**ENROLLMENT PROCEDURES**

- In order to start the enrollment process, assemble documents described below and complete the attached documents.
- Return checklist of document and completed attached enrollment forms to the Frederick High School Guidance Office during school hours. **Your packet will be reviewed and you will be contacted within 48 business hours to set an appointment for enrollment.** Walk-in registrations are not accommodated.

**PLEASE COMPLETE THE ATTACHED PAPERWORK AND PROVIDE THE FOLLOWING:**

<table>
<thead>
<tr>
<th>Step</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Parent should go to the student’s previous school to notify them that the student will transfer to Frederick High and obtain a <strong>withdrawal form</strong> from the previous school. They can easily provide items 2, 3, 4, &amp; 5 to you.</td>
</tr>
<tr>
<td>2.</td>
<td>Provide a current <strong>high school transcript</strong> (incoming 9th graders may provide a copy of the 8th grade final report card). This is essential to determine grade status and credits needed for high school graduation.</td>
</tr>
<tr>
<td>3.</td>
<td>Provide a copy of the <strong>last report card</strong> received.</td>
</tr>
</tbody>
</table>
| 4.   | Provide **proof of immunizations:**  
- Parent may obtain a copy of the immunization certificate from the sending school or the physician.  
- The student may not begin school until records have been evaluated. |
| 5.   | Provide **proof of date of birth.** One of the following documents **must** be presented:  
- birth certificate  
- physician’s certificate  
- hospital certificate  
- baptismal or church certification  
- parent’s affidavit  
- passport/visa |
| 6.   | Provide **proof of custody.** Only the parent/legal guardian may enroll the student. Step-parents, aunts, uncles, grandparents, and neighbors may **not** enroll the student **unless they are the student’s legal guardians.** Proof of custody **must** be shown by one of the following:  
- Parent’s name on birth certificate. Parent may be requested to show a photo ID at the enrollment.  
- Parent/legal guardian presents legal document, generated by the court, with judge’s signature, granting custody of the student. **In the case of divorced parents, the divorce decree that specifies custody is required.** |
| 7.   | Provide **proof of residency** to verify where the student is living. Please provide **one of the following** in the parent/legal guardian’s name and address:  
- current utility bill (ONLY gas, electric, or water bill)  
- current rental bill or lease agreement  
- current property tax bill  
When the child does not live in a home directly owned or leased by the parent/legal guardian, the owner/lessee must provide the following two (2) documents to verify that the parent/legal guardian and child live at the address:  
1. Parent Residency/Multi-family Disclosure form signed by parent and property owner and notarized **AND**  
2. A proof of residency (see above) in property owner's name |
| 8.   | Return checklist of document and completed attached enrollment forms to the Frederick High School Guidance Office during school hours. **Your packet will be reviewed and you will be contacted within 48 business hours to set an appointment for enrollment.** Walk-in registrations are not accommodated. Please provide your name and best daytime phone: ____________________________  

Combined Enrollment 090913
**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 please see the secretary.

- Proof of Date of Birth: Birth Certificate, Physician's Certificate, Church Certificate, Passport/Visa/Hospital Certificate, Parent Affidavit
- Proof of Immunizations

<table>
<thead>
<tr>
<th>Legal Name of Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Home Phone Number:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>House Number / Street Name / Apartment Number / PO Box</th>
<th>City / State / Zip Code</th>
</tr>
</thead>
</table>

**DEWLLING 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):  
Phone Numbers:  
Cell:  
Home:  
Work:  
Email:  

Legal Parent/Guardian Name:  
Relationship to Student:

Address (if different from student):  
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

Rev. 10/21/2016 acw
PRIOR SCHOOL INFORMATION

School Last Attended: ________________________________ Date(s) Last Attended: ____________________
Address: ________________________________ Phone: ________________________________
Contact: ________________________________

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): ____________________________________________________________
Phone Numbers: Cell: ___________________________ Home: ___________________________ Work: ___________________________
Email: __________________________________________

Name: ________________________________ Relationship to Student: ________________________________
Address (if different from student): ____________________________________________________________
Phone Numbers: Cell: ___________________________ Home: ___________________________ Work: ___________________________
Email: __________________________________________

DAY CARE PROVIDER:

Name: ________________________________ House Number / Street Name / Apartment Number
Address: ________________________________ 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.

Signature: ________________________________ Date: ___________________________
1. Student lives with both biological parents
   ☐ Yes      ☐ No  If you answered no, legal documentation, such as a divorce decree, must be provided which states that the person registering the student is the legal guardian or custodial parent.

2. My student’s primary language is English
   ☐ Yes      ☐ No  If you answered no, please contact the ESL program at 240-236-4087

3. At the previous school, my student is currently suspended, has been expelled, or was in an alternative program. This information is required to be made available to Frederick High School.
   ☐ Yes      ☐ No

4. My Student has/had an IEP (Individual Education Plan)
   ☐ My student currently has an IEP – if yes, please provide a copy at enrollment
   ☐ My student previously had an IEP, but does not currently have one
   ☐ My student has never had an IEP

5. My student has a 504 Plan
   ☐ Yes      ☐ No

6. My student has a Behavioral Intervention Plan
   ☐ Yes      ☐ No

7. Military Access to Student Information
   Federal law entitles military recruiters to access high school students’ names, addresses and phone numbers unless parents annually request such information not be released.
   ☐ By checking this box, I request that my student’s contact information is NOT released to the military.

8. Your Student and Media Exposure
   In the course of school activities, FCPS staff and/or the news media occasionally wish to interview, photograph or videotape students, and/or make public their names, work or likenesses in print, on television, radio or by electronic means such as the Internet. This includes but is not limited to Honor Roll, school publications and artwork. Unless indicated otherwise below, we will assume your permission to do so (FCPS cannot control media coverage of events that are open to the public).
   ☐ By checking this box, I request that my student’s information is NOT released to media.

I understand that my student is being enrolled based on the information provided, and as such, I understand if any of the above statements are found to be incorrect, it could delay or invalidate my student’s enrollment at Frederick High School.

Print Student Name       LAST, FIRST

______________ __________________________________________
Parent/Guardian Signature Date

Combined Enrollment 090913
Frederick High School
Chris Johnson, Registrar
Guidance Department
650 Carroll Parkway
Frederick, Maryland 21701
Telephone (240) 236-7072
Fax (240) 236-7184

Previous School Name:  ______________________________________
Previous School Address:  ______________________________________

Dear Registrar:

The student named below has registered in our school. Public Law 93-380 and Maryland by-law 13.07.05.18 does not require the school forwarding pupil records to obtain parent permission to release records. Please send the following records at your earliest convenience.

- Academic Transcript (including attendance)
- Test Information (including psychological evaluations)
- Health Records
- Special Education Files
- Current year report cards, schedule, and grades at the time of withdrawal

All Maryland schools are required to send original records, not copies. Thank you in advance for your prompt reply to this request.

Sincerely,

Chris Johnson, Registrar

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>Middle Initial</th>
<th>Date of Birth mm/dd/yy</th>
</tr>
</thead>
</table>

I hereby grant Frederick High School permission to secure the above specified student’s information from other schools of attendance.

______________________________  __________________________
Parent/Guardian Signature  Date

Combined Enrollment 090913
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 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


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
Student Signature     Date

ATH_Supplemental Enrollment-Athletic Eligibility 2017-2018 winsor 122216