access to public education because of a failure to provide a SSN (5 U.S.C. § 552(a)). No student can be denied access to public education because of his/her status as an alien (Plyler v. Doe, 457 U.S. 202(1982))."

The Maryland State Department of Education (MSDE) has mandated that school systems request that parent(s)/guardian(s) enrolling students in schools provide the student's Social Security Number (SSN) as a part of the enrollment process. This information will be handled in a strictly confidential manner. This document will be destroyed as soon as the SSN is entered into our student data system. Access to the number in that data system is limited to authorized school system employees.

If you are willing, please provide the name(s) and SSN(s) for each child that you are enrolling.

Student Name: _____

SSN: _____

Student Name: _____

SSN: _____

Student Name: _____

SSN: _____

Student Name: _____

SSN: _____

This form is to be destroyed as soon as information is entered into the student data system. It is not to be placed in the student record folder.



Old Mill High School Release of Records

Due to Maryland House Bill 299 and Federal Legislation, the school must receive appropriate written consent for release of student records. This consent is required for parent/guardian of a student who has not reached eighteen years of age. A student who has attained eighteen years of age may declare his/her majority and sign for release of his/her records. One release form will suffice for release of pertinent school records to all post-secondary educational institutions and to prospective employers. This form will only be used with any transcript request completed on Naviance. Records will not be sent anywhere without completion of this form.

Permission is granted to release the school records of:

(Student's First Name M.I. Last Name)

Student's Year of Graduation: _____

To post-secondary educational institutions request of the student through Naviance. Counselors reserve the right of confidentiality for all recommendations.

(Parent/Guardian Signature) (Date)

Please return this form to the Counseling Secretary, Mrs. Degreenia



Acknowledgement of Review of the Student Handbook

Student's Name
Teacher

Please review the *Student Handbook: Rights & Responsibilities* with your child. His/her teacher has discussed it in class, as the *Code of Student Conduct* (pp. 4–15) and the policies and regulations it references are an important part of daily student life, supporting a safe and secure learning environment. It is so central to success in school that there will be periodic reviews of important sections of the *Code* during the year, in particular sections related to:

- *Participation in Senior Activities* (page 18)
- *Academic Integrity* (page 19)
- *Technology Resource Use by Students* (page 20)
- *Bullying, Cyberbullying, Harassment, Intimidation, Hazing, & Bias Behavior* (page 24)

It is essential that the school and home work together to assure that all students meet the high expectations for behavior established in the *Code of Student Conduct*. This enables students to succeed in school and the community. Your support is vital in this process.

After you have reviewed the Student Handbook and the Code of Student Conduct with your child, please sign and return the signed form to the school.

As the parent/guardian of the above student, I have read and discussed the *Student Handbook: Rights & Responsibilities* including the *Code of Student Conduct* and the *Participation in Senior Activities, Academic Integrity, and Technology Resource Use by Students Policies and Regulations* with my child.

I understand that the Student Handbook and the policies and regulations it references apply to all students at all times on all Board of Education property, including in school buildings and on school grounds; in all school vehicles; and at all school, school-related, or Board-sponsored activities, including but not limited to, school field trips, international trips, and school sporting events, whether such activities are held on school property or at locations off school property, including private business or commercial establishments.

I understand that students who violate Board policies and regulations on alcoholic beverages and other dangerous substances (page 18) shall be prohibited from participation in all senior activities, including prom, graduation, and others.

Parent's/Guardian's Signature	Date
Student's Signature	Date

The handbook was sent home to be shared with the parent(s)/guardian(s) on _____.

Please detach and return this form to your child's teacher.

Old Mill High School/ Escuela Secundaria Old Mill

Bus Information / Información del Autobús

Morning / Mañana

Bus Number / Número de Autobús : _____

Time / Hora: _____

Location / Dirección: _____

Afternoon / Tarde

Bus Number / Número de Autobús : _____

Front of School / en frente de la escuela or / o Back of School / detrás de la escuela

Space Number / número de parqueo: _____

WALKING ROUTE'S
TO OLD MILL COMPL

