

Enrollment Date _____

Enrollment Code _____

Grade _____

Student ID # _____



CECIL COUNTY PUBLIC SCHOOLS

ENROLLMENT DATA FORM

Child's Legal Name:

Birth Date: (Evidence of the birth date must be presented to the school prior to admission.)

Month _____ Day _____ Year _____ Sex _____

Place of Birth:

_____ (City) _____ (State)

Social Security Number _____
(Not required)

Other Name: (Any name other than the legal name by which the child is known. Do not list nicknames.)

Primary/Home Phone No.: _____

Alternate/Cell Phone No.: _____

Email Address: _____

Residence Address: _____

Street

City State Zip

Mailing Address (if different than residence address above):

P.O. Box

City State Zip

Evidence of Birth Date - Check One:

- 1 Birth Certificate
- 2 Hospital Certificate
- 3 Physician's Certificate
- 4 Baptismal or Church Certificate
- 5 Parent's Affidavit
- 6 Family Bible
- 7 Passport/Visa
- 8 Other _____

Check the box(es) that apply:

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Other Pacific Islander
- 5 White

Hispanic/Latino Yes No

Please check if your family is living in any of the following:

- Shelter
- Double-up/friends/relative due to financial reasons
- Unsheltered
- Motel/Hotel

Please check child care or education experiences prior to kindergarten:

- Home/Informal Care Prekindergarten
- Head Start Family Child Care
- Child Care Center
- Nonpublic Nursery School

Additional Care/Educational Services:

- Parents As Teachers Judy Center
- Preschool Special Education Home Care by Relative
- Local Infant & Toddlers Program

Responsible Adults at Child's Address:

Last

First

Middle

Employer _____

Driver's License No.: _____

Relationship to Child _____

Work Phone No. _____

Cell Phone No. _____

Are you joining us as part of the BRAC initiative at Aberdeen Proving Ground? YES or NO

Are you a federal employee? YES or NO

Last

First

Middle

Employer _____

Driver's License No.: _____

Relationship to Child _____

Work Phone No. _____

Cell Phone No. _____

Are you joining us as part of the BRAC initiative at Aberdeen Proving Ground? YES or NO

Are you a Federal Employee? YES or NO

Brothers and Sisters:

Name

Date of Birth

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

Persons other than parents to be contacted in case of an emergency during the school day and who are permitted to take the student home (list in priority order):

	<u>Name</u>	<u>Relationship to Child</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Doctor's Name: _____ **Phone No.** _____

SPECIAL INSTRUCTIONS CONCERNING THIS CHILD:

Are there any existing court orders regarding custody? If YES, please attach a copy.

YES NO

Does this child have a 504 plan? If YES, please attach copy.

YES NO

Does this child have an IEP? If YES, please attach copy.

YES NO

Has this child ever attended a school in Cecil County?

YES NO

Has this child ever attended a school in any other county in Maryland?

YES NO

Has this child ever attended a school outside of Maryland?

YES NO

If YES, where?

Name of School _____

Address of School _____ City _____ State _____ Zip _____

Will your child be riding a bus from a location other than your home? Yes No

If YES, please indicate the address:

Name _____

Address _____

Telephone Number _____

Proof of residence must be provided before the student enrollment is complete. Please attach acceptable proof to the back of this sheet.

- Current Property Tax Bill
- Current Rental Lease Agreement
- Current Utility Bill with Applicant's Name and Address
- Settlement Papers
- Deed
- Documentation of Residency with the appropriate information for verification
- ACP Card (Address Confidentiality Program)

Student ID # _____
Enrollment Date _____

School Use Only

Teacher _____
Grade _____

CECIL COUNTY PUBLIC SCHOOLS EMERGENCY INFORMATION CARD
SCHOOL YEAR _____

It is the parent's/guardian's responsibility to keep this information current.

NEW ENTRANT STUDENT DATA

Student's Legal Name: _____
Last Name First Name Middle Name

Other Name: (Name other than legal name by which the student is known - DO NOT LIST NICKNAMES) _____

Date of Birth: _____ **Student's School Bus Number** _____

Student's Primary Phone Number(s): _____

Student's Home Address: _____
Street City State Zip

Mailing Address(if different from Home Address): _____
P.O.Box City State Zip

Day Care Provider's Name: _____

Day Care Provider's Address: _____

Day Care Provider's Phone Number(s): _____

Brothers and Sisters:

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

RESPONSIBLE PARENT/GUARDIAN CONTACT INFORMATION

Is there an existing court order regarding CUSTODY for the above-mentioned student?
Yes No If yes, have you submitted a copy to the school? Yes No

Name of Parent/Legal Guardian with whom the student lives:

1 _____	Relationship to child _____
Parent/Guardian Primary Phone # _____	Secondary phone number _____
Employer _____	Work phone number _____
2 _____	Relationship to child _____
Parent/Guardian Primary Phone # _____	Secondary phone number _____
Employer _____	Work phone number _____

List persons—other than the parent/guardian listed above, that should be contacted in case of an emergency during the school day and who are permitted to take the student home (list in priority order).

Name	Relationship to Student	Phone Number
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

HEALTH/MEDICAL INFORMATION

This information will be shared with school teachers, staff, or emergency personnel when we feel it is necessary.

Doctor's Name _____ Doctor's Phone Number _____

Dentist's Name _____ Dentist's Phone Number _____

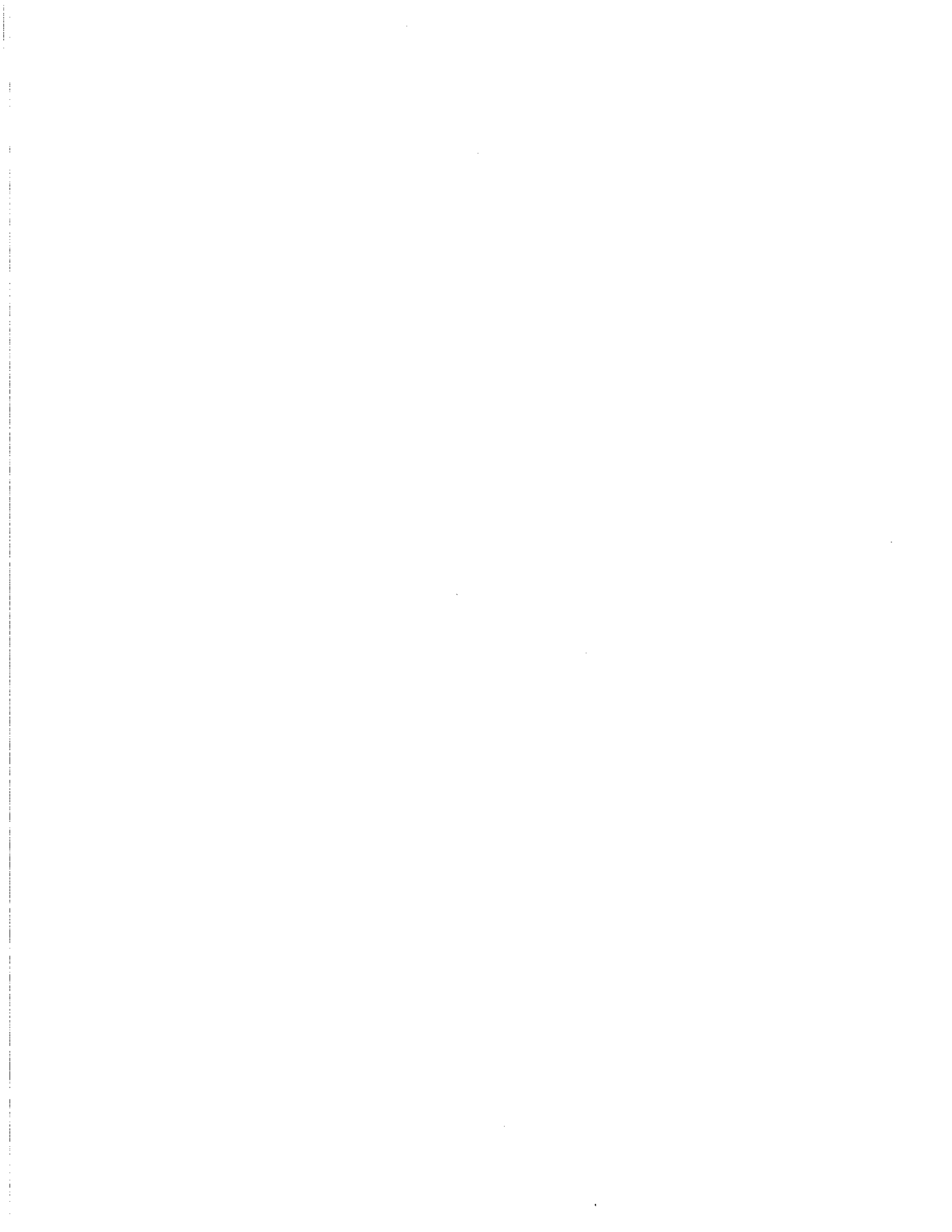
Allergies (food, bee sting, medication, etc.) _____

Current medications taken at home and at school _____

Medical condition diagnosed by a doctor _____

Does your student have health insurance? Yes No

Parent/Guardian Signature _____ Date _____



Cecil County Public Schools

HOME LANGUAGE SURVEY

Date _____ School _____ Grade _____

Child's Name _____
First Name Middle Initial Last Name

Parent or Guardian's Name _____
First Name Middle Initial Last Name

Address _____
Street City State Zip

Phone Number _____
Home Work

1. Child's date of birth: _____ (Month/Date/Year)
 Was your child born in the United States? Yes No
 If yes, in which state? _____
 If no, in what other country? _____
 If no, date child entered the United States: _____ (Month/Date/Year)

2. Has your child attended any school in the United States for any three years during their lifetime? Yes No
 If yes, please provide school name(s), state, and dates attended:
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____
 Name of School _____ State _____ Dates Attended _____

3. What is the language most frequently spoken at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if your child is:
 A. Native American Indian C. Native Pacific Islander
 B. Alaska Native D. Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? Yes No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. In what country did your child most recently reside? _____

8. Which language did your child learn when he/she first began to talk? _____

9. What language does your child most frequently speak at home? _____

10. What language do you most frequently speak to your child? (Father) _____

(Mother) _____

11. Please describe the language understood by your child. (Check only one)
 A. Understands only the home language and no English.
 B. Understands mostly the home language and some English.
 C. Understands the home language and English equally.
 D. Understands mostly English and some of the home language.
 E. Understands only English.

 Parent or Guardian's Signature

 Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	



**CECIL COUNTY PUBLIC SCHOOLS
CONSENT TO RELEASE RECORDS**

This form is provided by Calvert Elementary School
(School)

For the purpose of obtaining/releasing records concerning the following student:

Name of Student: _____

Date of Birth: _____ Grade Level: _____

Type of Record:

- School Information
 - Individualized Education Program (IEP)
 - Individualized Family Service Plan (IFSP)
 - Section 504
 - ESOL information (including ELP Scores and EL Plan)
- Health Information
- Other _____

I hereby authorize _____
(Name of School/Agency Releasing Records)

to release records for the above named student to:

Calvert Elementary School
(Name of Receiving School or Agency)

79 Brick Meetinghouse Road Rising Sun, MD 21911
(Address)

The purpose for which these records will be used: Registration

Information disclosed under this authorization may not be disclosed to any other party without the prior written consent of the parent or eligible student.

Ref. COMAR 13A.08.02.18 "Prior Consent for Disclosure Required."

(Parent/Legal Guardian)

(Relationship to Student)

(Student Signature if 18 Years of Age or Older)

(Date)

(Address)

