# BALTIMORE COUNTY PUBLIC SCHOOLS
## STONELEIGH ELEMENTARY SCHOOL
## SCHOOL REGISTRATION FORM
## PS 515, F1

## STUDENT INFORMATION

| | | |
|---|---|---|
| Date: (mm/dd/yy) | Grade Level: | ☐ Enrolling for services only<br>☐ Enrolling as part of Foreign Exchange Program (Secondary only) |
| Student's Last Name: | Suffix: | Student's First Name: |
| Middle Name: No Middle Name: ☐ | | Preferred Name (optional): |
| Birth Gender: ☐ Male ☐ Female | | Gender Identity (optional): ☐ Male/He ☐ Female/She |
| Birth Date: (mm/dd/yy) | | Documentation of Birth: (Name of Document) |
| Country of Birth: | | Last School Attended: |

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? _____

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**The U.S. Department of Education requires all public schools to collect racial and ethnicity information. Please complete Part I and II.**

**Part I**
Hispanic (Check yes if your child is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
☐ YES

| **Part II** | |
|---|---|
| ☐ 1. American Indian or Alaskan Native | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment. |
| ☐ 2. Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| ☐ 3. Black or African American | A person having origins in any of the black racial groups of Africa. |
| ☐ 4. Native Hawaiian/Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| ☐ 5. White | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |

## SIBLING INFORMATION

| Siblings | Brother/Sister | Age | School | Grade | Resides with registering student (yes or no) |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

## STUDENT ADDRESS

| | | |
|---|---|---|
| Street Address: | Apartment No.: | City, State, Zip Code: |

## STUDENT SUPPORT SERVICES INFORMATION

Check the services below that your child currently receives:
☐ ESOL (English for Speakers of Other Languages) ☐ IEP ☐ Free and Reduced-Price Meals ☐ 504 ☐ Gifted and Talented/Advanced Academics

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**APPLICATION INFORMATION**

Name of Person Completing Form:        Relationship:            Phone:

Do you have legal custody of this child? ☐ Yes ☐ No | Are your custody documents on file? ☐ Yes ☐ No        Year:

**Child Lives With**

☐ Both Parents ☐ Mother ☐ Father

☐ Guardians ☐ Foster Parent(s) ☐ Other_____ Name: _____

Are you residing in temporary housing or do you lack housing? ☐ Yes ☐ No

**If yes, school will immediately contact pupil personnel worker to provide assistance.  (Parent/Guardian is to complete HSE-1 Form)**

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**PARENT/GUARDIAN INFORMATION**

| Primary Guardian Name: | Phone Numbers | Home, Work, Cell | Receive Texts? (Y/N) |
|---|---|---|---|
| Guardian Relationship: | | | |
| Does the student reside with this contact? ☐ Yes ☐ No | | | |
| If no, list Address or P.O. Box: | | | |
| City, State, Zip Code: | Email: | | |
| Employer: | Full-Time Active Military?   ☐ Yes ☐ No | | |

| Secondary Guardian Name: | Phone Numbers | Home, Work, Cell | Receive Texts? (Y/N) |
|---|---|---|---|
| Guardian Relationship: | | | |
| Does the student reside with this contact? ☐ Yes ☐ No | | | |
| If no, list Address or P.O. Box: | | | |
| City, State, Zip Code: | Email: | | |
| Employer: | Full-Time Active Military?   ☐ Yes ☐ No | | |

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**AUTOMATED PHONE CALLS**

In addition to emergency notifications, the contact listed above may receive calls, emails, texts, and pre-recorded messages regarding non-emergent information. Non-emergent information is that which does not pertain to a school closing, medical or safety emergency.  Non-emergent information includes, but it is not limited to: school calendar updates, student testing reminders, Superintendent's messages, school activities, and notifications pertaining to your student's daily activities, school responsibilities or events.
**If you would like non-emergent notifications to be sent to a different number, please specify below:**

| Non-Emergent Number: | Ext: | ☐ Work ☐ Home ☐ Cell | Receive Texts? ☐ Yes ☐ No |
|---|---|---|---|

If you would like to opt out of non-emergent notifications, sign here:

**Note:** Your signature confirms that you **will not** receive calls regarding non-emergent information.

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**EMERGENCY CONTACT LIST (Please list by order of contact)**

In case of an incident or serious illness, school staff will contact a parent/guardian.  In the event parents/guardians cannot be reached, please list people that may be contacted to pick up your student if necessary.  If a parent/guardian or additional contact cannot be reached in a medical emergency, school staff will contact the child's physician/dentist listed on the health form.  School staff may also make necessary arrangements, including an ambulance and transporting your student to the hospital.
**NOTE:  All early dismissals must be approved by a parent/guardian in writing.**

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| Name | Relationship | Telephone |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |

| **Elementary Only:** In a school closing emergency who is responsible for the student?<br>If not parent/guardian, list name and address: | In a school closing emergency, how will the elementary student be transported?<br>☐ Walk ☐ Ride Bus ☐ Pick-Up |
|---|---|

Upon notification by school staff, I agree to send my child home by taxicab if necessary. I also agree to be responsible for calling the cab and for payment of the cab.  ☐ Yes ☐ No

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**Secondary Only:** ☐ **DO NOT** permit my child to participate in the Maryland Youth Tobacco & Risk Behavior Survey (MYTRBS).

Secondary students with cell phones may opt to receive text messages from the automated calling system in a school emergency. If you would like your student to receive emergency text notifications, please list the student's cell phone number below.
**Student Cell Phone Number: (    ) _____**

**NOTE:** All parties that provide telephone numbers may receive calls or text messages from the automated calling system in a school emergency. Message and data rates may apply.

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**Preferred Name/Gender Requests Only:**

*I understand that by requesting a preferred name or gender, I am agreeing to permit Baltimore County Public Schools to use the preferred name and/or gender for my child with the understanding that the student's legal name will remain on SR Cards, report cards, interim reports, transcripts, assessments, and diplomas.*

Signature of adult responsible for the student: _____ Date: _____
Signature of Student: _____ Date: _____

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*Please read carefully before signing this form:*
*I understand that if it is determined that I have provided false information regarding my place of residence, my child will be withdrawn from school and tuition will be assessed on a pro-rated basis for the period of time that he/she was fraudulently enrolled. (**Tuition rates are currently over $6,000 per year and are increased on an annual basis.**)*

***To the best of my knowledge, all information entered on this enrollment form is accurate.***

Signature of adult responsible for the student's enrollment                                    Date

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| **(FOR OFFICE USE ONLY)** | |
|---|---|
| Date: | Student's Name: |
| Student ID# | Teacher: (optional)   Grade: |
| Enrollment Date: | Bus Stop: |
| Bus No. | Entry Code: |

| Shared Domicile ☐ | Nonresident ☐ | Informal Kinship ☐ | Homeless ☐ | Special Transfer ☐ | Tuition ☐ | Agency-Placed ☐ | IEP ☐ 504 ☐ |
|---|---|---|---|---|---|---|---|

| **Please indicate special transfer reason(s):** | | |
|---|---|---|
| ☐ Terminal Grade | ☐ Change of residence from attendance area | ☐ Medical |
| ☐ Program Study | ☐ Change of residence to attendance area | ☐ Student Adjustment |
| ☐ Employee's Child | ☐ Sibling | |
| ☐ Child Care | ☐ Family Conditions | |

| **PHOTO IDENTIFICATION** |
|---|
| To validate the identity of the parent/guardian responsible for the student's enrollment, photo identification must be provided at the time of enrollment and a copy made. If the photo ID contains an address, it must match the Baltimore County address appearing on other residency documents. A driver's license may not be used to verify address if used for photo ID. |

| ☐ Driver's License | ☐ Current Passport | ☐ Government issued license or certificate | ☐ Other Photo ID |
|---|---|---|---|

| **HOME/DOMICILE RESIDENCY VERIFICATION (MUST BE PRESENTED AT REGISTRATION)** | | |
|---|---|---|
| Residency verification must be presented at the time of registration. To establish proof of the student's domicile/address, a parent/guardian must provide one (1) of the following documents to verify the student's address and three supporting documents. Copies must be maintained in the student's record. | | |
| ☐ Lease (lease end date) | ☐ Property Settlement Sheet | ☐ Property Title |
| ☐ Real Estate Tax Bill | ☐ Mortgage Coupon Book | ☐ PPW Documentation |
| ☐ Residency Verification Letter | ☐ Property Deed | |

| **NAME/ADDRESS DOCUMENTS (THREE (3) REQUIRED, DATED WITHIN THE PREVIOUS 60 DAYS) – Types of Acceptable Documents:** | | |
|---|---|---|
| Utility Bill (BGE/phone/water) | Credit Card Bill | Bank Statement |
| First-Class Mail from business or government agency | Paycheck or Stub | Court Documents |
| Driver's License (if same address as student) | Mailing from BCPS | Voter registration card |
| Notarized letter from landlord | Government issued license or certificate | Receipt of immunization |
| Vehicle Registration Card | Tax Return from previous year | Cable Bill |
| Other documentation accepted by residency investigator | Notarized statement from employer | Health Center mailing or appointment |
| 1. | 2. | 3. |

| **PROOF OF IMMUNIZATION** | |
|---|---|
| **Proof of age-appropriate immunizations is required at the time of registration. Students missing an immunization record or required shot(s) may be admitted for up to 20 days if they have an appointment to obtain missing records or shot(s).** | |
| ☐ Immunization provided | ☐ No immunizations/Temporary Admissions |

| **Checklist for enrollment process:** | | | |
|---|---|---|---|
| Task | Name (of BCPS personnel employee) | Title | Date |
| ☐ Enrollment | | | |
| ☐ Entry in BCPS One SIS | | | |
| ☐ Records Request | | | |
| ☐ Immunization/Health Registration to Nurse | | | |
| ☐ Other | | | |

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