

Student Enrollment Form

SCHOOL USE ONLY School Year _____ School Name _____ Grade _____

Local Student# _____ Person ID# _____ Today's Date _____
MONTH/DAY/YEAR

Enrollment Start Date _____ Enrollment Start Status _____ Immunizations Received: Yes No

Student Information

Legal Student Name _____
LAST FIRST MIDDLE SUFFIX

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

Where was the student born? _____ When did the student first go to school in the US? _____
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

Does the student have an Individualized Education Program (IEP), Individual Family Service Plan (IFSP), 504 Plan, or receive other special programming? IEP IFSP 504 Other

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: _____

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.

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

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

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

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 Parent/Guardian Name _____
LAST FIRST MIDDLE SUFFIX

Gender Male Female Date of Birth _____ Preferred Language _____
MONTH/DAY/YEAR

Relationship to Student Parent Legal guardian Foster parent Step parent Other: _____

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 Parent/Guardian Name _____
LAST FIRST MIDDLE SUFFIX

Gender Male Female Date of Birth _____ Preferred Language _____
MONTH/DAY/YEAR

Relationship to Student Parent Legal guardian Foster parent Step parent Other: _____

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 Parent/Guardian Name _____
LAST FIRST MIDDLE SUFFIX

Gender Male Female Date of Birth _____ Preferred Language _____
MONTH/DAY/YEAR

Relationship to Student Parent Legal guardian Foster parent Step parent Other: _____

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 Parent/Guardian Name _____
LAST FIRST MIDDLE SUFFIX

Gender Male Female Date of Birth _____ Preferred Language _____
MONTH/DAY/YEAR

Relationship to Student Parent Legal guardian Foster parent Step parent Other: _____

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

Other Household Members

Please list any other individuals, including children, who live with the student (e.g., siblings, grandparents, etc.). Please list additional household members on a separate sheet of paper.

Legal Name _____
LAST FIRST MIDDLE SUFFIX

Date of Birth _____ Gender Male Female
MONTH/DAY/YEAR

Relationship to Student _____

Is this person a current City Schools' student? Yes No

Does this person live in the primary or secondary household? Primary Secondary

Legal Name _____
LAST FIRST MIDDLE SUFFIX

Date of Birth _____ Gender Male Female
MONTH/DAY/YEAR

Relationship to Student _____

Is this person a current City Schools' student? Yes No

Does this person live in the primary or secondary household? Primary Secondary

Emergency Contact 1

Legal Name _____
LAST FIRST MIDDLE SUFFIX

Gender Male Female Date of Birth _____
MONTH/DAY/YEAR

Relationship to Student Parent Legal guardian Foster parent Step parent Other: _____

Preferred Language _____ Home Phone Number _____

Cell Phone Number _____ Work Number _____

Emergency Contact 2

Legal Name _____
LAST FIRST MIDDLE SUFFIX

Gender Male Female Date of Birth _____
MONTH/DAY/YEAR

Relationship to Student Parent Legal guardian Foster parent Step parent Other: _____

Preferred Language _____ Home Phone Number _____

Cell Phone Number _____ Work Number _____

I agree that the information provided is complete and accurate. I understand that this information is being used by the school district for the purposes of registering my student. I understand that incomplete or inaccurate information may delay, prevent, or invalidate my student's registration in school. I agree to promptly inform the school district of any changes in this information, including changes in the residency of my student.

Parent/Guardian Printed Name _____

Signature _____ Date _____
MONTH/DAY/YEAR

Student Enrollment Form – Pre-k /Kindergarten Addendum

If you are enrolling your child in pre-k or kindergarten, please fill out this section as well.

Number of primary household members _____

Total monthly household income _____

Where did the student spend the most time in the last 12 months?

- Head Start
- Childcare Center
- Non-Public Nursery School
- Pre-k in another School District
- Family Childcare
- Kindergarten
- Home Care
- Other

Is the student fluent in English?

- Yes No



The Enoch Pratt Free Library would like to give your child his or her very own **First Card**, a free library card for young children that has no late fees. The First Card can be used at any Enoch Pratt Free Library in the city to borrow children’s materials. Your child will receive his or her First Card during the first few weeks of school. To learn more about the First Card, please visit www.prattlibrary.org.

Yes, please give my child a First Card. I understand that this means my name, email address, phone number and my child’s name, home address, birthday, and school will be shared with the Enoch Pratt Free Library system.

Please check all items below that apply to the student (please note that this information will help the school prepare needed supports):

- | | |
|---|--|
| <input type="checkbox"/> Child is not fully toilet trained | <input type="checkbox"/> Parent or sibling is receiving special education services |
| <input type="checkbox"/> Parent/guardian has a chronic illness or is disabled | <input type="checkbox"/> Child has asthma |
| <input type="checkbox"/> Child experienced death of a parent(s) | <input type="checkbox"/> Child has long-term use of medication |
| <input type="checkbox"/> Child had a birth weight of six pounds or less | <input type="checkbox"/> Child has hearing problems |
| <input type="checkbox"/> Child is/was in foster care | <input type="checkbox"/> Parent has concerns about child’s development |
| <input type="checkbox"/> Child has/had delayed speech/language | <input type="checkbox"/> Child has vision problems |
| <input type="checkbox"/> Child has a sibling with learning difficulties | <input type="checkbox"/> Child has/is receiving speech/language therapy |
| <input type="checkbox"/> Child had exposure to lead | <input type="checkbox"/> Child has/is receiving occupational therapy |
| <input type="checkbox"/> Child has/had a serious injury or trauma exposure | |

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Parent/Guardian Printed Name _____

Signature _____ Date _____

MONTH/DAY/YEAR