

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 _____

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

Birth Country: _____

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

Last First Middle Suffix

Student's Preferred Name: _____

Home Language: _____

Dominant Language: _____

Native Language: _____

Social Security Number (optional): _____

Does the student have a F-1 Visa? Yes No

Student Home Phone (_____) _____

Student Cell Phone (_____) _____

Student Work Phone (_____) _____

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# _____

YOG _____ 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

Immunization Records received Yes No

Custody Documents 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

HOWARD COUNTY PUBLIC SCHOOLS REGISTRATION FORM

Ethnicity (check one): Hispanic Yes No

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

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)

Are you the court-ordered parent? Yes No

First Head of Household

Name: _____
First Middle Last

Mother Father Guardian Step Parent Other _____

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

E-mail: _____

Second Head of Household

Name: _____
First Middle Last

Mother Father Guardian Step Parent Other _____

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: ____/____/____

Emergency Procedure and Confidential Student Information Card

Please print all information clearly.

Student Name (Last, First, Middle)					ID #	
School Year	Grade	Bus #	Homeroom	Date of Birth	Gender	Primary Language
Student resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other						
Student's Home Address				Student's Mailing Address - Leave blank if same as home address		
Street				Street		
City				City		
State, Zip Code				State, Zip Code		

PARENT/GUARDIAN INFORMATION

Name	Relationship to Child:	email:
Address (if different than above):	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone:

Do you need an interpreter to communicate with the teacher/school? YES NO If yes, what language? _____

Parent/guardian is active military duty? YES NO If yes, state location: _____

Name:	Relationship to Child:	email:
Address (if different than above):	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone:

Do you need an interpreter to communicate with the teacher/school? YES NO If yes, what language? _____

Parent/guardian is active military duty? YES NO If yes, state location: _____

EMERGENCY CONTACTS

This information will be used to assist the school with following the correct procedures and making appropriate contacts in case of an emergency. This includes the unscheduled closing of schools, illness of student, accident, or other situations in which someone other than the parent/guardian needs to assume temporary care of your child if you cannot be reached.

Name:	Relationship to Child:	email:
Address:	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone:

The person named above is authorized to pick up the student listed above at any time without further consent: YES NO

Name:	Relationship to Child:	email:
Address:	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone:

The person named above is authorized to pick up the student listed above at any time without further consent: YES NO

Name:	Relationship to Child:	email:
Address:	Home Phone:	Name of Employer:
	Cell Phone:	Work Phone:

The person named above is authorized to pick up the student listed above at any time without further consent: YES NO

MAJOR EMERGENCIES WILL BE TAKEN TO THE NEAREST HOSPITAL

Child's Medical Physician/Provider	Phone Number:
List any pertinent health problems, e.g., bee stings, food allergies, specific medications needed, etc.	
Does your child have health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	

I authorize employees and agents of HCPSS to verify the information on this form.

Parent/Guardian Signature _____ Date _____

Emergency Procedure and Confidential Student Information Card

ARRIVAL/DEPARTURE INFORMATION

Please indicate how your child will arrive and depart from school on a typical day, and in case of an unscheduled early school closing. If there are any changes in your child's arrangements, it is your responsibility to notify the front office in writing. These transportation plans will also be followed on any regularly scheduled early closing school days.

In the morning, my child will be: (check one)	In the afternoon, my child will be: (check one)	If there is an unscheduled early closing of school, my child will: (check one)
<input type="checkbox"/> A walker	<input type="checkbox"/> A walker	<input type="checkbox"/> Walk home (as usual).
<input type="checkbox"/> A car rider	<input type="checkbox"/> A car rider	<input type="checkbox"/> Be picked up and transported home by: _____
<input type="checkbox"/> In CA/Rec & Parks Before Care	<input type="checkbox"/> In CA/Rec & Parks Before Care	<input type="checkbox"/> Ride his/her assigned bus, # _____.
<input type="checkbox"/> Transported by bus # _____.	<input type="checkbox"/> Transported by bus # _____.	
<input type="checkbox"/> Transported by daycare Name of daycare: _____	<input type="checkbox"/> Transported by daycare Name of daycare: _____	

UNSCHEDULED EARLY CLOSING OF SCHOOL - It is important that you discuss the emergency plan that your child should follow if school closes early for inclement weather, power failure, or some other emergency. Make sure your child is aware of his/her assigned bus number. Please note that:

- The CA/Rec & Parks Before and After Care programs will not operate when there is an emergency closing.
- The school will not be able to call a parent.
- No child may wait for a parent to pick him or her up, as it may be unsafe to wait at school.

I have discussed this procedure with my child and he/she knows what to do in the event of an unscheduled closing. I will periodically review these procedures with my child.

Parent/Guardian Signature _____ Date _____

YOUR CHILD AND MEDIA EXPOSURE or INTERNET EXPOSURE

In the course of school activities, HCPSS staff and the news media occasionally photograph or videotape students, and/or make public their names, likeness, or school work for display/use intended for a public audience. Such exposure could occur in print, on TV, on radio, or by electronic means such as the Internet or social media. Unless you exclude your child from all such exposure by opting out below, we will assume your permission to do so.

I DO NOT want my child photographed, videotaped, or identified by the HCPSS or the news media for display/use intended for a public audience. I understand that this release does not apply to public events, the Yearbook, and use by the Parent Teacher Association.

OPTION TO RESTRICT DISCLOSURE OF STUDENT DIRECTORY INFORMATION

The Family Educational Rights and Privacy Act (Public Law 93-380) authorizes local school systems to disclose certain information from the educational records of a student that is designated as directory information. This designation includes basic biographical information only, NOT student grades, test results, or any part of academic or discipline records. Based on categories designated by the federal government, the HCPSS's definition of directory information includes the following student data:

- Name
- Address
- Telephone Listing
- Date of birth
- Major field of study
- Participation in officially recognized activities/sports
- Weight and height of athletic team members
- Date of attendance
- Degrees and awards received
- Most recent previous educational agency or institution attended

You have the right to restrict the school system from releasing any category of directory information about your child, by indicating so below. If you elect to restrict the release of any category of directory information about your child, exceptions for specific situations cannot be granted. For instance, if you restrict the release of your child's name, you may not ask that an exception be made to allow your child's name to appear in a school event program.

There are other provisions in law, which allow school systems to release information about students without parental permission under limited circumstances.

The school system WILL NOT release a student's HOME ADDRESS or PHONE NUMBER to any person or organization beyond those listed below. You may restrict the release of this information to one or more of the organizations listed by checking the corresponding box.

DO NOT release my child's HOME ADDRESS OR PHONE NUMBER to:
<input type="checkbox"/> An organization of parents, teachers, students, or former students, or any combination of those groups, of the school (i.e. PTA/PTSA, booster club, class reunion committee, etc.)
<input type="checkbox"/> An organization or force of the military (i.e. military recruiters, etc.)
<input type="checkbox"/> A representative of a community college in the state
<input type="checkbox"/> A representative of the Maryland Higher Education Commission

State and federal law permits school systems to release additional information about students. You may restrict the release of one or more categories of this information by filling in the corresponding box.

DO NOT release the following category/categories of information about my child:		
<input type="checkbox"/> Name*	<input type="checkbox"/> Participation In School Activities	<input type="checkbox"/> Degrees/Awards
<input type="checkbox"/> Date of Birth	<input type="checkbox"/> Weight and/or Height of Athletes	<input type="checkbox"/> Previous Educational Institutions Attended
<input type="checkbox"/> Major Field of Study	<input type="checkbox"/> Dates of School Attendance	

*If you restrict release of your child's name, please note that your child will be excluded from such publications as the yearbook, a published honor roll, school event programs, and other publications of this nature.

If you do not restrict the release of certain information about your child, you are giving the school system and local schools the ability to perform daily operations and routine tasks without obtaining parental permission to release each piece of student information every time it is released.

Oakland Mills Middle School
New Student Information Form

Name _____ Entering Grade _____
Today's Date _____ School Last Attended _____

Parent/Guardian: Please provide a copy of any recent Standardized Test Scores and/or Report Cards that you have for your child.

Please complete the following based on your student's latest report card:

<u>Math</u>	<u>Reading</u>
Above Grade Level _____	Above Grade Level _____
On Grade Level _____	On Grade Level _____
Below Grade Level _____	Below Grade Level _____

Gifted/Talented Classes - select one: Testing may be requested only for new students to the Howard County Public School System.

_____ My child has been identified for the Gifted and Talented Program in Howard County Public School System in the following subject area(s): _____

_____ I wish to have my child tested for the Gifted and Talented Program.

Parent/Guardian Signature: _____

ESOL (English as a second language) Yes _____ No _____

504 Yes _____ No _____
(Please provide a copy of your child's current plan)

Action Plan Yes _____ No _____
(Please provide a copy of your child's current plan)

World Language

If your child has begun or completed a year of a world language he/she may choose to enroll in the same world language course at Oakland Mills Middle School. The Middle School World Language Program in HCPSS is a 3-year commitment beginning in 6th grade. All students choosing to enroll in a world language after 1st semester of 6th grade will be assessed to determine readiness for the world language course for the appropriate grade level.

Has your child previously been enrolled in a world language course? Yes ____ No ____

If you checked yes, please indicate which world language course:

Spanish _____ French _____

Would you like for your child to continue in the world language program? _____

Yes _____ No _____

Performance Arts

All grade levels - Previous instrumental experience of at least 1 year is needed for Band and Orchestra participation. Auditions may be requested by the director prior to class enrollment.

Band/Strings Yes _____ No _____ Instrument _____
Chorus Yes _____ No _____

**HOWARD COUNTY PUBLIC SCHOOL SYSTEM
HEALTH SURVEY FORM**

39513022

Date _____

Child's Name _____ DOB _____ Entering Grade _____

Address _____ Phone Number _____

Entering School _____ Last School Attended _____

Name of Person Giving Information _____ Relationship _____

Date of last physical exam _____ Date of last dental exam _____

Does student have health insurance _____

HAS YOUR CHILD EVER ATTENDED A MARYLAND PUBLIC SCHOOL? _____

	YES	NO	COMMENTS
1. Has the student received all the immunizations required for school?			
2. Is the completed Maryland Immunization Certificate attached?			
3. Will the student require medication to be given at school?			
4. Does the student take any medication at home that the health room should be aware of?			
5. Does the student have any history of: a. Allergies (asthma, bee sting, foods, medication, etc.) b. Seizures c. Other serious illness d. Serious accidents e. Hospitalizations or operations f. Chronic illness (Diabetes, Sickle Cell, etc.) g. Speech difficulties h. Handicapping Condition			
6. Does the student have any activity restrictions?			
7. Does the student have any eye problems? (crossed eyes, trouble seeing, wears glasses or contacts, tear duct problem)			
8. Does the student have any ear or hearing problems?			
9. Do you have any concerns about your student's behavior or emotional well-being? (activity, fears, peer relationships, etc)			
10. Do you have any concerns about your student's medical history? (such as medical problems related to your pregnancy, labor or delivery?)			
11. Do you have any concerns about your student's general health? (eating and sleeping habits, posture, teeth, skin, weight, daytime wetting, etc.)			
12. Does your student have a doctor?			
13. Do you need help in finding a doctor or getting health insurance for your student?			