| STUDENT INFORMATION |
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| Date: (mm/dd/yy) Grade Level: | Enrolling for services only 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

| 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 |
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| Siblings | Brother/Sister | Age | School | Grade | Resides with registering student (yes or no) |
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| STUDENT ADDRESS |
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| Street Address: | Apartment No.: | City, State, Zip Code: |
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| STUDENT SUPPORT SERVICES INFORMATION |
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| 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) | |

| PARENT/GUARDIAN INFORMATION |
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| 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 |  |

| AUTOMATED PHONE CALLS |
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| 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. | | | |
| Parents/Guardians may submit opt-out preferences for students in BCPS One through September 30th by logging into BCPS One (<https://bcpsone.bcps.org/>) and navigating to the Student Information tile. To change opt-out preferences after September 30th, contact your student’s school. | | | |

| 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 |
| --- | --- | --- |
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| Elementary Only: In a school closing emergency who is responsible for the student?If not parent/guardian, list name and address: |  | In a school closing emergency, how will the elementary student be transported? 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 | | |

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

| **BCPS One:** (<https://bcpsone.bcps.org/>) is a digital ecosystem that supports teaching and learning by providing users the opportunity to engage in the educational process through access to online tools, resources, and student progress. View only access to BCPS One allows a user to view student information such as attendance and report cards, as well as access the Learning Management System. Granting BCPS One view only access does not authorize the person to make any decisions regarding the student’s educational program or participate in school conferences. **To grant view only access to people other than parents/legal guardians, list their information below and check by their name to APPROVE.** | | | |
| --- | --- | --- | --- |
| Name | Relationship | Email Address | Check here to APPROVE BCPS One View Only Access |
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| Preferred Name/Gender Requests Only: |
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| *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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| *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 |

| MUSIC – please choose one (if your child currently plays an instrument and wants to continue with it, please state the name of the instrument) | |
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| Chorus: |
| Music Appreciation – non-performance class: |
| Instrument (must be proficient playing the instrument – see choices below): |
|  |

| FOREIGN LANGUAGE – Please choose one | | |
| --- | --- | --- |
| SPANISH | FRENCH |  |
|  |  |  |

**Instrument Choices**

**Woodwind** – flute, oboe, clarinet, alto sax, French horn

**Brass/:Percussion** – trumpet, trombone, baritone, tuba, tenor sax, bari sax, bass clarinet, bassoon,percussion

**Strings** – violin, viola, bass, cello