

STUDENT REGISTRATION 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:	<input type="checkbox"/> Yes <input type="checkbox"/> 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 U.S.? _____
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? _____

STUDENT REGISTRATION FORM – Continued

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

STUDENT REGISTRATION FORM – Continued

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.

Household Member 1

Legal Name _____
LAST FIRST MIDDLE SUFFIX

Gender Male Female Date of Birth _____ Relationship to Student _____
MONTH/DAY/YEAR

Is this person a current City Schools' student? Yes No Does this person live in the primary or secondary household? Primary Secondary

Household Member 2

Legal Name _____
LAST FIRST MIDDLE SUFFIX

Gender Male Female Date of Birth _____ Relationship to Student _____
MONTH/DAY/YEAR

Is this person a current City Schools' student? Yes No Does this person live in the primary or secondary household? Primary Secondary

EMERGENCY CONTACTS

Emergency Contact 1

Legal 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: _____

Cell Number _____ Home Number _____ Work Number _____

Emergency Contact 2

Legal 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: _____

Cell Number _____ Home 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 REGISTRATION 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 _____

Is the student fluent in English? Yes No

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

- | | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Family childcare (paid childcare provided at someone's home that's regulated by the state) |
| <input type="checkbox"/> Pre-k in a non-City Schools program | <input type="checkbox"/> Home care (childcare provided in a home by a relative or non-relative) |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Non-public nursery school | |
| <input type="checkbox"/> State-licensed childcare center | |

Was he or she in a full-day or half-day program? _____

If half-day, where was she or he the rest of the day? _____

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

Baltimore City Public Schools' Notice of Nondiscrimination

Baltimore City Public Schools does not discriminate on the basis of race, color, ancestry or national origin, religion, sex, sexual orientation, gender identity, gender expression, marital status, disability, veteran status, genetic information, or age in its programs and activities and provides equal access to the Boy Scouts of America and other designated youth groups.

For inquiries regarding the nondiscrimination policies, please contact: Equal Opportunity Manager, Title IX Coordinator, Equal Employment Opportunity and Title IX Compliance
200 E. North Avenue, Room 208 • Baltimore, MD 21202 • Phone: 410-396-8542 • Fax: 410-396-2955