

ENROLLMENT PROCEDURES

Last Name,

First

- 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.

<p>PLEASE COMPLETE THE ATTACHED PAPERWORK AND PROVIDE THE FOLLOWING:</p>	√
<p>1. Parent should go to the student's previous school to notify them that the student will transfer to Frederick High and obtain a <u>withdrawal form</u> from the previous school. They can easily provide items 2, 3, 4, & 5 to you.</p>	
<p>2. Provide a current <u>high school transcript</u> (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.</p>	
<p>3. Provide a copy of the <u>last report card</u> received.</p>	
<p>4. Provide <u>proof of immunizations:</u></p> <ul style="list-style-type: none"> • 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. 	
<p>5. Provide <u>proof of date of birth.</u> One of the following documents <u>must</u> be presented:</p> <ul style="list-style-type: none"> • birth certificate • physician's certificate • hospital certificate • baptismal or church certification • parent's affidavit • passport/visa 	
<p>6. Provide <u>proof of custody.</u> Only the <u>parent/legal guardian</u> may enroll the student. Step-parents, aunts, uncles, grandparents, and neighbors may <u>not</u> enroll the student <u>unless they are the student's legal guardians.</u> Proof of custody <u>must</u> be shown by one of the following:</p> <ul style="list-style-type: none"> • 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. <u>In the case of divorced parents, the divorce decree that specifies custody is required.</u> 	
<p>7. Provide <u>proof of residency</u> to verify where the student is living. Please provide <u>one of the following</u> in the parent/legal guardian's name and address:</p> <ul style="list-style-type: none"> • current utility bill (ONLY gas, electric, or water bill) • current rental bill or lease agreement • current property tax bill <p>When the child does not live in a home directly owned or leased by the parent/legal guardian, the owner/leaser must provide the following two (2) documents to verify that the parent/legal guardian and child live at the address:</p> <ol style="list-style-type: none"> 1. Parent Residency/Multi-family Disclosure form signed by parent and property owner and notarized <u>AND</u> 2. A proof of residency (see above) in property owner's name 	
<p>8. Return checklist of document and completed attached enrollment forms to the Frederick High School Guidance Office during school hours. <i>Your packet will be reviewed and you will be contacted within 48 business hours to set an appointment for enrollment.</i> Walk-in registrations are not accommodated.</p> <p>Please provide your name and best daytime phone: _____</p>	

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

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

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 SERVICESWas your child enrolled in a special program? Yes NoIf 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 NoHas the child received a physical examination in the past 9 months? Yes NoIs 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: _____

Frederick High School New Student Survey

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.

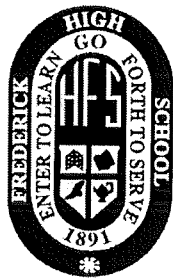
8. **Your Student and Media Exposure**
In the course of school activities, FCPS staff and/or the news media occasionally wish to interview, photograph or videotape students, and/or make public their names, work or likenesses in print, on television, radio or by electronic means such as the Internet. 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



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,

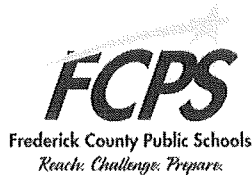
Chris Johnson, Registrar

Student's Last Name	Student's First Name	Middle Initial	Date of Birth mm/dd/yy
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I hereby grant Frederick High School permission to secure the above specified student's information from other schools of attendance.

Parent/Guardian Signature

Date



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**

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