STUDENT ENROLLMENT FORM

MIGRANT ELIGIBILITY

04.2021



SCHOOL USE ONLY	School Year	Sc	:hool Name		Gra	de
Local Student#		Person ID#			Today's Date	
Enrollment Start Date		Enrollmont	Start Status		MO Immunizations Received	NTH/DAY/YEAR
					_ initializations Received Schools' Student?	
				Transas city		
STUDENT INFORM	MATION					
Legal Student Name _						
	LAST	FIRS		MID		SUFFIX
Preferred Name(If applicable)			Gender □ Male [☐ Female ☐ X	(non-binary) Date of Birth	MONTH/DAY/YEAR
	nt born?		When die	d the student fi	irst go to school in the US?	
Tricic was tile studen		CITY/STATE/COUNTRY	WITCH CIT	a the student l	s. go to sellooi ili tile 03:	MONTH/DAY/YEAR
			•	•	ervice Plan (IFSP), 504 Plan as a New Language (ENL), c	
Check all that apply. \Box	☐ IEP ☐ IFSI	P □ 504 □ ESO	L 🗆 ESL 🗆 EI	NL 🗆 Other		
PRIOR SCHOOL EN	NROLLMEN	Τ				
			•			
ivaille & Address Of the	E 1831 SCHOOL 6	itteriaea by studeni				
Is the student current	ly suspended.	/expelled? ☐ Yes ☐	□ No Has the stu	ident ever bee	n enrolled in City Schools?	☐ Yes ☐ No
		-			Last Grade	
•						
ETHNICITY CHOOSE	ONE					
☐ Not Hispanic/Latino)					
\square Hispanic/Latino (Having family origins in Cuba, Mexico, Puerto Rico, Central or South America or other Spanish cultures/origins)						
RACE CHECKALL THAT AP	PPLY					
\square American Indian/Alaska Native \square Asian \square Black/African American \square Native Hawaiian/Other Pacific Islander \square White						
MARYLAND HOMI	E LANGUAG	E 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.					ed for English	
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?						

Has the student and/or household members moved in the last 36 months for agriculture or fishing related work, including dairies,

nurseries, meat or vegetable processing, feed yards, or field work? \square Yes \square No

1

_	Please check with the school principal and nurse regarding treatment plans during school hours.						
DOG	Does the student have any serious medical conditions? ☐ Diabetes ☐ Asthma ☐ Epilepsy ☐ Heart Disease ☐ ADD/ADHD						
☐ Major Surgery ☐ Vision/Hearing Difficulties ☐ Other							
Doe	Does the student have any allergies (food, insect, medication, environmental)? Yes No						
If ye	If yes, please list:						
Doe	Does the student take any medication (including inhalers)?						
If ye	yes, please list:						
DE	FCIDENCY						
	ESIDENCY ADDITIONAL FORMS MAY BE REQUIRED						
	the student temporarily living with others due to lack of permanent housing, living in a shelter, living in a motel/hotel, otherwise homeless? \square Yes \square No	or					
Is th	the student considered an unaccompanied minor? (separate from the care of parent or legal guardian) \square Yes \square No						
Is th	the student displaced due to natural disaster? (i.e., California wild fires, hurricanes, tsunami, etc.) \square Yes \square No						
Is th	the student under the informal care/guardianship of a relative other than the biological parent? $\ \square$ Yes $\ \square$ No						
Is th	this student in the custody of foster care, group home, or another placement agency? $\ \square$ Yes $\ \square$ No						
ΕΛ	A MULY INFORMATION						
	AMILY INFORMATION						
	there a current court order regarding custody? \square Yes \square No yes, the parent/guardian MUST provide the school with the most recent court order.						
•	oes the student have a parent or guardian in the Active Duty, National guard, or Reserve component of the United State	c military					
	ervices? \square Yes \square No	3 minuary					
DD	RIMARY HOUSEHOLD						
	nis 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.					
Stre	Street Address						
Mailing Address (if different)							
	ailing Address (if different)						
	ousehold Phone Number						
Hou	Parent/Guardian Name LAST FIRST MIDDLE SU	JFFIX					
Hou	Parent/Guardian Name LAST FIRST MIDDLE SU	JFFIX					
Hou	Parent/Guardian Name LAST FIRST MIDDLE SU	JFFIX					
Hou	Parent/Guardian Name LAST FIRST MIDDLE SU	JFFIX					
Hou	Parent/Guardian Name LAST FIRST MIDDLE SU	JFFIX					
Hou	Parent/Guardian Name	JFFIX					
	Parent/Guardian Name LAST FIRST MIDDLE SU Gender Male Female X (non-binary) MONTH/DAY/YEAR Relationship to Student Parent Legal guardian Foster parent Step parent Other: Email Address Lives with student Yes No Has permission to pick up student Yes No Gets mailings for student Yes No	JFFIX					
Hou	Parent/Guardian Name	JFFIX					
Hou	Parent/Guardian Name LAST FIRST MIDDLE St. Gender Male Female X (non-binary) 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)	JFFIX					
PARENT/GUARDIAN 1	Parent/Guardian Name LAST FIRST MIDDLE SU Gender Male Female X (non-binary) 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)	JFFIX JYes □ No					
2 PARENT/GUARDIAN 1	Parent/Guardian Name LAST FIRST MIDDLE SU Gender Male Female X (non-binary) 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 Should have access to Campus Portal (Online access to grades and attendance information; visit www.baltimorecityschools.org/campus) Parent/Guardian Name LAST FIRST MIDDLE SU	JFFIX JFFIX JFFIX					
2 PARENT/GUARDIAN 1	Parent/Guardian Name LAST FIRST MIDDLE SU Gender Male Female X (non-binary) 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 Should have access to Campus Portal (Online access to grades and attendance information; visit www.baltimorecityschools.org/campus) Parent/Guardian Name LAST FIRST MIDDLE SU	JFFIX JFFIX JFFIX					
2 PARENT/GUARDIAN 1	Parent/Guardian Name LAST FIRST MIDDLE SU Gender Male Female X (non-binary) 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 Should have access to Campus Portal (Online access to grades and attendance information; visit www.baltimorecityschools.org/campus) Parent/Guardian Name LAST FIRST MIDDLE SU	JFFIX □ No					
2 PARENT/GUARDIAN 1	Parent/Guardian Name LAST FIRST MIDDLE SU Gender Male Female X (non-binary) 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 Should have access to Campus Portal (Online access to grades and attendance information; visit www.baltimorecityschools.org/campus) Parent/Guardian Name LAST FIRST MIDDLE SU	JFFIX					
2 PARENT/GUARDIAN 1	Parent/Guardian Name LAST FIRST MIDDLE SU Gender Male Female X (non-binary) 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 Should have access to Campus Portal (Online access to grades and attendance information; visit www.baltimorecityschools.org/campus) Parent/Guardian Name LAST FIRST MIDDLE SU	JFFIX					
PARENT/GUARDIAN 1	Parent/Guardian Name LAST FIRST MIDDLE SU Gender Male Female X (non-binary) 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 Should have access to Campus Portal (Online access to grades and attendance information; visit www.baltimorecityschools.org/campus) Parent/Guardian Name LAST FIRST MIDDLE SU	JFFIX					

parent/Guardian Name LAST FIRST MIDDLE SUFFIX Gender Male Female X (non-binary) Date of Birth 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 ustody of student Yes No Should have access to Campus Portal (Online access to grades and attendance information, visit www.baltimorechyschools.org/campus) Yes Parent/Guardian Name LAST FIRST MIDDLE SUFFIX Gender Male Female X (non-binary) 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 Work Number Lives with student Parent Legal guardian Foster parent Step parent Other: Email Address Cell Number Work Number Lives with student Yes No Has permission to pick up student Yes No Has legal custody of student Yes No Has permission to pick up student Wes No Gets mailings for student Yes No Should have access to Campus Portal (Online access to grades and attendance information; visit www.baltimorechyschools.org/campus) Yes BLINGS/OTHER HOUSEHOLD MEMBERS Ease list any other individuals, including children, who live with the student (e.g., siblings, grandparents, etc.). Please list additional househ embers on a separate sheet of paper. Ball Name LAST FIRST MIDDLE SUFFIX MONTH/DAY/YEAR Gender Male Female X (non-binary) Relationship to student MONTH/DAY/YEAR Suffix Gender Male Female X (non-binary) Relationship to student MONTH/DAY/YEAR Suffix Gender Male Female X (non-binary) Relationship to student MONTH/DAY/YEAR Suffix Gender Male Female X (non-binary) Relationship to student MONTH/DAY/YEAR Gender Male Female X (non-binary) Relationship to student MONTH/DAY/YEAR Gender Male Female X (non-binary) Relationship to studen		different)						
Parent/Guardian Name								
LAST FIRST MIDDLE SUFFIX Gender Male Female X (non-binary) Date of Birth	iouserioia i fiorie	Nullibei						
Gender Male Female X (non-binary)	Parent/Guardia	an Name						
MONTHUDAY/YEAR Relationship to Student Parent Legal guardian Foster parent Step parent Other:								
Relationship to Student Parent Legal guardian Foster parent Other: Email Address Cell Number Work Number Lives with student Yes No	Gender Male Relationship to Email Address Lives with stud	$e \square$ Female \square X (non-binary)						
Cell Number	Relationship to							
Lives with student Yes No								
Parent/Guardian Name								
Parent/Guardian Name LAST FIRST MIDDLE SUFFIX Gender Male Female X (non-binary) Date of Birth	Has permission	n to pick up student 🗆 Yes 🗀	_	•				
LAST FIRST MIDDLE SUFFIX Gender Male Female X (non-binary) Date of Birth	Should have ac	ccess to Campus Portal (Online o	access to grades and attendance	information; visit <u>www.baltimorecityschools.org/ca</u>	mpus) 🗌 Yes 🗌			
LAST FIRST MIDDLE SUFFIX Gender Male Female X (non-binary) Date of Birth								
Gender Male Female X (non-binary)	Parent/Guardia				SUFFIX			
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 IBLINGS/OTHER HOUSEHOLD MEMBERS	Gender □ Male							
Email Address		c ca.c /. (c ca),						
Lives with student	Relationship to	Student 🗆 Parent 🗀 Legal	guardian 🛚 Foster paren	t 🗌 Step parent 🗎 Other:				
Has permission to pick up student	Email Address		Cell Number_	Work Number				
Should have access to Campus Portal (Online access to grades and attendance information; visit www.balitimorecityschools.org/campus)	Lives with stud	lent □ Yes □ No	Has legal cus	stody of student 🗌 Yes 🔲 No				
Should have access to Campus Portal (Online access to grades and attendance information; visit www.balitimorecityschools.org/campus)	Has permission	n to pick up student 🗌 Yes 🗀	No Gets mailing	s for student ☐ Yes ☐ No				
LAST FIRST MIDDLE SUFFIX ate of Birth Gender Male Female X (non-binary) Relationship to student MONTH/DAY/YEAR this person a current City Schools' student? Yes No If yes, Name of School poes this person live in the primary or secondary household? Primary Secondary ate of Birth Gender Male Female X (non-binary) Relationship to student MONTH/DAY/YEAR this person a current City Schools' student? Yes No If yes, Name of School poes this person live in the primary or secondary household? Primary Secondary ate of Birth Gender First MIDDLE LAST FIRST MIDDLE SUFFIX SUFFIX Regal Name LAST FIRST MIDDLE SUFFIX Regal Name LAST FIRST MIDDLE SUFFIX Regal Name Regal Name LAST FIRST MIDDLE SUFFIX Regal Name Regal Name Relationship to student Regal Name Relationship to student SUFFIX Regal Name Relationship to student	Should have ad	ER HOUSEHOLD MEMBE	RS	information; visit <u>www.baltimorecityschools.org/ca</u>				
ate of Birth Gender Male Female X (non-binary) Relationship to student MONTH/DAY/YEAR this person a current City Schools' student? Yes No If yes, Name of School oes this person live in the primary or secondary household? Primary Secondary egal Name LAST FIRST MIDDLE SUFFIX ate of Birth Gender Male Female X (non-binary) Relationship to student MONTH/DAY/YEAR This person a current City Schools' student? Yes No If yes, Name of School oes this person live in the primary or secondary household? Primary Secondary egal Name LAST FIRST MIDDLE SUFFIX ate of Birth Gender Male Female X (non-binary) Relationship to student SUFFIX ate of Birth Gender Male Female X (non-binary) Relationship to student SUFFIX	Should have action in the second second is the second seco	ER HOUSEHOLD MEMBE individuals, including children, rate sheet of paper.	RS	information; visit <u>www.baltimorecityschools.org/ca</u>				
this person a current City Schools' student?	Should have action in the second second is the second seco	ER HOUSEHOLD MEMBE individuals, including children, rate sheet of paper.	RS who live with the student (e	information; visit <u>www.baltimorecityschools.org/ca</u> .g., siblings, grandparents, etc.). Please list ac	dditional househ			
egal Name LAST FIRST MIDDLE SUFFIX ate of Birth Gender Male Female X (non-binary) Relationship to student this person a current City Schools' student? Yes No If yes, Name of School oes this person live in the primary or secondary household? Primary Secondary LAST FIRST MIDDLE SUFFIX This person a current City Schools' student? Female X (non-binary) Relationship to student oes this person live in the primary or secondary household? Secondary Egal Name LAST FIRST MIDDLE SUFFIX ate of Birth Gender Male Female X (non-binary) Relationship to student	Should have ad IBLINGS/OTHE lease list any other nembers on a separegal Name	ER HOUSEHOLD MEMBE individuals, including children, rate sheet of paper. LAST	RS who live with the student (e	e information; visit <u>www.baltimorecityschools.org/ca</u> e.g., siblings, grandparents, etc.). Please list ac	dditional househ			
LAST FIRST MIDDLE SUFFIX ate of Birth Gender Male Female X (non-binary) Relationship to student MONTH/DAY/YEAR this person a current City Schools' student? Yes No If yes, Name of School oes this person live in the primary or secondary household? Primary Secondary egal Name LAST FIRST MIDDLE SUFFIX ate of Birth Gender Male Female X (non-binary) Relationship to student	Should have action in the state of Birth	ER HOUSEHOLD MEMBE individuals, including children, rate sheet of paper. LAST Gender	RS who live with the student (e	e information; visit <u>www.baltimorecityschools.org/ca</u> e.g., siblings, grandparents, etc.). Please list ac	dditional househ			
LAST FIRST MIDDLE SUFFIX ate of Birth Gender	Should have active as a list any other tembers on a separage at the segal Name	ER HOUSEHOLD MEMBE individuals, including children, rate sheet of paper. LAST Gender ONTH/DAY/YEAR	RS who live with the student (e FIRST Male Female X (non-	e information; visit <u>www.baltimorecityschools.org/ca</u> e.g., siblings, grandparents, etc.). Please list ac MIDDLE -binary) Relationship to student	dditional househo			
Acte of Birth Gender	Should have action in the sease list any other embers on a separate of Birth	ER HOUSEHOLD MEMBE individuals, including children, rate sheet of paper. LAST Gender ONTH/DAY/YEAR rrent City Schools' student?	FIRST Male Female X (non-	e information; visit www.baltimorecityschools.org/call.cg., siblings, grandparents, etc.). Please list accommodate the student	dditional househ			
this person a current City Schools' student?	Should have active as a list any other tembers on a separage at the segal Name Mother this person a curoes this person li	ER HOUSEHOLD MEMBE individuals, including children, rate sheet of paper. LAST Gender ONTH/DAY/YEAR rrent City Schools' student? ve in the primary or secondar	FIRST Male Female X (none) Yes No If yes, Name Ty household? Primary	e information; visit www.baltimorecityschools.org/call.cg., siblings, grandparents, etc.). Please list accommodate the student	dditional househ			
this person a current City Schools' student?	Should have active the special Name active this person a cure oes this person like agal Name active this person like agal Name active the special Name	ER HOUSEHOLD MEMBE individuals, including children, rate sheet of paper. LAST Gender ONTH/DAY/YEAR rrent City Schools' student? ve in the primary or secondar	FIRST Yes No If yes, Name Ty household? Primary	MIDDLE e of School George Secondary MIDDLE	SUFFIX			
egal Name LAST FIRST MIDDLE SUFFIX ate of Birth Gender Male Female X (non-binary) Relationship to student	Should have act of Birth ate of Birth at a cur oes this person limited at a cur of Birth	ER HOUSEHOLD MEMBE individuals, including children, wate sheet of paper. LAST Gender ONTH/DAY/YEAR rent City Schools' student? ve in the primary or secondar LAST LAST Gender Gender Gender	FIRST Yes No If yes, Name Ty household? Primary	MIDDLE e of School George Secondary MIDDLE	SUFFIX			
LAST FIRST MIDDLE SUFFIX ate of Birth Gender	Should have act IBLINGS/OTH the ease list any other embers on a separate of Birth Mothis person a curples this person line egal Name attended the person line egal Name Mothis person egal Name Mothis person line egal Name Mothis person line egal Name Mothis person egal Name Mothis egal Name	ER HOUSEHOLD MEMBE individuals, including children, rate sheet of paper. LAST Gender ONTH/DAY/YEAR rent City Schools' student? ve in the primary or secondar LAST Gender	FIRST FIRST Male Female X (none of the student) Yes No If yes, Name of the yes of the ye	information; visit www.baltimorecityschools.org/ca e.g., siblings, grandparents, etc.). Please list ac MIDDLE binary) Relationship to student Grandparents of School MIDDLE MIDDLE binary) Relationship to student	SUFFIX SUFFIX			
LAST FIRST MIDDLE SUFFIX ate of Birth Gender	Should have active and this person a curoes this person a curoes this person a curoes this person a curoes this person active at a cof Birth	ER HOUSEHOLD MEMBE individuals, including children, rate sheet of paper. LAST Gender ONTH/DAY/YEAR reent City Schools' student? LAST LAST Gender ONTH/DAY/YEAR	FIRST Who live with the student (e FIRST Male Female X (non- Yes No If yes, Name Ty household? Primary FIRST Male Female X (non- Yes No If yes, Name	MIDDLE of School MIDDLE binary) Relationship to student MIDDLE of School MIDDLE binary) Relationship to student MIDDLE of School MIDDLE binary) Relationship to student	SUFFIX SUFFIX			
	Should have active this person a curoes this person a curoes this person a curoes this person limited this person acuroes this person acuroes this person acuroes this person limited this person acuroes this person limited this person acuroes this person limited this person limited this person acuroes this person limited this	ER HOUSEHOLD MEMBE individuals, including children, rate sheet of paper. LAST Gender ONTH/DAY/YEAR rent City Schools' student? LAST LAST Gender ONTH/DAY/YEAR rent City Schools' student? LAST CONTH/DAY/YEAR rent City Schools' student?	FIRST Who live with the student (e FIRST Male Female X (non- Yes No If yes, Name Ty household? Primary FIRST Male Female X (non- Yes No If yes, Name	MIDDLE of School MIDDLE binary) Relationship to student MIDDLE of School MIDDLE binary) Relationship to student MIDDLE of School MIDDLE binary) Relationship to student	SUFFIX SUFFIX			
	Should have act of Birth Mother person a curples this person a curples this person limited attentions and birth Mother person acurples this person limited attentions acurples this person limited acurples acurples the person limited acurples acurpl	ER HOUSEHOLD MEMBE individuals, including children, rate sheet of paper. LAST Gender ONTH/DAY/YEAR rent City Schools' student? LAST LAST Gender CONTH/DAY/YEAR Trent City Schools' student? LAST Gender CONTH/DAY/YEAR Trent City Schools' student? The contract of the primary or secondary or sec	FIRST Male	MIDDLE -binary) Relationship to student MIDDLE -binary) Relationship to student MIDDLE -binary) Relationship to student Secondary MIDDLE -binary) Relationship to student MIDDLE -binary) Relationship to student Secondary	SUFFIX SUFFIX			
	Should have act BLINGS/OTHE ease list any other embers on a separagal Name this person a curbes this person library and person l	ER HOUSEHOLD MEMBE individuals, including children, rate sheet of paper. LAST Gender ONTH/DAY/YEAR rent City Schools' student? ve in the primary or secondar LAST Gender ONTH/DAY/YEAR rent City Schools' student? LAST LAST ONTH/DAY/YEAR rent City Schools' student? LAST LAST LAST LAST LAST LAST LAST LAST	FIRST Male Female X (none of the student of th	MIDDLE -binary) Relationship to student MIDDLE -binary) Relationship to student MIDDLE -binary) Relationship to student MIDDLE -binary) Relationship to student MIDDLE -binary) Relationship to student MIDDLE -binary) Relationship to student MIDDLE -binary) MIDDLE -binary) MIDDLE	SUFFIX SUFFIX			

EMERGENCY CONTACT 1								
Leg	al Name							
LAST FIRST MIDDLE SUFFIX								
Dat	Date of Birth Gender ☐ Male ☐ Female ☐ X (non-binary) Preferred Language							
Rela	Relationship to Student Parent Legal guardian Foster parent Step parent Other:							
Hor	me Phone Number Cell Phone Number		Work Number					
EM	IERGENCY CONTACT 2							
Lon	gal Name							
Leg	LAST FIRST		MIDDLE	SUFFIX				
Dat	te of Birth Gender	X (no	n-binary) Preferred Language					
Rela	ationship to Student 🛘 Parent 🖺 Legal guardian 🗖 Foster pa	rent	☐ Step parent ☐ Other:					
Hor	me Phone Number Cell Phone Number		Work Number					
СŦ	LIDENT WHOLENESS INVENTORY (OCTIONAL)							
	UDENT WHOLENESS INVENTORY (OPTIONAL)							
	ase check all items below that apply to the student OTE: This section is optional but assists City Schools in providing need	ed su	pports/services).					
	Student enjoys participating in extracurricular and enrich-		Student has a history of drug/alcohol use	<u> </u>				
	ment activities (i.e., student government, academic clubs, debate team, culture clubs, etc.)		Student has asthma and/or other medica	ıl concerns				
	Student feels unsafe/alienated/disenfranchised		Student has hearing problems					
	Student has a history of abuse/victimization		Student has long-term use of medication					
	Student has a strong interest/skill in		Student has vision problems					
	sports/athletics/physical activities		Student has/had delayed speech/langua	_				
	Student has antisocial/delinquent behaviors							
	Student has experienced the death of a parent/guardian and/or sibling		Student has/is receiving speech/languag	e therapy				
	Student has mental health difficulties		Student is not fully toilet trained					
	Student has/had a serious trauma exposure and/or injury	ш	 Student has a parent or sibling receiving special education services 					
	Student is/was in a gang		Student has a parent/guardian that has a	chronic illness or is				
	Student could benefit from additional testing	_	disabled					
	regarding cognitive development		Student has a sibling with learning difficulties					
Ш	Student has a strong interest/skill in arts-based programming (i.e., dance, film, music, theatre, visual arts, etc.)		Student has family members in a gang					
	Student has experienced academic failure/frustration		Student is a parenting teen					
	Student had a birth weight of six pounds or less		Student is/was in foster care					
	Student had exposure to lead	Ш	Other considerations					
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. I understand that my electronic submission of this form and my electronic signature are intended to be constitute, and are equivalent to my personal signature.								
Par	Parent/Guardian Printed Name							
Sig	nature		Date					

STUDENT ENROLLMENT FORM

Pre-k/Kindergarten AddendumIf you are enrolling your child in pre-k or kindergarten, please fill out this section as well



Number	of pr	imary hous	ehold members	1000
Total mo	nthly	y household	l income	B
Where di	d the	e student sp	pend the most time in the last 12 months?	
Choose 1 Full Day	or	Choose 2 Half Day	Type of Care Child Received the Year Prior to Kindergarten	
			Child Care Center Child care provided in a facility, usually non-residential for part or all of the day that provides care to children in the absence of a parent. The center is licensed by the MSDE, Office of Child Care. Name/Location	
			Family Child Care Regulated care given to a child younger than 13 years old, in place of parental care for less than 24 hours, in a residence other than the child's residence and for which the provider is paid. Family child care is regulated by MSDE, Office of Child Care.	
			Name/Location Head Start Program A federal pre-school program for 3 to 5-year olds from low income families: funded by the U.S. Department of Health and Human Services and licensed by the MSDE, Office of Child Care. Name/Location	
			Home/Informal Care Care provided in a home by a relative or non-relative. Name/Location	200
			Kindergarten Student is repeating Kindergarten. Name/Location	ENOCH PRATT free LIBRARY
			Non-Public Nursery School Preschool programs with an "education" focus for 2, 3, or 4-year olds; approved or exempted by MSDE; usually part-day, nine months a year.	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
			Name/Location PreKindergarten in a Public School (General Education or Special Education) Public school prekindergrten education for four-year olds. Administration by local boards of education & regulated by the Maryland State Department of Education (MSDE) according to COMAR 13A.06.02 Prekindergarten Programs. Name/Location	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
Is the stu	dent	t fluent in Eı	nglish? Yes No	school will be shared with the Enoch Pratt Free Library system.
for the pu my stude in the resi	irpos nt's r iden	ses of registe registration i cy of my stu	on provided is complete and accurate. I understand that this ering my student. I understand that incomplete or inaccurate in school. I agree to promptly inform the school district of an dent. I understand that my electronic submission of this forn alent to my personal signature.	e information may delay, prevent, or invalidate y changes in this information, including changes
Parent/G	uard	lian Printed	Name	
Signature	e			Date
				MONTH/DAY/YEAR