

Welcome to Walkersville High School

ENROLLMENT REQUIREMENTS

ALL ENROLLMENT FORMS, AS WELL AS, THE ENROLLMENT APPOINTMENT MUST BE COMPLETED BY A BIOLOGICAL/LEGAL GUARDIAN

- Birth Certificate
- Proof of Residency (Utility bill or lease preferable) in the name of a biological/legal guardian. NO phone or cable bills will be accepted. If the lease/utility bill is in the name of someone other than the biological/legal guardian, you will need to provide either a notarized Parent Residency Affidavit (found under FORMS @ www.fcps.org) OR a marriage license which associates you with the person on the lease/utility bill.
- Immunization records
- Legal custody papers signed by a judge (if applicable)

From the Transferring School

- IEP/Testing information (if applicable)
- Transfer papers (SR7 Card)
- Transcript
- Most recent report card
- Current Grades & Explanation of the school's grading system
- Current Schedule

Please bring this folder with you to your enrollment appointment.

Thank You!

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: _____

CONFIDENTIAL HEALTH INFORMATION

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION

Last:	First:	Middle:	Date of Birth:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade
School Name:					
Does the student have health insurance? <input type="checkbox"/> Private <input type="checkbox"/> Medical Assistance <input type="checkbox"/> No Insurance			Does the student have dental insurance? <input type="checkbox"/> Y <input type="checkbox"/> N		

CURRENT HEALTH CONCERNS

Please check the following health concerns that may impact the student's educational day. This information may be shared with FCPS staff as appropriate.

The student does not have any medical concerns

- ADD/ADHD
- allergies (choose all that apply)
 - foods _____
 - bee sting/insect bite _____
 - medicines _____
 - pesticides/chemicals* _____
 - other _____
- asthma: Has the student experienced an asthma episode in the past 12 months? Yes No
- blood disorder _____
- cancer
- diabetes
- hearing problems hearing aid(s)
- heart problems _____
- mental health diagnosis _____
- physical disability _____
- seizures
- vision problems _____
 - glasses contacts
- other _____

This information is a change in health condition from the last school year

*FCPS uses the Integrated Pest management programs to identify and control pest problems in schools. Elementary schools must notify staff and parents/guardians of all students 24 hours before pesticides are to be applied inside the school building or on the grounds. Middle and high schools must notify only those parents, guardians or staff who have filed a written request for notification; forms are available at each school and must be updated every school year. See the FCPS Calendar Handbook for details, or contact your child's school.

MEDICATIONS

List all medications and dosages your child receives on a routine basis

Medications are not required at school

If the student requires over-the-counter or prescription medications or treatments at school, the health care provider and parent must complete and submit the appropriate authorization form(s). Obtain forms from the health staff at your child's school or at <http://www.fcps.org/> (click on Forms).

Medications: _____

I hereby give authorization and consent to the school, in the event that I cannot be contacted, to obtain emergency medical care and necessary emergency transportation to a healthcare facility. I understand and authorize that my child's medical records or other medical information, furnished to the school, will be shared with FCPS/Frederick County Health Department staff and emergency personnel who have a legitimate medical/educational purpose for accessing such medical records and information.

Parent/Guardian name (please print): _____ Primary Contact Ph# _____

Signature of Parent / Guardian: _____ Date _____

Immunizations

REMINDERS! Students must have had:

- 2 doses of Varicella vaccine for entry into **Kindergarten, 1st, 2nd, & 3rd grades.**
- 1 dose of Tdap vaccine for entry into **7th, 8th, 9th, & 10th grades.**
- 1 dose of Meningococcal vaccine for entry into **7th, 8th, 9th, & 10th grades.**

FCPS will EXCLUDE STUDENTS FROM ATTENDING THE FIRST DAY OF SCHOOL who do not have up-to-date immunizations unless they present evidence of an appointment for immunizations scheduled within the following 20 days.

Immunizations are available from your primary care provider, the Frederick County Health Department, or at several CVS Pharmacy Minute Clinics.

Please note the following:

1. Many children have already received these required vaccines during a well-child visit to their healthcare provider.
2. You can find out if your child had these vaccines by looking at the child's vaccine record or checking with your healthcare provider.
3. If you do not have a vaccination record of your child, you can do the following:
 - a. If your child received vaccines at the Frederick County Health Department, call 301-600-3342 to get a copy of the vaccine record.
 - b. If your child received vaccines through a healthcare provider, contact the healthcare provider for a copy of the vaccine record.
4. The Frederick County Health Department offers vaccinations to students without private health insurance by appointment on Wednesdays. To schedule an appointment, call 301-600-3342.
5. CVS Minute Clinics provide vaccinations on a walk-in basis. Please call 866-389-2727 for hours and locations near you.

*More information for "Back to School" can be viewed on our website at www.fcps.org. Click on the Back to School tab for more valuable information.



Military Recruiters Opt-Out Form

Two federal laws require local educational agencies that receive assistance under the Elementary and Secondary Education Act of 1965 to provide military recruiters or institutions of higher education, upon request, access to secondary students' names, addresses and telephone listings. However, secondary school students will be exempted from this requirement when they or their parents request that this information not be released without prior written parental consent.

Secondary school students or their parents who do not wish this information released to military recruiters must annually complete the military opt-out form below. The form must be turned in to the school principal by September 30 or within 30 days of enrollment.

I do not wish to have my/my child's name, address and telephone number released to military recruiters.

Student Name: _____

Student ID Number: _____

Date of Birth: _____

Grade: _____

School: _____

Student Signature: _____

Parent Signature (optional): _____

FCPS



ATHLETICS

Creating a culture committed to excellence in academics, athletics, and character development

2019-2020 STARTING DATES

FALL: AUGUST 14, 2019

WINTER: NOVEMBER 15, 2019

SPRING: FEBRUARY 29, 2020

**PHYSICAL EVALUATIONS MUST BE COMPLETED ON OR AFTER
APRIL 1, 2019**



**DIRECTIONS FOR ONLINE
ATHLETIC REGISTRATION**



*Respect
The Game*

ONLINE REGISTRATION



www.fcps.org/athletics [@FCPSAthletics](https://twitter.com/FCPSAthletics)





Supplemental Enrollment Information for 2019-2020 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**

2018-2019 GRADE LEVEL: _____ 2019-2020 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	Student Signature	Date
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Counseling Department

Ryan Defibaugh (A – G), Counselor
Lauren Bishard (H – N), Counselor, Department Chair
Shannon Marble (O – Z), Counselor
Brittany Kuhn, Pyramid Counselor
Susan Nash, Behavior Support Specialist

Walkersville High School

81 Frederick Street
Walkersville, MD 21793
240-236-7200
240-236-7250 (fax)

OFFICIAL Records Request – Student has been enrolled at Walkersville High School

Transferring School Name: _____

To: Registrar _____

From: Deanna Meyer, Registrar, X67208 _____

Fax: _____

Pages: _____

Phone: _____

Date: _____

The following student has been enrolled at Walkersville High School.

<u>Student Name</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____

Please forward official records as requested below. **All Maryland schools are required to send ORIGINAL documents, NOT photocopies.**

- Transcript
- Attendance record
- Most recent report card
- Explanation of your grading system
- Birth Certificate
- Discipline record
- Immunization record
- Standardized test results
- Educational Assessment, if applicable
- Current class schedule
- Individualized Education Plan (IEP)/504 Plan, if applicable
- Psychological Assessment, if applicable

Parent Signature

Date

Deanna Meyer, Registrar

Date

**FREDERICK COUNTY PUBLIC SCHOOLS
FOOD & NUTRITION SERVICES DEPARTMENT**

**33 Thomas Johnson Drive
Frederick, MD 21702**

The FARM (Free and Reduced Meals) application is now
online.

To apply click on the following link.

<https://www.heartlandapps.com/District.aspx>

**When using this link FARM applications will be approved
within approximately 24 hours.**

**If you have any questions, please contact Food & Nutrition
Services at 301-644-5061.**

FREDERICK COUNTY PUBLIC SCHOOLS
FREDERICK, MARYLAND 21701

Family Educational Rights and Privacy Act (FERPA)
Notice for Directory Information

The *Family Educational Rights and Privacy Act (FERPA)*, a federal law, requires that Frederick County Public Schools (FCPS), with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, FCPS may disclose appropriately designated "directory information" without written consent, unless you have advised your school to the contrary in accordance with FCPS procedures. The primary purpose of directory information is to allow us to include this type of information from your child's education records in certain school publications.

Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965 (ESEA)* to provide military recruiters, upon request, with three directory information categories - names, addresses, and telephone listings - unless parents have advised the LEA that they do not want their student's information disclosed without their prior consent.¹

If you do not want your child's school to disclose directory information from your child's education records without your prior written consent, please notify the school in writing by February 18, 2003. FCPS has designated the following information as directory information:

- Student's name
- Grade level
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Honors and awards received
- Current school attended

¹These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the *No Child Left Behind Act of 2001 (P.L. 107-110)*, The Education Bill, and 10 U.S.C. 503, as amended by Section 544, the *National Defense Authorization Act for Fiscal Year 2002 (P.L. 107-107)*, the legislation that provides funding for the nation's armed forces.

WALKERSVILLE HIGH SCHOOL

DRESS CODE*

- x No head gear
- x No bare midriffs
- x No low-cut shirts (at neckline or under arms)
- x No pants worn below hips, exposing underwear or skin
- x No short shorts or mini skirts
- x No skimpy-strapped tank tops or tube tops
- x No muscle shirts
- x No offensive or obscene language on clothing, pictures or words depicting sex, drugs, alcohol, or weapons
- x No studded jewelry

NO EXCEPTIONS!

Make good choices
Your cooperation is appreciated!

*Board of Education Policy #342.1