

HOWARD COUNTY PUBLIC SCHOOLS REGISTRATION FORM

Enrollment School Name: _____

Has the student ever attended a Howard County Public School? Yes No

If yes, name of school: _____

Student's Legal Name (as it appears on evidence of birth):

Last First Middle Suffix

Student's Preferred Name: _____

Date of Birth: ____/____/____ Gender: Male Female
Month Day Year

Birth Country: _____

U.S. Entry Date: ____/____/____ U.S. School Entry Date: ____/____/____
Month Day Year Month Day Year

Maryland Home Language Survey

In accordance with federal and state requirements, the Home Language Survey will be administered to all students and used only for determining whether a student needs English language support services and will not be used for immigration matters or reported to immigration authorities.

If a language other than English is indicated on two or more of the three questions below, the student will be assessed for English language support services. Additional criteria for testing may be considered.

1. What language(s) did the student first learn to speak?: _____

2. What language does the student use most often to communicate?: _____

3. What language(s) are spoken in your home?: _____

Social Security Number (optional): _____

Student Home Phone: (____) _____ Student Cell Phone: (____) _____

Student Work Phone: (____) _____ Student E-mail: _____

Ethnicity (check one): Hispanic/Latino Yes No

Race (check all that apply): American Indian/Alaskan Native Asian Black/African American Native Hawaiian or other Pacific Islander White

Present Address: _____
Street

City State Zip Code

Mailing Address (if different from physical address): _____
Street

City State Zip Code

Previous Address: _____
Street

City State Zip Code

Previous School Attended: _____ (____) _____
Name of School School Phone Number

Street

City State Zip Code

For Office Use Only

ID# _____

Grade: _____

Date: ____/____/____ Code: _____

Bus #: _____ Homeroom: _____

Counselor: _____

Evidence of Birth

Birth Certificate Passport/Visa

Physician's Certificate Parent's Affidavit

Baptismal or Church Certification

Hospital Certificate Birth Registration

Other: _____

Parent Photo ID Yes No

Proof of Parental Relationship Yes No

Custody Documents Yes No

Immunization Records received Yes No

Out of District Yes No

Home School: _____

Proof of Residence

Deed Lease Utility Bill

Multiple Family

Multiple Family Proof 1

Multiple Family Proof 2

Registrar Signature: _____

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Has the student ever received Special Education services? Yes No 504 Services? Yes No ESOL Services? Yes No

Does the student have a current IEP? Yes No Current 504 Plan? Yes No

Student lives with: Both Parents Mother Father Guardian Caretaker Foster Parent(s) Host Parent (IES)

Parent or Court Appointed Legal Guardian

Name: _____
First Middle Last

Are you the court-ordered parent? Yes No

Mother Father Guardian Other (specify) _____

Parent/Guardian native language: _____ Interpreter needed? Yes No

Home phone:(_____) _____ Cell phone:(_____) _____ Work phone:(_____) _____

E-mail: _____

Parent or Court Appointed Legal Guardian

Name: _____
First Middle Last

Are you the court-ordered parent? Yes No

Mother Father Guardian Other (specify) _____

Parent/Guardian native language: _____ Interpreter needed? Yes No

Home phone:(_____) _____ Cell phone:(_____) _____ Work phone:(_____) _____

E-mail: _____

If foster parents, placing agency: _____

Contact person: _____ Phone number:() _____

Brothers and Sisters: Please list name(s) and birth date(s)

_____	Month / Day / Year	_____	Month / Day / Year
_____	Month / Day / Year	_____	Month / Day / Year
_____	Month / Day / Year	_____	Month / Day / Year
_____	Month / Day / Year	_____	Month / Day / Year

I certify that the above information is true and that the above student legally resides in Howard County, and that the questions have been answered to the best of my knowledge.

Signature of Parent/Guardian/Caretaker: _____ Date: ____/____/____