

Student Contact Update Form - 2022-23 school year

Each year, Baltimore City Public Schools verifies that it has the correct contact information for each student. Please complete this form **ONLY** if you have updates to the student's address, living conditions, family contacts, or health conditions. Any updates will be added to your student's records.

Student Information

Student ID number _____

School Name: _____

Legal Student Name _____
LAST FIRST MIDDLE SUFFIX

Preferred Name (if applicable) _____ Date of Birth _____
MONTH/DAY/YEAR

Residency

ADDITIONAL FORMS MAY BE REQUIRED

Is your family currently residing in a home that you own, rent, or have a signed lease? Yes No

If NO, is your family: Living temporarily with other due to lack of permanent housing Living in a shelter
 Living in a motel/hotel otherwise homeless

Is the student considered an unaccompanied minor? (separate from the care of parent or legal guardian) Yes No

Is the student displaced due to natural disaster? (i.e., California wild fires, hurricanes, tsunami, etc.) Yes No

Is the student under the informal care/guardianship of a relative other than the biological parent? Yes No

Is this student in the custody of foster care, group home, or another placement agency? Yes No

Family Information

Is there a current court order regarding custody? Yes No If yes, the parent/guardian MUST provide the school with the most recent court order.

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

Maryland 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.

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.

What language(s) did the student first learn to speak? _____

What language does the student use most often to communicate? _____

What language(s) are spoken in your home? _____

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

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: _____

NOTES

Immunizations - All students are required to have certain immunizations (also known as vaccinations or shots) to attend school, as outlined by the Maryland Health Department. Schools must keep a record of every student's immunization record. If you have questions about your child's immunizations or she or he needs updated immunizations, contact your child's doctor or visit a Health Department clinic.

Please be sure to review the Student Code of Conduct at <https://www.baltimorecityschools.org/code-conduct>

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 _____
LAST FIRST MIDDLE SUFFIX

Date of Birth _____ Relationship to Student _____ Preferred Language _____
MONTH/DAY/YEAR

What is the preferred way to contact to you? Email Cell Work Number

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) Yes No

Parent/Guardian 2

Legal Name _____
LAST FIRST MIDDLE SUFFIX

Date of Birth _____ Relationship to Student _____ Preferred Language _____
MONTH/DAY/YEAR

What is the preferred way to contact to you? Email Cell Work Number

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) Yes No

Secondary Contact

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 _____
LAST FIRST MIDDLE SUFFIX

Date of Birth _____ Relationship to Student _____ Preferred Language _____
MONTH/DAY/YEAR

What is the preferred way to contact to you? Email Cell Work Number

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) Yes No

Parent/Guardian 2

Legal Name _____
LAST FIRST MIDDLE SUFFIX

Date of Birth _____ Relationship to Student _____ Preferred Language _____
MONTH/DAY/YEAR

What is the preferred way to contact to you? Email Cell Work Number

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) Yes No

Additional Emergency Contacts

Legal Name _____
LAST FIRST MIDDLE SUFFIX

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

Home Phone Number _____ **Cell Number** _____ **Work Number** _____

Legal Name _____
LAST FIRST MIDDLE SUFFIX

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

Home Phone Number _____ **Cell Number** _____ **Work Number** _____

I agree that the information provided is complete and accurate. I agree to promptly inform the school district of any changes in this information, including changes in the residency of my student. I understand that my electronic submission of this form and my electronic signature are intended to be constitute, and are equivalent to my personal signature.

Parent/Guardian Printed Name _____ **Signature** _____ **Date** _____

Please print and fully complete ALL 3 PAGES of this form.

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