



Anne Arundel County Public Schools | LEA 02

# 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	<b>Secondary only:</b> 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)

<b>Primary Contact</b>	Relationship to Student	<b>Secondary Contact</b>	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 _____	
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"/> Pickup from School	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Receives Mailings
Contact has the following rights. (Please check ALL that apply)	<input type="checkbox"/> Has Custody <input type="checkbox"/> Pickup from School	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Receives Mailings

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

<b>Emergency Contact #1</b>	Relationship to Student	<b>Emergency Contact #2</b>	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"/> Pickup from School	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Receives Mailings
Contact has the following rights. (Please check ALL that apply)	<input type="checkbox"/> Has Custody <input type="checkbox"/> Pickup from School	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Receives Mailings
Medical Concerns (Allergies, Asthma, Diabetes, etc.)	Medication(s)		

## 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