Student Cumulative Record Guide

This document serves as a guide for compiling a complete cumulative folder. This is a companion to the 2016 Maryland Student Records System Manual (MSRSM). Please review the MSRSM for a complete understanding of the cumulative folder requirements and a list of the minimum required elements for each document contained in this guide.


Please contact studentrecords@bcps.k12.md.us with questions.

Office of Student Records
Office of Achievement and Accountability
Baltimore City Public Schools
Order of Cumulative Folder Records

Due Diligence for Any Missing Items

Card 1

Card 2

Card 3

Card 4

Card 7 (Student Exit Record)
DUE DILIGENCE

The first document in a student’s cumulative folder should be the due diligence form. Due diligence is required by MSDE for any required documentation that is not included in the student folder. It should be in front of all student cards.
SAMPLE DUE DILIGENCE FORM

Example School
Example School Address
Example School Phone Number

______ 1st Notification  Date: ____________
______ 2nd Notification  Date: ____________
______ 3rd Notification  Date: ____________
______ 4th Notification  Date: ____________

Dear Parent/Guardian of:__________________________________________;

Upon review of your child’s student record, the document(s) checked below was missing. In order to make your child’s folder compliant with Maryland State Board of Education regulations and to ensure we are able to support your child to the fullest, the school is requesting that you submit the required forms to the school’s office immediately.

Your immediate attention to this matter will be most appreciated. We thank you for your continued support and cooperation.

<table>
<thead>
<tr>
<th>Copy of birth certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof(s) of address. Must include at least two of the following: gas, electric, water or telephone bill; rent receipt; bank statement with address; verifiable lease agreement; or mortgage statement.</td>
</tr>
<tr>
<td>Home Language Survey</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
<tr>
<td>Copy of Immunization Record or 896 form</td>
</tr>
<tr>
<td>Copy of Blood Lead Certificate</td>
</tr>
<tr>
<td>Part I of the Health Assessment – Physician’s or Health Provider’s Signature Required</td>
</tr>
<tr>
<td>Additional Information:</td>
</tr>
<tr>
<td>Notes:</td>
</tr>
</tbody>
</table>
**STUDENT'S PERSONAL DATA**

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Doe, John Robert</th>
<th>LOCID</th>
<th>123456</th>
<th>SASID</th>
<th>0123456789</th>
<th>Birth Date: Month 01 Day 01 Year 2001</th>
</tr>
</thead>
</table>

Social Security #: __________

F1 or J1 Visa Status for applicable secondary students ________
(For LEA purposes—not required for MSDE reporting).

Proof of Residency: ________ (Include a copy of documents)

List languages spoken in the home: **English, Spanish**

Sex of Student: __________

<table>
<thead>
<tr>
<th>Hispanic Latino</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Race (check all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Evidence of Birth Verified by:

- Name: Savannah Gress
- Title: Registrar
- Date: 2/24/11

Evidence of Birth Verification (Circle all that apply):

1. Birth Certificate
2. Passport/Visa
3. Physician's Certificate
4. Baptism Church Cert.
5. Hospital Certificate
6. Parent’s Affidavit
7. Birth Registration
8. Other

---

**STUDENT RECORD CARD 1 SIDE 1**

Maryland State Department of Education Rev. SY 2015-16

<table>
<thead>
<tr>
<th>Date: Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb</td>
<td>24</td>
<td>2011</td>
</tr>
</tbody>
</table>

Student Address: 1000 Street Name

Responsible Adult for Student at Address: Jane Doe

Relationship to Student: Mother

Parent/Guardian (if other than responsible adult above):

Name: __________
Address: __________
Phone: (123) 456-7890

---

<table>
<thead>
<tr>
<th>Date: Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Address

Responsible Adult for Student at Address

Relationship to Student

Parent/Guardian (if other than responsible adult above):

Name: __________
Address: __________
Phone: __________
## STUDENT’S SCHOOL ATTENDANCE DATA

### Legal Name
Doe, John Robert

### LOCID
123456

### SASID
0123456789

### Birth Date
Month 01 Day 01 Year 2001

<table>
<thead>
<tr>
<th>Year</th>
<th>Grade</th>
<th>No.</th>
<th>School Name</th>
<th>Abs</th>
<th>Pres</th>
<th>Entry Code</th>
<th>Month</th>
<th>Day</th>
<th>From</th>
<th>Code</th>
<th>Month</th>
<th>Day</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>04</td>
<td>30</td>
<td>Baltimore Elem. School</td>
<td>5</td>
<td>175</td>
<td>R14</td>
<td>08</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>05</td>
<td>30</td>
<td>Baltimore Elem. School</td>
<td>3</td>
<td>177</td>
<td>R02</td>
<td>08</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>06</td>
<td>30</td>
<td>Baltimore Middle School</td>
<td>1</td>
<td>179</td>
<td>R02</td>
<td>08</td>
<td>25</td>
<td></td>
<td>T13</td>
<td>04</td>
<td>01</td>
<td>Maryland Middle School</td>
</tr>
<tr>
<td>2014</td>
<td>07</td>
<td>30</td>
<td>Baltimore Middle School</td>
<td>1</td>
<td>179</td>
<td>E13</td>
<td>08</td>
<td>25</td>
<td></td>
<td>C13</td>
<td>04</td>
<td>01</td>
<td>Maryland Middle School</td>
</tr>
<tr>
<td>2015</td>
<td>08</td>
<td>30</td>
<td>Baltimore Middle School</td>
<td>1</td>
<td>179</td>
<td>R02</td>
<td>08</td>
<td>25</td>
<td></td>
<td>T10</td>
<td>06</td>
<td>13</td>
<td>Baltimore High School</td>
</tr>
<tr>
<td>2016</td>
<td>09</td>
<td>30</td>
<td>Baltimore High School</td>
<td>1</td>
<td>179</td>
<td>E10</td>
<td>08</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Entry Status**
- R - First Entry Into Any School
- E - Transferring from Another School
- N - Re-entry
  - 06 - voluntary withdrawal-current reporting period
  - 07 - voluntary withdrawal-current reporting period

**Exit Status**
- T - Transfer to Another School
- W - Terminated Formal Education
- C - Completed High School Program

**Entry/Transfer Codes**
- 01 - First Entry
- 02 - Continuing
- 08 - Re-entry - involuntary w/d
- 09 - Re-entry - voluntary w/d
- 10 - Same LEA
- 13 - MD public school
- 14 - US public school
- 15 - Local nonpublic school
- 16 - MD nonpublic school
- 17 - US nonpublic school
- 18 - Foreign School
- 21 - Evening High School
- 22 - MD institution
- 24 - Home Schooling
- 25 - Schools in Improvement
- 26 - Unsafe School Choice

**Withdrawal Codes**
- 30 - Illness
- 31 - Academic
- 32 - Discipline
- 33 - Lack of Interest
- 34 - Employment
- 35 - Marriage
- 36 - Military Service
- 38 - Court Action
- 39 - Economic Reasons
- 40 - Expulsion – Meets Compulsory Age of Attendance
- 41 - Immaturity
- 42 - Special Case
- 43 - Death
- 44 - Parenting
- 46 - Expulsion – Meets Compulsory Age of Attendance
- 50 - Whereabouts Unknown
- 71 - Pregnancy
- 85 - Age-Out

**Completion of High School Program**
- 60 - High School Diploma
- 62 - Maryland High School Certificate of Program Completion
- 70 - Early College Admission
Behind the Student Record Card 1 should be the following documents:
   a. Birth Certificate
   b. Home Language Form
   c. Proof of Guardianship (For students not living with their parents)
   d. City Schools Documentation of Student Registration
   e. Pre-K/K Registration Application
   f. Two Proofs of Address (If not attached to card 7)
### Student Record Card 2, Side 2

**Maryland State Department of Education**

**Rev. SY 2015-16**

**ANNUAL MIDDLE SCHOOL PERFORMANCE**

**LEGAL NAME**

**LOCID**

**SASID**

**Birth Date:** Month, Day, Year

**Special Services**
- K-12
- ELL
- G&T
- Title I
- Special Ed/Related Services
- Section 504

### High School Credit Courses

<table>
<thead>
<tr>
<th>Subject</th>
<th>Grade</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Government</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>Math</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Science</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>Elective 1</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Elective 2</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Elective 3</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Science</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>Math</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>Government</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>English</td>
<td>A</td>
<td>A</td>
</tr>
</tbody>
</table>

### GRADE LEVELS 6-8

**Do, John Robert**

**Baltimore Middle School**

**School Year:** 12/13 Grade Level: 07

**School Year:** 13/14 Grade Level: 08

**School Year:** 14/15 Grade Level: 08

**FINAL GRADE**
- 12/13 Grade Level: 07 - Algebra I B 1 passed
- 13/14 Grade Level: 07 - Algebra I B 1 passed

**STUDENT RECORD**
<table>
<thead>
<tr>
<th>Subject</th>
<th>Final Grade</th>
<th>Credits Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>A</td>
<td>1</td>
</tr>
<tr>
<td>Math</td>
<td>B</td>
<td>1</td>
</tr>
<tr>
<td>Science</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Social Studies</td>
<td>D</td>
<td>1</td>
</tr>
<tr>
<td>Grad. Req.</td>
<td>A</td>
<td>1</td>
</tr>
<tr>
<td>Grad. Req.</td>
<td>B</td>
<td>1</td>
</tr>
<tr>
<td>Grad. Req.</td>
<td>F</td>
<td>0</td>
</tr>
</tbody>
</table>

Grade Point Average (GPA) = 3.5

Ranked 30 out of 100 students in the class.

Grade Point Average (GPA) = 3.5 on a 4.0 scale.
### STATE ASSESSMENT GRADUATION REQUIREMENTS

**ANNUAL SECONDARY SCHOOL PERFORMANCE**

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>SASSIP 0123456789</th>
<th>Birth Date: Month Day Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe, John Robert</td>
<td></td>
<td>___</td>
</tr>
</tbody>
</table>

**MARYLAND HIGH SCHOOL ASSESSMENTS**

The Maryland High School Assessment requirement may be met through:

- passing each assessment,
- obtaining a specified combined score,
- The Bridge Plan Validation Program,
- or the waiver process for new entrants.

<table>
<thead>
<tr>
<th>EXAM</th>
<th>Highest Scaled Score Earned</th>
<th>Met Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algebra I</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>English</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Biology</td>
<td>____</td>
<td>____</td>
</tr>
<tr>
<td>Government</td>
<td>____</td>
<td>____</td>
</tr>
</tbody>
</table>

Combined Score Required: _____

Date (when met) ____

Service Learning Hours

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>12</th>
<th>11</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>K</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Diploma: ____

Certificate: ____

Date of Completion ___/___/___

School Name

School Address

Phone No.

Signature of Principal or Designee

Requirement met: ☐ Date (when met): ________

**MARYLAND HIGH SCHOOL ASSESSMENTS**

of the waiver process for new entrants, obtaining a specified combined score, the Bridge Plan Validation Program, and the Maryland High School Assessment Requirement may be met through passing each.
Following the Annual School Performance card(s) should be:
   a. All report cards
LEA_____ Test Date________ School____________________
Verified by ____________________

Maryland High School Assessment
Adhere sticker or complete information

Legal Name                                                                  LOCID                               SASID
Birth Date:   Month           Day            Year_____

STUDENT RECORD
CARD 3B
Maryland State Department of Education
Maryland State CERP CB

STUDENT RECORD PERFORMANCE

NAME: John Robert Doe
SOC: 0123456789
BIRTH DATE: Month D01 Year 2001

Maryland State High School Assessment Performance
Legal Name: Doe, John Robert

Student ID: 123456

School Years 2014-2015 and 2015-2016

Additional Test Results

Including Placement for PARCC Scores

Maryland State Department of Education

Rev. SY 2015-16

Student Record Card 3A Side 1
Place paper MSA results behind the MSA card.
**HEALTH SCREENING**

**Legal Name:** Doe, John Robert  
**LOCID:** 123456  
**SASID:** 13456789

**Birth Date:** Month Day Year

**IDENTIFIED HEALTH CONCERNS:**

- 504
- IEP

**IMPORTANT:** The following forms are to be filed in student’s record:

- Maryland Immunization Certificate Form DHMH 896
- Health Inventory (Physical Exam)
- Blood Lead Testing Certificate (if required)
- Vision Screening
- Hearing Screening
- Routine Physical Exam
- Routine Dental Exam

**STUDENT RECORD CARD 5 SIDE 1**

**ROUTINE PHYSICAL EXAM**

**Date** | **Gr.** | **P** | **F** | **Follow-up Needed** | **Yes** | **No** | **Date** | **Parent Notified** | **Comments** | **Optional**
---|---|---|---|---|---|---|---|---|---|---

**ROUTINE DENTAL EXAM**

**Date** | **Gr.** | **P** | **F** | **Follow-up Needed** | **Yes** | **No** | **Date** | **Parent Notified** | **Comments** | **Optional**
---|---|---|---|---|---|---|---|---|---|---

**HEARING SCREENING**

**Date** | **Gr.** | **P** | **F** | **Follow-up Needed** | **Yes** | **No** | **Date** | **Parent Notified** | **Comments** | **Optional**
---|---|---|---|---|---|---|---|---|---|---

**VISION SCREENING**

**Date** | **Gr.** | **P** | **F** | **Follow-up Needed** | **Yes** | **No** | **Date** | **Parent Notified** | **Comments** | **Optional**
---|---|---|---|---|---|---|---|---|---|---

**HEALTH SCREENING**

- Allergies:
  - **Ep**
  - **04**

**IMPORTANT:** The following forms are to be filed in student’s record:

- Blood Lead Testing Certificate (if required)
- Health Inventory (Physical Exam)
- Maryland Immunization Certificate Form DHMH 896

**Legal Name:** Doe, John Robert

**LOCID:** 123456

**SASID:** 13456789
Behind the Health Screening Card there should be:
   a. 896 form or SMS computer immunization record
   b. Doctor’s physical report
   c. Lead testing (Pre-k – 2nd grade only)
Maryland Student Exit Record

(To be completed when a student is moving from one school to another)

School Code: 7
Department of Education
Maryland State
card

To avoid confusion, please complete the form accurately and provide all necessary information.

[Student Information]

[School Information]

[Transcripts and Records]

[Contact Information]

[Signature]

[Date]

[School Official]

[School Address]

[Phone Number]
Maryland State Department of Education
Statewide Educational Interview Form

Each LEA will develop and implement a procedure to conduct an educational interview with all students who leave school prior to graduation, or with their parent or guardian or all the above. At a minimum, the interview should encourage the student to remain in the student’s current school program or enroll in an alternative school program, verify the reason or reasons for the student dropping out of school, and ensure that the parent or guardian is informed. This form, which is to be completed by LEA personnel, is provided as a tool for accomplishing this. The information regarding the “cause of termination” must be aggregated at the system level and reported to the Maryland State Department of Education annually. Additional information may be added by the LEA as needed.

School Name & Address

__________________________________________

Interviewer's Name and Position

__________________________________________

Phone Number: ____________________________

__________________________________________

Student's Name & Address

__________________________________________

Sex: ( ) Male ( ) Female

Race: Check the appropriate box
( ) American Indian/Alaska Native
( ) Asian
( ) Black or African American
( ) Native Hawaiian or Other Pacific Islander
( ) White

Phone Number

__________________________________________

Hispanic YES ( ) NO ( )

Grade: ______

Attendance for Current Year ____________
Days Absent:_____ Days Present:_______

Student Resides with:
( ) Both parents ( ) Relative
( ) Mother ( ) Foster Home
( ) Father ( ) Don’t Know
( ) Grandparent(s) ( ) Other
( ) Parent/Legal Guardian

Mother's Name & Address

__________________________________________

__________________________________________

Phone Number: ______________________

__________________________________________

Mother Present for Interview ( ) Yes ( ) No

Father's Name & Address

__________________________________________

__________________________________________

Phone Number: ______________________

__________________________________________

Father Present for Interview ( ) Yes ( ) No
Maryland State Department of Education
Statewide Educational Interview Form

Reason for Termination: Check the most appropriate code:

( ) 30 - Illness
( ) 31 - Academic
( ) 32 - Discipline
( ) 33 - Lack of Interest
( ) 34 - Employment
( ) 35 - Marriage
( ) 36 - Military Service
( ) 38 - Court Action
( ) 39 - Economic Reasons
( ) 40 – Expulsion - Under the Compulsory Age of Attendance
( ) 41 - Immaturity
( ) 42 - Special Case
( ) 44 - Parenting
( ) 46 - Expulsion – Over the Compulsory Age of Attendance
( ) 50 - Whereabouts Unknown
( ) 71 - Pregnancy

Reason for Termination Determined by:

( ) Interview Date:____________________
( ) Records Review Date:________________
( ) Parent Consultation Date:____________
( ) Teacher Consultation Date:___________
( ) Principal Consultation Date:__________
( ) Other Date:_______________________

Unable to make contact with student for the following reason:

Date Contact Attempted:____________________

Comments:

Name of Interviewer__________________________________________

Position ___________________________ Date ______________________