

CALVERT COUNTY PUBLIC SCHOOLS
Prince Frederick, Maryland 20678

STUDENT REGISTRATION FORM

OFFICE USE ONLY → Today's Date: _____ Student ID _____ Entry Date (Student start date): _____

INSTRUCTIONS: This form is to be completed by the parent or legal guardian of all students entering a Calvert County Public School. All new or re-entering students must submit verification of the following at the time of enrollment: Calvert County residency, age and immunizations.

Student's Legal Last Name _____ Legal First Name _____ Middle Name _____
☐ Male ☐ Female _____ Grade _____ - _____ - _____
 Date of birth _____ Social Security Number (optional) _____

Ethnicity

Please note: This information is required by the federal government. If not filled out, school personnel are required to make a selection. Please answer questions #1 and #2.

1. Is the student Hispanic or Latino? ☐ Yes ☐ No
 2. Please identify the student's race by checking at least one of the races listed below and specify the approximate percentage.
☐ American Indian or Alaska Native _____ %
☐ Asian _____ %
☐ Black or African American _____ %
☐ White _____ %
☐ Native Hawaiian or Pacific Islander _____ %

Primary Language Spoken in the Home

- ☐ English
☐ Spanish
☐ Chinese
☐ Vietnamese
☐ Other: _____

Primary Language Spoken by the Child

- ☐ English
☐ Spanish
☐ Chinese
☐ Vietnamese
☐ Russian
☐ Other: _____
 Country of Birth _____

RESIDENCY

Home Phone Number _____ Street Address _____
 _____ City _____ State _____ Zip _____
 Mailing Address (If different) _____

CUSTODY: Court Ordered Custody: ☐ Yes ☐ No If yes, please provide school with current custody documentation from court
 If no court documents, are there separation/custody concerns: ☐ Yes ☐ No

The student lives with:

Name _____
 Relationship: ☐ Mother ☐ Father ☐ Guardian
☐ Other _____

Employer _____
 Work Phone _____
 Cell Phone _____
 Email _____
 Language of correspondence _____

The student lives with:

Name _____
 Relationship: ☐ Mother ☐ Father ☐ Guardian
☐ Other _____

Employer _____
 Work Phone _____
 Cell Phone _____
 Email _____
 Language of correspondence _____

Name of parent **(if other than the adult above)**

Address: _____
 Phone: _____
 Is this a non-custodial parent? ☐ Yes ☐ No

Name of parent **(if other than the adult above)**

Address: _____
 Phone: _____
 Is this a non-custodial parent? ☐ Yes ☐ No

Level of Education Completed by Parents:

Mother: ☐ Middle Sch. ☐ High Sch. ☐ GED ☐ Comm. College/Tech Sch. ☐ Bachelor's Degree ☐ Graduate Degree
 Father: ☐ Middle Sch. ☐ High Sch. ☐ GED ☐ Comm. College/Tech Sch. ☐ Bachelor's Degree ☐ Graduate Degree

PRIOR SCHOOL EXPERIENCE (If applicable)

Name of last school attended _____

Dates of attendance _____

Last grade _____

School phone number _____

Address of last school attended _____

City _____

State _____

Has this student ever attended a Calvert County Public School? ☐ Yes ☐ No

If yes: _____

Name of last Calvert County Public School attended _____

Dates of attendance _____

Last grade _____

SIBLINGS

Name _____

Birth date _____

Current School _____

ADDITIONAL INFORMATION

Does the student currently have an IEP? _____

☐ Yes ☐ No

In the past has the student had an IFSP or IEP testing? _____

☐ Yes ☐ No

Does the student currently have a 504? _____

☐ Yes ☐ No

Has the student been in an ESOL/ELL program? _____

☐ Yes ☐ No

Has the student ever been suspended from school? _____

☐ Yes ☐ No

If yes, is the student currently suspended? _____

☐ Yes ☐ No

Has the student ever been expelled from school? _____

☐ Yes ☐ No

If yes, is the student currently expelled from school? _____

☐ Yes ☐ No

Does the student have a diagnosed medical condition? (_____)

☐ Yes ☐ No**Emergency Contacts:**

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

The information submitted on this form and on any attachments is accurate, complete, and true to the best of my knowledge. I understand that falsification of any information submitted shall be cause for denial of enrollment. Furthermore, I understand I am responsible for reporting to the school principal if the student has a change of address or becomes a non-resident of this county and that I am liable for tuition for any periods that the student may be a non-resident. If my child has an IEP, I understand the IEP Team must determine his/her placement.

Signature - Parent/Legal Guardian _____

Date _____

FOR OFFICE USE ONLY**PROOF OF RESIDENCY****CCPS Policy #3720, Residents and Non-Residents in CCPS**

- ☐ Deed (must include street address)
- ☐ Monthly Mortgage Statement
- ☐ Incorporated or Notarized Lease Agreement
- ☐ Multiple Family Disclosure Form
- ☐ Tuition Contract
- ☐ Other (Requires statement of explanation from the PPW)

CIRCUMSTANCES (if applicable)

- ☐ Homeless – see CCPS Policy # 3730
- ☐ Informal Kinship Care
- ☐ Maryland State Supervised Care
- ☐ Dept. Juvenile Justice – out of county placement
- ☐ Dept. Juvenile Justice – in county placement
- ☐ Social Services – out of county placement
- ☐ Social Services – in county placement
- ☐ Other State Agency – out of county
- ☐ Other State Agency – in county

IMMUNIZATIONS

Proof of immunization compliance

- ☐ Maryland Department of Health and Mental Hygiene Immunization Certificate 896
- ☐ Computer-generated printout from the doctor's office
- ☐ Other (Must be approved by CCPS school nurse)

PROOF OF AGE

- ☐ Birth Certificate
- ☐ Passport/Visa

REGISTRATION COMPLETED BY _____

STAFF INITIALS _____