

Enrollment Checklist for Brunswick High

Student: _____ Parent/Guardian: _____
 Daytime Phone: _____ Email address: _____
 Enrollment Date: _____ Time: _____

√	Documents/Procedures Mandated by Maryland State Department of Education	Counselor
	Enrollment Form:	
	Withdrawal Form: Notify the sending school that the student is leaving. Obtain a withdrawal form from the sending school.	
	Transcript/Grades: Obtain a current unofficial high school transcript. (Incoming 9 th graders may provide a copy of the 8 th grade report card or middle school transcript.) This documentation is essential in verifying grade status and credits needed for high school graduation. A copy of any state/local test scores would also prove beneficial.	
	Proof of Date of Birth: One of the following documents must be provided: birth certificate, passport/visa, hospital certificate, baptismal or church certificate, parent's notarized affidavit.	
	Proof of Residency: One of the following documents, which includes parent/guardian's name and address, must be provided: current property tax bill, current rental/lease agreement, purchase contract for new home or current utility bill (gas, water or electric) Please note that cable tv & phone bills are not approved as proof of residency documentation. If parent/legal guardian is not able to provide proof of residency in his/her name, then a Parent Residency Affidavit/ Multi-family Disclosure form must be completed, notarized and submitted with proof of residency from the owner of the home.	
	Proof of Immunization: Proof of vaccinations can be obtained from current school or doctor's office. If a vaccination is missing, parent/guardian must provide proof of an appointment for vaccination in order to attend school. Students transferring from out of state must complete a Health Inventory and get a physical within the first 6 months of enrollment. Students transferring within Frederick County should have a physical prior to entering 9 th grade.	
	Proof of Custody: A parent/legal guardian is the only person who may enroll a student. Aunts, uncles, grandparents, step-parents, family friends, etc. may not enroll a student without proof of guardianship. The parent/legal guardian must present a photo ID at the enrollment appointment. One of the following documents must be provided for proof of custody: birth certificate that includes parent's name, legal documentation that reflects custody by someone other than a parent, divorce decree that specifies custody.	
	Special Education/ 504 Plan Documentation: A copy of the IEP or 504 Plan	
	Supplemental Enrollment Information for Athletic Eligibility: Provide a copy of the last report card received and fill out the Athletic Eligibility form. This form is required to participate in sports, clubs, activities, field trips, etc.	
	Release of Information/Records Request form: A signed copy will be sent to the sending school to request that copies of all records be sent to us.	
	Other:	

Enrollment Date	Student ID#	School Name	Bus #
Enrollment Code	Teacher Name	School #	Walker

FCPS FREDERICK COUNTY PUBLIC SCHOOLS ENROLLMENT FORM

THE FOLLOWING ITEMS ARE REQUIRED BY MARYLAND LAW BEFORE A STUDENT CAN ATTEND/ENROLL IN SCHOOL
 If you are missing any of the following information please see the secretary.

- Proof of Date of Birth *Birth Certificate, Physicians Certificate, Church Certificate, Passport/Visa/Hospital Certificate, Parent Affidavit*
- Proof of Residency *Signed Lease Agreement, Utility Bill (electric/water/gas). NOT ACCEPTED: Phone bills, cable bills*
- Proof of Immunizations

Legal Name of Student: _____
First Name FULL Middle Name Last Name Gender Date of Birth

Home Phone Number: _____ Grade: _____

Student's Preferred Name or Nickname (optional): _____

EVIDENCE OF DATE OF BIRTH (Check one. School will retain a copy.)

- Birth Certificate
 Physician's Certificate
 Church Certificate
 Passport/Visa
 Hospital Certificate
 Parent's Affidavit
 Other (specify) _____

RACE: (check all that apply):
 American Indian/Alaskan Native
 Asian
 Black or African American
 White
 Native Hawaiian or other Pacific Islander

ETHNICITY: Is the student Hispanic or Latino? Yes No Country of Birth: _____

What language(s) did the student first learn to speak? _____

What languages does the student use most often to communicate? _____

What language(s) are spoken in your home: _____

STUDENT ADDRESS: Please include a street address with PO Boxes

House Number / Street Name / Apartment Number / PO Box

City / State / Zip Code

DWELLING TYPE: Apartment/Condo
 Townhouse/Duplex
 Single Family / Detached

Is this address out-of-district? Yes No *If yes, school will refer to PPW*

LEGAL PARENT/GUARDIAN INFORMATION Enter one guardian in each area. Enter PRIMARY CONTACT FIRST.

Legal Parent/Guardian Name: _____ Relationship to Student: _____
 Address (if different from student): _____

House Number / Street Name / Apartment Number / PO Box

City / State / Zip Code

Phone Numbers: Cell: _____ Home: _____ Work: _____

Email: _____

Legal Parent/Guardian Name: _____ Relationship to Student: _____
 Address (if different from student): _____

House Number / Street Name / Apartment Number / PO Box

City / State / Zip Code

Phone Numbers: Cell: _____ Home: _____ Work: _____

Email: _____

Is there a court order concerning custody? Yes** No Not applicable

Type of proof of custody and/or guardianship, e.g., court / legal documents: _____

Is there a "NO CONTACT" order? Yes** No

**FCPS must have a copy of any court orders relating to CUSTODY or NO CONTACT in order to honor the request.

ADDITIONAL STUDENT INFORMATION

Will you allow your child's name to be published? (e.g., newspaper, FCPS television broadcasts, Honor Roll) Yes No

Is the current address a temporary living arrangement? Yes No

If yes, is this current living arrangement due to lack of housing or economic hardship? Yes No

PRIOR SCHOOL INFORMATION

School Last Attended: _____ Date(s) Last Attended: _____
Address: _____
Contact: _____ Phone: _____

Is your child currently attending, or has your child ever attended a Maryland Public School? Yes No
If YES, please provide school district name: _____
Is the student currently expelled or suspended from another school? Yes No *If yes, school will refer to PPW*
Is the student transferring from an alternative school? Yes No *If yes, school will refer to PPW*

SPECIAL SERVICES

Was your child enrolled in a special program? Yes No
If yes, please specify: Special Education: Hours of service: _____ 504 Plan Student Support Teacher Services
 Court Placement: _____ Residential _____ Other
 English Language Learner Specify one: _____ Beginner _____ Intermediate _____ Advanced

EMERGENCY CONTACTS (OTHER THAN LEGAL PARENT/GUARDIAN)

Name: _____ Relationship to Student: _____
Address (if different from student): _____
House Number / Street Name / Apartment Number City / State / Zip Code
Phone Numbers: Cell: _____ Home: _____ Work: _____
Email: _____

Name: _____ Relationship to Student: _____
Address (if different from student): _____
House Number / Street Name / Apartment Number City / State / Zip Code
Phone Numbers: Cell: _____ Home: _____ Work: _____
Email: _____

DAY CARE PROVIDER:

Name House Number / Street Name City / State / Zip Code
Phone Numbers: _____ (home) _____ (cell)

OTHER HOUSEHOLD MEMBERS

Name Date of Birth Relationship to student
Name Date of Birth Relationship to student
Name Date of Birth Relationship to student

HEALTH CONCERNS (e.g., takes daily medications, wears glasses, hearing problem, allergies, diabetic, etc.)

Describe: _____

Immunization records on file? Yes No

Has the child received a physical examination in the past 9 months? Yes No

Is DHMH on file? Yes No If no, give reason: Insufficient financial resources Lack of access to care

Community Services (optional): If your family has been in contact and/or has received services from outside agencies, please indicate (e.g., Mental Health, Social Services, Community Agency School Services (CASS)): _____

DISCLAIMER: Your son/daughter _____ has been enrolled on the basis of available information. Upon receipt of all records and information, formal enrollment will be completed. Any person who willfully makes a material misrepresentation shall be subject to a penalty payable to the County for three times the pro rata share of tuition for the time the child fraudulently attends a Frederick County Public School.

*Contact information provided in this document will be used by authorized FCPS and Frederick County Health Department (FCHD) employees to contact parent(s)/guardian(s) of students when necessary.

Signature: _____ Date: _____

REQUEST FOR TRANSCRIPT AND CUMULATIVE RECORD
Board of Education of Frederick County
Frederick, Maryland 21701

Brunswick High School
GUIDANCE DEPARTMENT
Telephone: (240) 236-8550
Fax: (240) 236-8602

Meredith Garris
Counselor

Rhonda Starmer
Counselor

Terri Tuckey
Counselor

Pupil's Last Name	First	Middle	Date of Birth	Grade
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The above student has enrolled in Brunswick High School
101 Cummings Drive
Brunswick, Maryland 21716

Please send complete information about the student by forwarding his/her latest report card, cumulative folder, Maryland Student Withdrawal/Transfer Record (if applicable), health and immunization records, special education files and psychological evaluations. If the student left before the close of a grading period, please include the grades at the time of withdrawal.

Public Law 93-380 and Maryland By-law 12.07.05.18 does not require the school forwarding student records to obtain parent permission to release records.

I give permission for my child's records to be faxed to Brunswick High School, Brunswick, Maryland.

July 3, 2018

Date

Custody/Enrollment Check-Off List

Name: _____

Case No.: _____

1. What type of court-ordered custody?

Joint Legal

Joint Physical

Partial

Temporary (Pendente Lite)

Primary/Sole

2. Any other court-order?

Interim Protective Order (emergency)
(48 hour order)

Temporary Protective Order
(7-day order)

Final Protective Order
(up to 1 year)

Peace Order
(not domestic)

Power of Attorney _____

Guardianship _____

3. Who has primary physical custody?

Mother

Father

Relative _____

Foster Parent _____

4. Are parties eligible for a kinship care agreement? (Regulation 400-81 Kinship Care)

Yes

No

Specifics: _____

Person who made inquiry: _____

Telephone #: _____

Date: _____

Note: A notarized statement does not confer legal custody or legal guardianship for residency and enrollment matters. The only option is to use a kinship care agreement, if the family is eligible.



Frederick County Public Schools
Reach. Challenge. Prepare.

Supplemental Enrollment Information for 2018-2019 Athletic Eligibility

_____ High School Counselor: _____ Enrollment Date: _____

Parents/Guardians of newly enrolled high school students in Frederick County Public Schools (FCPS) are asked to **attach a current copy of a Report card with term grades** and complete this form at the time of enrollment. The information provided in this document will verify eligibility to participate in FCPS high school sports. Specific questions regarding this form should be directed to Mr. Kevin Kendro, FCPS Supervisor of Athletics and Extracurricular Activities, by email kevin.kendro@fcps.org or phone 301.696.6845. This completed form will be forwarded by the high school counselor to the high school athletic director.

STUDENT NAME: _____ STUDENT BIRTH DATE: _____

HOME ADDRESS: _____

ENROLLING PARENT/GUARDIAN NAME: _____

Check one of the following:

- STUDENT WILL ATTEND HOME SCHOOL **OR**
- STUDENT IS APPROVED TO ATTEND SCHOOL OUTSIDE HIS/HER HOME DISTRICT

HAS STUDENT EVER PARTICIPATED IN HIGH SCHOOL SPORTS? Yes No (circle one)*

*** If previous answer is 'No' please skip to the bottom of this form, sign and date**

2017-2018 GRADE LEVEL: _____ 2018-2019 GRADE LEVEL: _____

PREVIOUS HIGH SCHOOL: _____

DATES ATTENDED: _____ LAST TERM G.P.A. _____ (provide current copy of Report Card with term grades)

List all high school sports and seasons that student participated at the previous school:

Sport: _____ Seasons of Participation: _____

Sport: _____ Seasons of Participation: _____

Sport: _____ Seasons of Participation: _____

We verify that all information provided herein is complete, accurate and truthful.

Parent/Guardian Signature _____ Date _____
ATH_Supplemental Enrollment-Athletic Eligibility 2017-2018 wisner 122216

Student Signature _____ Date _____