

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) 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) 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) 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) 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 _____