

**BALTIMORE COUNTY PUBLIC SCHOOLS
SHADY SPRING ELEMENTARY
SCHOOL REGISTRATION FORM
PS 515, F1**

STUDENT INFORMATION

Date: (mm/dd/yy)	Grade Level:	<input type="checkbox"/> Enrolling for services only <input type="checkbox"/> Enrolling as part of Foreign Exchange Program (Secondary only)
Student's Last Name:	Suffix:	Student's First Name:
Middle Name:	No Middle Name: <input type="checkbox"/>	Preferred Name (optional):
Birth Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender Identity (optional): <input type="checkbox"/> Male/He <input type="checkbox"/> Female/She
Birth Date: (mm/dd/yy)		Documentation of Birth: (Name of Document)
Country of Birth:		Last School Attended:
What language (s) did the student first learn to speak? _____		
What language does the student use most often to communicate? _____		
What language (s) are spoken in your home? _____		

The U.S. Department of Education requires all public schools to collect racial and ethnicity information. Please complete Part I and II.

Part I
Hispanic (Check yes if your child is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
 YES

Part II <input type="checkbox"/> 1. American Indian or Alaskan Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
<input type="checkbox"/> 2. Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> 3. Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> 4. Native Hawaiian/Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> 5. White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SIBLING INFORMATION

Siblings	Brother/Sister	Age	School	Grade	Resides with registering student (yes or no)

STUDENT ADDRESS

Street Address:	Apartment No.:	City, State, Zip Code:
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STUDENT SUPPORT SERVICES INFORMATION

Check the services below that your child currently receives:
 ESOL (English for Speakers of Other Languages) IEP Free and Reduced-Price Meals 504 Gifted and Talented/Advanced Academics

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APPLICATION INFORMATION			
Name of Person Completing Form:		Relationship:	
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are your custody documents on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father		Year:	
<input type="checkbox"/> Guardians <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other _____ Name: _____			
Child Lives With		Are you residing in temporary housing or do you lack housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, school will immediately contact pupil personnel worker to provide assistance. (Parent/Guardian is to complete HSE-1 Form)			

PARENT/GUARDIAN INFORMATION

	Phone Numbers	Home, Work, Cell	Receive Texts? (Y/N)
Primary Guardian Name:			
Guardian Relationship:			
Does the student reside with this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, list Address or P.O. Box:			
City, State, Zip Code:	Email:		
Employer:	Full-Time Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		

	Phone Numbers	Home, Work, Cell	Receive Texts? (Y/N)
Secondary Guardian Name:			
Guardian Relationship:			
Does the student reside with this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, list Address or P.O. Box:			
City, State, Zip Code:	Email:		
Employer:	Full-Time Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		

AUTOMATED PHONE CALLS

In addition to emergency notifications, the contact listed above may receive calls, emails, texts, and pre-recorded messages regarding non-emergent information. Non-emergent information is that which does not pertain to a school closing, medical or safety emergency. Non-emergent information includes, but it is not limited to: school calendar updates, student testing reminders, Superintendent’s messages, school activities, and notifications pertaining to your student’s daily activities, school responsibilities or events.

If you would like non-emergent notifications to be sent to a different number, please specify below:

Non-Emergent Number:	Ext:	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell	Receive Texts? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you would like to opt out of non-emergent notifications, sign here:

Note: Your signature confirms that you will not receive calls regarding non-emergent information.

Parents/Guardians may submit opt-out preferences for students in BCPS One through September 30th by logging into BCPS One (<https://bcpsone.bcps.org/>) and navigating to the Student Information tile. To change opt-out preferences after September 30th, contact your student’s school.

EMERGENCY CONTACT LIST (Please list by order of contact)

In case of an incident or serious illness, school staff will contact a parent/guardian. In the event parents/guardians cannot be reached, please list people that may be contacted to pick up your student if necessary. If a parent/guardian or additional contact cannot be reached in a medical emergency, school staff will contact the child’s physician/dentist listed on the health form. School staff may also make necessary arrangements, including an ambulance and transporting your student to the hospital.

NOTE: All early dismissals must be approved by a parent/guardian in writing.

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Name	Relationship	Telephone
Elementary Only: In a school closing emergency who is responsible for the student? If not parent/guardian, list name and address:		In a school closing emergency, how will the elementary student be transported? <input type="checkbox"/> Walk <input type="checkbox"/> Ride Bus <input type="checkbox"/> Pick-Up
Upon notification by school staff, I agree to send my child home by taxicab if necessary. I also agree to be responsible for calling the cab and for payment of the cab. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Secondary Only: **DO NOT** permit my child to participate in the Maryland Youth Tobacco & Risk Behavior Survey (MYTRBS).

Secondary students with cell phones may opt to receive text messages from the automated calling system in a school emergency. If you would like your student to receive emergency text notifications, please list the student's cell phone number below.
Student Cell Phone Number: () _____

NOTE: All parties that provide telephone numbers may receive calls or text messages from the automated calling system in a school emergency. Message and data rates may apply.

BCPS One: (<https://bcpsone.bcps.org/>) is a digital ecosystem that supports teaching and learning by providing users the opportunity to engage in the educational process through access to online tools, resources, and student progress. View only access to BCPS One allows a user to view student information such as attendance and report cards, as well as access the Learning Management System. Granting BCPS One view only access does not authorize the person to make any decisions regarding the student's educational program or participate in school conferences. **To grant view only access to people other than parents/legal guardians, list their information below and check by their name to APPROVE.**

Name	Relationship	Email Address	Check here to APPROVE BCPS One View Only Access

Preferred Name/Gender Requests Only:

I understand that by requesting a preferred name or gender, I am agreeing to permit Baltimore County Public Schools to use the preferred name and/or gender for my child with the understanding that the student's legal name will remain on SR Cards, report cards, interim reports, transcripts, assessments, and diplomas.

Signature of adult responsible for the student: _____ Date: _____
 Signature of Student: _____ Date: _____

Please read carefully before signing this form:

I understand that if it is determined that I have provided false information regarding my place of residence, my child will be withdrawn from school and tuition will be assessed on a pro-rated basis for the period of time that he/she was fraudulently enrolled. (Tuition rates are currently over \$6,000 per year and are increased on an annual basis.)

To the best of my knowledge, all information entered on this enrollment form is accurate.

Signature of adult responsible for the student's enrollment Date

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(FOR OFFICE USE ONLY)							
Date:				Student's Name:			
Student ID#				Teacher: (optional)		Grade:	
Enrollment Date:				Bus Stop:			
Bus No.				Entry Code:			
Shared Domicile <input type="checkbox"/>	Nonresident <input type="checkbox"/>	Informal Kinship <input type="checkbox"/>	Homeless <input type="checkbox"/>	Special Transfer <input type="checkbox"/>	Tuition <input type="checkbox"/>	Agency-Placed <input type="checkbox"/>	IEP <input type="checkbox"/> 504 <input type="checkbox"/>

Please indicate special transfer reason(s):		
<input type="checkbox"/> Terminal Grade	<input type="checkbox"/> Change of residence from attendance area	<input type="checkbox"/> Medical
<input type="checkbox"/> Program Study	<input type="checkbox"/> Change of residence to attendance area	<input type="checkbox"/> Student Adjustment
<input type="checkbox"/> Employee's Child	<input type="checkbox"/> Sibling	
<input type="checkbox"/> Child Care	<input type="checkbox"/> Family Conditions	

PHOTO IDENTIFICATION
To validate the identity of the parent/guardian responsible for the student's enrollment, photo identification must be provided at the time of enrollment and a copy made. If the photo ID contains an address, it must match the Baltimore County address appearing on other residency documents. A driver's license may not be used to verify address if used for photo ID.
<input type="checkbox"/> Driver's License <input type="checkbox"/> Current Passport <input type="checkbox"/> Government issued license or certificate <input type="checkbox"/> Other Photo ID

HOME/DOMICILE RESIDENCY VERIFICATION (MUST BE PRESENTED AT REGISTRATION)		
Residency verification must be presented at the time of registration. To establish proof of the student's domicile/address, a parent/guardian must provide one (1) of the following documents to verify the student's address and three supporting documents. Copies must be maintained in the student's record.		
<input type="checkbox"/> Lease (lease end date)	<input type="checkbox"/> Property Settlement Sheet	<input type="checkbox"/> Property Title
<input type="checkbox"/> Real Estate Tax Bill	<input type="checkbox"/> Mortgage Coupon Book	<input type="checkbox"/> PPW Documentation
<input type="checkbox"/> Residency Verification Letter	<input type="checkbox"/> Property Deed	

NAME/ADDRESS DOCUMENTS (THREE (3) REQUIRED, DATED WITHIN THE PREVIOUS 60 DAYS) – Types of Acceptable Documents:		
Utility Bill (BGE/phone/water)	Credit Card Bill	Bank Statement
First-Class Mail from business or government agency	Paycheck or Stub	Court Documents
Driver's License (if same address as student)	Mailing from BCPS	Voter registration card
Notarized letter from landlord	Government issued license or certificate	Receipt of immunization
Vehicle Registration Card	Tax Return from previous year	Cable Bill
Other documentation accepted by residency investigator	Notarized statement from employer	Health Center mailing or appointment
1.	2.	3.

PROOF OF IMMUNIZATION	
Proof of age-appropriate immunizations is required at the time of registration. Students missing an immunization record or required shot(s) may be admitted for up to 20 days if they have an appointment to obtain missing records or shot(s).	
<input type="checkbox"/> Immunization provided	<input type="checkbox"/> No immunizations/Temporary Admissions

Checklist for enrollment process:			
Task	Name (of BCPS personnel employee)	Title	Date
<input type="checkbox"/> Enrollment			
<input type="checkbox"/> Entry in BCPS One SIS			
<input type="checkbox"/> Records Request			
<input type="checkbox"/> Immunization/Health Registration to Nurse			
<input type="checkbox"/> Other			