



## BALTIMORE COUNTY PUBLIC SCHOOLS SCHOOL REGISTRATION FORM NORWOOD ELEMENTARY



### Student Information

<b>Student's Last Name</b>	<b>Student's First Name</b>	<b>Student's Middle Name</b>

Street Name _____	Home Phone _____
Apartment Number _____	Unlisted Yes <input type="checkbox"/> No <input type="checkbox"/>
City, State _____	Email _____
Zip Code _____	Current Grade _____

Male  Female  Birth Date (mm/dd/yy) \_\_\_\_\_ U.S. Citizen Yes  No  SS# (Optional) \_\_\_\_\_

Place of Birth \_\_\_\_\_ Documentation of Birth (Name of Document) \_\_\_\_\_

Is a language other than English the student's first or home language? Yes  No  If yes, indicate the language. \_\_\_\_\_

For providing data requested by the Federal Government, please check race.

<b>The Maryland State Department of Education requires <u>one</u> racial category for each student. What is the race of the student as defined by the state guidelines?</b>	<b>The Baltimore County Public School System also allows the documentation of <u>several</u> racial categories for one student. Please specify <u>one</u> or <u>more</u> of the categories.</b>
<input type="checkbox"/> 1. American Indian or Alaskan Native <input type="checkbox"/> 2. Asian or Pacific Islander <input type="checkbox"/> 3. African American, Not of Hispanic Origin <input type="checkbox"/> 4. White, Not of Hispanic Origin <input type="checkbox"/> 5. Hispanic	<input type="checkbox"/> 1. American Indian or Alaskan Native <input type="checkbox"/> 2. Asian or Pacific Islander <input type="checkbox"/> 3. African American, Not of Hispanic Origin <input type="checkbox"/> 4. White, Not of Hispanic Origin <input type="checkbox"/> 5. Hispanic

### SIBLING INFORMATION

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

Name of Last School Attended \_\_\_\_\_ Grade: \_\_\_\_\_

Last School Address: \_\_\_\_\_ Last School City, State, Zip Code \_\_\_\_\_

Last School Telephone: \_\_\_\_\_ Name of Last School Attended in BCPS \_\_\_\_\_

### APPLICATION INFORMATION

Name of Person Completing Form \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Do you have legal custody of this child? Yes  No  Year \_\_\_\_\_ Are your custody documents on file? Yes  No

Child lives with  Both Parents  Mother  Father  
 Guardian(s)  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)**



**BALTIMORE COUNTY PUBLIC SCHOOLS  
SCHOOL REGISTRATION FORM  
NORWOOD ELEMENTARY  
PARENT/GUARDIAN INFORMATION**



Mother/Female Legal Guardian _____	Telephone Number _____
Guardian's Relationship _____	Work Number _____
Mother/Guardian's Address _____	Cell Number _____
Apt. # or P.O. Box _____	E-mail _____
City _____ Zip _____	Pager _____
Employer _____	Does the student reside with you? Yes <input type="checkbox"/> No <input type="checkbox"/>

Father/Male Legal Guardian _____	Telephone Number _____
Guardian's Relationship _____	Work Number _____
Father/Guardian's Address _____	Cell Number _____
Apt. # or P.O. Box _____	E-mail _____
City _____ Zip _____	Pager _____
Employer _____	Does the student reside with you? Yes <input type="checkbox"/> No <input type="checkbox"/>

**STUDENT SUPPORT SERVICES INFORMATION**

Check the services below that your child currently receives:

- |  |                              |
|--|------------------------------|
| ELL (English Language Learners) <input type="checkbox"/>             | IEP <input type="checkbox"/> |
| Free and Reduced Meals, Breakfast and Lunch <input type="checkbox"/> | 504 <input type="checkbox"/> |
| Gifted and Talented <input type="checkbox"/>                         |                              |

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

Name	Relationship	Telephone

**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*



**BALTIMORE COUNTY PUBLIC SCHOOLS  
SCHOOL REGISTRATION FORM  
NORWOOD ELEMENTARY**



**(For Office Use Only)**

Date: \_\_\_\_\_

Student ID # \_\_\_\_\_ Teacher (optional) \_\_\_\_\_ Grade \_\_\_\_\_  
 Enrollment Date \_\_\_\_\_ Bus Stop \_\_\_\_\_ Bus No. \_\_\_\_\_ Entry Code \_\_\_\_\_  
 Shared Domicile  Nonresident  Informal Kinship  Homeless  Tuition  Agency Placed  IEP  504   
 Special Transfer  **Please indicate Reason(s):** Terminal Grade  Change of residence from attendance area  Childcare   
 Program Study  Change of residence to attendance area  Family Conditions   
 Employee's Child  Sibling

**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  Other Photo  
 Current Passport  Government Issued License or Certificate

**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 immunizations
Vehicle registration card	Tax return from previous year	Cable bill
Other documents accepted by residency assistant	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).*

- Immunizations provided  No immunizations/Temporary Admission

**Checklist for enrollment process:**

Task	Name (of BCPS personnel employee)	Title	Date
Enrollment <input type="checkbox"/>			
Entry on STARS <input type="checkbox"/>			
Records Request <input type="checkbox"/>			
Immunizations/Health Registration to Nurse <input type="checkbox"/>			
Other <input type="checkbox"/>			