

# STUDENT ENROLLMENT FORM

04.2021

<b>SCHOOL USE ONLY</b>	School Year _____	School Name _____	Grade _____
Local Student# _____	Person ID# _____	Today's Date _____	MONTH/DAY/YEAR
Enrollment Start Date _____	Enrollment Start Status _____	Immunizations Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Birth Date Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Existing Court Order? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous City Schools' Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## STUDENT INFORMATION

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

Preferred Name \_\_\_\_\_ Gender  Male  Female  X (non-binary) Date of Birth \_\_\_\_\_  
(If applicable) MONTH/DAY/YEAR

Where was the student born? \_\_\_\_\_ When did the student first go to school in the US? \_\_\_\_\_  
CITY/STATE/COUNTRY MONTH/DAY/YEAR

Does the student have an Individualized Education Program (IEP), Individual Family Service Plan (IFSP), 504 Plan, or receive English for Speakers of other Languages (ESOL), English as a Second Language (ESL), English as a New Language (ENL), or other special programming?

Check all that apply.  IEP  IFSP  504  ESOL  ESL  ENL  Other \_\_\_\_\_

## PRIOR SCHOOL ENROLLMENT

Name & Address of the last school attended by student \_\_\_\_\_

Is the student currently suspended/expelled?  Yes  No Has the student ever been enrolled in City Schools?  Yes  No

If yes, Name of School \_\_\_\_\_ Last Grade \_\_\_\_\_

## ETHNICITY CHOOSE ONE

- Not Hispanic/Latino
- Hispanic/Latino (Having family origins in Cuba, Mexico, Puerto Rico, Central or South America or other Spanish cultures/origins)

## RACE CHECK ALL THAT APPLY

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

## 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? \_\_\_\_\_

## MIGRANT ELIGIBILITY

Has the student and/or household members moved in the last 36 months for agriculture or fishing related work, including dairies, nurseries, meat or vegetable processing, feed yards, or field work?  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: \_\_\_\_\_

**RESIDENCY** ADDITIONAL FORMS MAY BE REQUIRED

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

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, tsunamis, 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

**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	Parent/Guardian Name _____ <small>LAST FIRST MIDDLE SUFFIX</small>
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (non-binary)    Date of Birth _____ Preferred Language _____ <small>MONTH/DAY/YEAR</small>
	Relationship to Student <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Foster parent <input type="checkbox"/> Step parent <input type="checkbox"/> Other: _____
	Email Address _____ Cell Number _____ Work Number _____
	Lives with student <input type="checkbox"/> Yes <input type="checkbox"/> No    Has legal custody of student <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has permission to pick up student <input type="checkbox"/> Yes <input type="checkbox"/> No    Gets mailings for student <input type="checkbox"/> Yes <input type="checkbox"/> No
	Should have access to Campus Portal (Online access to grades and attendance information; visit <a href="http://www.baltimorecityschools.org/campus">www.baltimorecityschools.org/campus</a> ) <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT/GUARDIAN 2	Parent/Guardian Name _____ <small>LAST FIRST MIDDLE SUFFIX</small>
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (non-binary)    Date of Birth _____ Preferred Language _____ <small>MONTH/DAY/YEAR</small>
	Relationship to Student <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Foster parent <input type="checkbox"/> Step parent <input type="checkbox"/> Other: _____
	Email Address _____ Cell Number _____ Work Number _____
	Lives with student <input type="checkbox"/> Yes <input type="checkbox"/> No    Has legal custody of student <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has permission to pick up student <input type="checkbox"/> Yes <input type="checkbox"/> No    Gets mailings for student <input type="checkbox"/> Yes <input type="checkbox"/> No
	Should have access to Campus Portal (Online access to grades and attendance information; visit <a href="http://www.baltimorecityschools.org/campus">www.baltimorecityschools.org/campus</a> ) <input type="checkbox"/> Yes <input type="checkbox"/> 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	Parent/Guardian Name _____ <small>LAST FIRST MIDDLE SUFFIX</small>
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (non-binary)    Date of Birth _____ Preferred Language _____ <small>MONTH/DAY/YEAR</small>
	Relationship to Student <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Foster parent <input type="checkbox"/> Step parent <input type="checkbox"/> Other: _____
	Email Address _____ Cell Number _____ Work Number _____
	Lives with student <input type="checkbox"/> Yes <input type="checkbox"/> No    Has legal custody of student <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has permission to pick up student <input type="checkbox"/> Yes <input type="checkbox"/> No    Gets mailings for student <input type="checkbox"/> Yes <input type="checkbox"/> No
	Should have access to Campus Portal <i>(Online access to grades and attendance information; visit <a href="http://www.baltimorecityschools.org/campus">www.baltimorecityschools.org/campus</a>)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/GUARDIAN 2	Parent/Guardian Name _____ <small>LAST FIRST MIDDLE SUFFIX</small>
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X (non-binary)    Date of Birth _____ Preferred Language _____ <small>MONTH/DAY/YEAR</small>
	Relationship to Student <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Foster parent <input type="checkbox"/> Step parent <input type="checkbox"/> Other: _____
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	Lives with student <input type="checkbox"/> Yes <input type="checkbox"/> No    Has legal custody of student <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has permission to pick up student <input type="checkbox"/> Yes <input type="checkbox"/> No    Gets mailings for student <input type="checkbox"/> Yes <input type="checkbox"/> No
	Should have access to Campus Portal <i>(Online access to grades and attendance information; visit <a href="http://www.baltimorecityschools.org/campus">www.baltimorecityschools.org/campus</a>)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

**SIBLINGS/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  X (non-binary) Relationship to student \_\_\_\_\_  
MONTH/DAY/YEAR

Is this person a current City Schools' student?  Yes  No    If yes, Name of School \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_ Gender  Male  Female  X (non-binary) Relationship to student \_\_\_\_\_  
MONTH/DAY/YEAR

Is this person a current City Schools' student?  Yes  No    If yes, Name of School \_\_\_\_\_

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

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

Date of Birth \_\_\_\_\_ Gender  Male  Female  X (non-binary) Relationship to student \_\_\_\_\_  
MONTH/DAY/YEAR

Is this person a current City Schools' student?  Yes  No    If yes, Name of School \_\_\_\_\_

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

**EMERGENCY CONTACT 1**

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

Date of Birth \_\_\_\_\_ Gender  Male  Female  X (non-binary) Preferred Language \_\_\_\_\_  
MONTH/DAY/YEAR

Relationship to Student  Parent  Legal guardian  Foster parent  Step parent  Other: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

**EMERGENCY CONTACT 2**

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

Date of Birth \_\_\_\_\_ Gender  Male  Female  X (non-binary) Preferred Language \_\_\_\_\_  
MONTH/DAY/YEAR

Relationship to Student  Parent  Legal guardian  Foster parent  Step parent  Other: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Work Number \_\_\_\_\_

**STUDENT WHOLENESS INVENTORY (OPTIONAL)**

Please check all items below that apply to the student  
 (NOTE: This section is optional but assists City Schools in providing needed supports/services).

- |   |  |
|---|--|
| <input type="checkbox"/> Student enjoys participating in extracurricular and enrichment activities (i.e., student government, academic clubs, debate team, culture clubs, etc.) | <input type="checkbox"/> Student has a history of drug/alcohol use                               |
| <input type="checkbox"/> Student feels unsafe/alienated/disenfranchised   | <input type="checkbox"/> Student has asthma and/or other medical concerns                        |
| <input type="checkbox"/> Student has a history of abuse/victimization   | <input type="checkbox"/> Student has hearing problems  |
| <input type="checkbox"/> Student has a strong interest/skill in sports/athletics/physical activities  | <input type="checkbox"/> Student has long-term use of medication                                 |
| <input type="checkbox"/> Student has antisocial/delinquent behaviors  | <input type="checkbox"/> Student has vision problems   |
| <input type="checkbox"/> Student has experienced the death of a parent/guardian and/or sibling  | <input type="checkbox"/> Student has/had delayed speech/language                                 |
| <input type="checkbox"/> Student has mental health difficulties   | <input type="checkbox"/> Student has/is receiving occupational therapy                           |
| <input type="checkbox"/> Student has/had a serious trauma exposure and/or injury  | <input type="checkbox"/> Student has/is receiving speech/language therapy                        |
| <input type="checkbox"/> Student is/was in a gang   | <input type="checkbox"/> Student is not fully toilet trained                                     |
| <input type="checkbox"/> Student could benefit from additional testing regarding cognitive development  | <input type="checkbox"/> Student has a parent or sibling receiving special education services    |
| <input type="checkbox"/> Student has a strong interest/skill in arts-based programming (i.e., dance, film, music, theatre, visual arts, etc.)                                   | <input type="checkbox"/> Student has a parent/guardian that has a chronic illness or is disabled |
| <input type="checkbox"/> Student has experienced academic failure/frustration   | <input type="checkbox"/> Student has a sibling with learning difficulties                        |
| <input type="checkbox"/> Student had a birth weight of six pounds or less   | <input type="checkbox"/> Student has family members in a gang                                    |
| <input type="checkbox"/> Student had exposure to lead   | <input type="checkbox"/> Student is a parenting teen   |
|   | <input type="checkbox"/> Student is/was in foster care   |
|   | <input type="checkbox"/> Other considerations _____  |

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. 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 \_\_\_\_\_

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?

Choose 1

Choose 2

Full Day

or

Half Day

Type of Care Child Received the  
Year Prior to Kindergarten  
**Child Care Center**

*Child care provided in a facility, usually non-residential for part or all of the day that provides care to children in the absence of a parent. The center is licensed by the MSDE, Office of Child Care.*

Name/Location \_\_\_\_\_

**Family Child Care**

*Regulated care given to a child younger than 13 years old, in place of parental care for less than 24 hours, in a residence other than the child's residence and for which the provider is paid. Family child care is regulated by MSDE, Office of Child Care.*

Name/Location \_\_\_\_\_

**Head Start Program**

*A federal pre-school program for 3 to 5-year olds from low income families: funded by the U.S. Department of Health and Human Services and licensed by the MSDE, Office of Child Care.*

Name/Location \_\_\_\_\_

**Home/Informal Care**

*Care provided in a home by a relative or non-relative.*

Name/Location \_\_\_\_\_

**Kindergarten** *Student is repeating Kindergarten.*

Name/Location \_\_\_\_\_

**Non-Public Nursery School**

*Preschool programs with an "education" focus for 2, 3, or 4-year olds; approved or exempted by MSDE; usually part-day, nine months a year.*

Name/Location \_\_\_\_\_

**PreKindergarten in a Public School  
(General Education or Special Education)**

*Public school prekindergarten education for four-year olds. Administration by local boards of education & regulated by the Maryland State Department of Education (MSDE) according to COMAR 13A.06.02 Prekindergarten Programs.*

Name/Location \_\_\_\_\_

Is the student fluent in English?  Yes  No

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Parent/Guardian Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

MONTH/DAY/YEAR



ENOCH PRATT free LIBRARY

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](http://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.