

**School Name:** \_\_\_\_\_

**Student Information**

**Legal Student Name** \_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX

**Preferred Name** (if applicable) \_\_\_\_\_ **Gender**  Male  Female **Date of Birth** \_\_\_\_\_  
MONTH/DAY/YEAR

**What school did the student last attend?** \_\_\_\_\_ **Is the student Hispanic/Latino?**  Yes  No

**What is the student's race or ethnicity?** Check all that apply.  
 American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  White

**Is the student temporarily living with others due to lack of permanent housing, living in a shelter, living in a motel/hotel, or otherwise homeless?**  Yes  No

**Does the student have a parent or guardian in the Active Duty, National Guard, or Reserve component of the United States military services?**  Yes  No

**Medical Information**

*Please check with the school principal and nurse regarding treatment plans during school hours.*

**Does the student have any serious medical conditions?**  
 Diabetes  Asthma  Epilepsy  Heart Disease  ADD/ADHD  Major Surgery  Vision/Hearing Difficulties  Other

**Does the student have any allergies (food, insect, medication, environmental)?**  Yes  No

If yes, please list: \_\_\_\_\_

**Does the student take any medication (including inhalers)?**  Yes  No

If yes, please list: \_\_\_\_\_

**Primary Household**

*This is the address where the student lives most of the time. If the student lives at two addresses, please fill out the "Secondary Household" section as well.*

**Street Address** \_\_\_\_\_

**Mailing Address** (if different) \_\_\_\_\_

**Household Phone Number** \_\_\_\_\_

**Parent/Guardian 1**

**Legal Name** \_\_\_\_\_ **Gender**  Male  Female  
LAST FIRST MIDDLE SUFFIX

**Date of Birth** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_ **Preferred Language** \_\_\_\_\_  
MONTH/DAY/YEAR

**Email Address** \_\_\_\_\_ **Cell Number** \_\_\_\_\_ **Work Number** \_\_\_\_\_

**Lives with student**  Yes  No **Has legal custody of student**  Yes  No

**Has permission to pick up student**  Yes  No **Gets mailings for student**  Yes  No

**Should have access to Campus Portal** (online access to grades and attendance information; visit [www.baltimorecityschools.org/campus](http://www.baltimorecityschools.org/campus))  Yes  No

**Parent/Guardian 2**

**Legal Name** \_\_\_\_\_ **Gender**  Male  Female  
LAST FIRST MIDDLE SUFFIX

**Date of Birth** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_ **Preferred Language** \_\_\_\_\_  
MONTH/DAY/YEAR

**Email Address** \_\_\_\_\_ **Cell Number** \_\_\_\_\_ **Work Number** \_\_\_\_\_

**Lives with student**  Yes  No **Has legal custody of student**  Yes  No

**Has permission to pick up student**  Yes  No **Gets mailings for student**  Yes  No

**Should have access to Campus Portal** (online access to grades and attendance information; visit [www.baltimorecityschools.org/campus](http://www.baltimorecityschools.org/campus))  Yes  No

## Secondary Household

Please fill out only if applicable (e.g., legal shared custody).

Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Household Phone Number \_\_\_\_\_

Parent/Guardian 1

Legal Name \_\_\_\_\_ Gender  Male  Female  
LAST FIRST MIDDLE SUFFIX  
Date of Birth \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Preferred Language \_\_\_\_\_  
MONTH/DAY/YEAR  
Email Address \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_  
Lives with student  Yes  No Has legal custody of student  Yes  No  
Has permission to pick up student  Yes  No Gets mailings for student  Yes  No  
Should have access to Campus Portal (online access to grades and attendance information; visit [www.baltimorecityschools.org/campus](http://www.baltimorecityschools.org/campus))  Yes  No

Parent/Guardian 2

Legal Name \_\_\_\_\_ Gender  Male  Female  
LAST FIRST MIDDLE SUFFIX  
Date of Birth \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Preferred Language \_\_\_\_\_  
MONTH/DAY/YEAR  
Email Address \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_  
Lives with student  Yes  No Has legal custody of student  Yes  No  
Has permission to pick up student  Yes  No Gets mailings for student  Yes  No  
Should have access to Campus Portal (online access to grades and attendance information; visit [www.baltimorecityschools.org/campus](http://www.baltimorecityschools.org/campus))  Yes  No

### Emergency Contact 1

Legal Name \_\_\_\_\_ Gender  Male  Female  
LAST FIRST MIDDLE SUFFIX  
Date of Birth \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Preferred Language \_\_\_\_\_  
MONTH/DAY/YEAR  
Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

### Emergency Contact 2

Legal Name \_\_\_\_\_ Gender  Male  Female  
LAST FIRST MIDDLE SUFFIX  
Date of Birth \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Preferred Language \_\_\_\_\_  
MONTH/DAY/YEAR  
Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

### Opt-out of Release of Directory Information

Baltimore City Public Schools (City Schools) may disclose appropriately designated "directory information" without written consent, unless you opt out of some, or all, of its release. The Family Educational Rights and Privacy Act (FERPA), a Federal law, defines directory information as information that is generally not considered harmful or an invasion of privacy if released. City Schools designates the following as directory information: student name, address, telephone number, photographic image, participation in activities and sports, height and weight (if on an athletic team), years in attendance at City Schools, grade level, major field of study, degrees, honors and awards received, and most recent educational institution attended prior to City Schools.

Two federal laws require City Schools to provide military recruiters, upon request, with student names, addresses and telephone listings unless parents/guardians have advised City Schools that they do not want their student's information disclosed without their prior written consent.

If you give your consent to the release of your student's directory information as described above you DO NOT need to complete or return this form. If you do not want City Schools to disclose directory information from your child's education records without your prior written consent, you must notify City Schools by completing and signing this opt-out of release of directory information form and returning it to the named student's school before September 30, 2017. If you do not give your consent to allow City Schools to release your student's directory information then please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> In City Schools materials (e.g., playbills, team rosters, school websites, social media, etc.)   | <input type="checkbox"/> To United States military recruiters |
| <input type="checkbox"/> To institutions of higher learning   | <input type="checkbox"/> To the media                         |
| <input type="checkbox"/> To any organization of parents, teachers, students or former students; businesses; agencies; governmental or political offices; or any combination of these groups | <input type="checkbox"/> To anyone                            |

Parent, guardian, or eligible student signature \_\_\_\_\_

Date \_\_\_\_\_

Please print and fully complete BOTH SIDES of this form.