

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

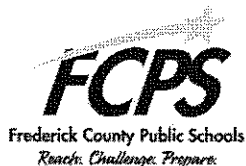
Is DHMH on file? Yes No If no, give reason: Insufficient financial resources Lack of access to care

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: _____



Supplemental Enrollment Information for 2019-2020 Athletic Eligibility

*Do you plan to participate in Interscholastic Athletics in FCPS? Yes ___ No ___

- If yes, please list sport(s) below and continue with the rest of this form:

- If no, please sign at bottom of form.

Parents/Guardians of newly enrolled high school students in Frederick County Public Schools (FCPS) are **required** to attach a recent 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: _____

HAS STUDENT EVER PARTICIPATED IN HIGH SCHOOL SPORTS? Yes ___ No ___

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

2018-2019 GRADE LEVEL: _____ 2019-2020 GRADE LEVEL: _____

PREVIOUS HIGH SCHOOL: _____

DATES ATTENDED: _____ LAST TERM G.P.A. _____ (provide most recent 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

Student 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.

January 8, 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?

Yes

No

(Regulation 400-81 Kinship Care)

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.