

# 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
	<b>Enrollment Form:</b>	
	<b>Withdrawal Form:</b> Notify the sending school that the student is leaving. Obtain a withdrawal form from the sending school.	
	<b>Transcript/Grades:</b> Obtain a current unofficial high school transcript. (Incoming 9 <sup>th</sup> graders may provide a copy of the 8 <sup>th</sup> 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.	
	<b>Proof of Date of Birth:</b> One of the following documents must be provided: birth certificate, passport/visa, hospital certificate, baptismal or church certificate, parent's notarized affidavit.	
	<b>Proof of Residency:</b> 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.	
	<b>Proof of Immunization:</b> 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 <sup>th</sup> grade.	
	<b>Proof of Custody:</b> A parent/legal guardian is the only person who may enroll a student. Aunts, uncles, grandparents, step-parents, family friends, etc. <b>may not</b> 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.	
	<b>Special Education/ 504 Plan Documentation:</b> A copy of the IEP or 504 Plan	
	<b>Supplemental Enrollment Information for Athletic Eligibility:</b> 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.	
	<b>Release of Information/Records Request form:</b> A signed copy will be sent to the sending school to request that copies of all records be sent to us.	
	<b>Other:</b>	

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

Language spoken at home: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

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  
 Is your child eligible for Free / Reduced Meals?  
 Yes  
 No

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**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*

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**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

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**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: \_\_\_\_\_

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**DAY CARE PROVIDER:**

Name \_\_\_\_\_ House Number / Street Name \_\_\_\_\_ City / State / Zip Code \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

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**OTHER HOUSEHOLD MEMBERS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to student \_\_\_\_\_

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**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)): \_\_\_\_\_

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**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.

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

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**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

**Rhonda Starmer**  
*Counselor*

**Terri Tuckey**

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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.

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Parent Signature/Registrar

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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 2017-2018 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](mailto: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*

2016-2017 GRADE LEVEL: \_\_\_\_\_ 2017-2018 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