

## Student Registration Requirements

*In order to make registration a brief and pleasant experience, we ask that you schedule an appointment with staff at the school your where your child will be attending. Please bring the following items with you to complete this process:*

- **Proof of Birth** – This can be a birth certificate, passport/visa, physician’s certificate, baptism/church certificate, hospital certificate, birth registration.
- **Immunization Record**
- **Social Security Card/Number**
- **Proof of Residency**
  - ✓ A signed lease agreement **plus** one item from the supplemental proof list OR;
  - ✓ A signed deed **plus** a State Department Assessment Tax (SDAT) form downloaded by counselor **plus** one item from the supplemental proof list OR;
  - ✓ A current electric bill **plus** two items from the supplemental proof list.

**Supplemental proof list:** (The name and address on the Supplemental Proof(s) must match the name and address on the Primary Proof)

- ✓ Driver’s license
- ✓ W2 form
- ✓ Bank Statement
- ✓ Voter Registration card
- ✓ Pay Stub
- ✓ Income tax return

*If the parent/guardian cannot produce proof of residency because they are living with someone else, then both the parent and the resident must complete a Residency Verification Form. **The parent enrolling the child must show two proofs of residency – driver’s license, I.D. card, voter registration, pay check stub, etc.***

**\*\*\*Any variation from the proof of residency requirements will only be accepted with approval from the Supervisor of Student Services\*\*\***

- **Custody Information if applicable**

*Parent registering the child must produce court papers showing legal and primary physical custody. The parent registering must also produce a notarized letter from the other biological parent stating approval for the child to attend Talbot County Public Schools OR a signed letter stating that he/she is unable to contact the other birth parent.*
- **Transfer Record from prior school that shows most recent grade placement and need of special services if applicable.**
- **Proof of Income (only for PK registrations)**
- **Photo ID of parent/guardian completing registration**

### Student Information

Student Name (First, Middle, Last)	
DOB	
Place of Birth	
Gender	
Mailing Address	
Street Address	
City/State/Zip	
Primary Phone #	
Primary Language of Student	
Primary Language in Home	
Who Does Student Reside With?	

Is McKinney-Vento applicable?  Yes  No      If yes, is student unaccompanied youth?  Yes  No

Is student in Informal Kinship Care?  Yes  No

**\*\*\*If yes to either of the above, the appropriate affidavit must be completed and immediately sent to Student Services\*\*\***

Is the student in foster care?  Yes  No

**\*\*\*If yes, the Agency Placement Form must be completed and immediately sent to Student Services\*\*\***

Is student military-connected?  Yes  No *(Student's parent/guardian is on active duty, in National Guard, or in the Reserve components of the United States Military Services)*

Does student have a 504 plan?  Yes  No      Does student have an IEP?  Yes  No

### Prior School Information

Name of Last School Attended (Include County/State)	
Contact Person/Phone #	
Last Date of Attendance & Most recent Grade Level	

### Parent/Guardian Information

<input type="checkbox"/> Parent # 1		<input type="checkbox"/> Parent # 2	
<input type="checkbox"/> Guardian # 1		<input type="checkbox"/> Guardian # 2	
Name (First, Last)		Name (First, Last)	
Mailing Address		Mailing Address	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Primary Phone #		Primary Phone #	
Work Phone #		Work Phone #	
Employer		Employer	
Email		Email	
If address is different from student, should this person receive student information? <input type="checkbox"/> Yes <input type="checkbox"/> No		If address is different from student, should this person receive student information? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Adult Living at Student's Residence (Name/Relationship)

Is there another parent who should receive student information?  Yes  No      If yes, please list name & address:

**Emergency Contacts**

Name	Relationship	Phone 1	Phone 2

Doctor Name/Phone: \_\_\_\_\_ Dentist Name/Phone: \_\_\_\_\_

**Health Information**

List medications taken regularly  at home  at school \_\_\_\_\_

List any life-threatening allergies \_\_\_\_\_

**Sibling Information (if applicable)**

Name	DOB

**Daycare Information (if applicable)**

Name of Provider	
Address of Provider (Street/City/State/Zip)	

Does student attend  AM  PM

**Disclaimer**

Student, \_\_\_\_\_, has been enrolled on the basis of the information provided by the parent/guardian.

Parent/Guardian signature & date: \_\_\_\_\_

School Official signature & date: \_\_\_\_\_

**\*\*\*For School Use Only\*\*\***

Local ID #:	Assigned School:	Enrollment Date:
SS#:	School Attending:	Enrollment Code:
Lunch #:	Out of Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment Grade:

Number of service learning hours to date: \_\_\_\_\_

HSA/PARCC Scores: \_\_\_\_\_

Has student ever been home-schooled:  Yes  No If yes, in what grade(s)? \_\_\_\_\_

Student is a  Walker  Car Rider  Bus Rider

If a Bus Rider, AM Bus # \_\_\_\_\_/AM pick-up location: \_\_\_\_\_

PM Bus # \_\_\_\_\_/PM drop-off location: \_\_\_\_\_

*Early Care & Educational Experience Prior to Kindergarten (Check all that apply):*

- Home/Informal Care   
  Head Start   
  PK   
  Childcare Center   
  Family Childcare  
 Nonpublic Nursery School   
  Kindergarten(repeated)   
  Parents as Teachers   
  Even Start  
 HIPPPY   
 Preschool Special Education   
 Local Infant & Toddler Program   
 Judy Center

Child attended program(s)  Full Day or  Half Day

**Talbot County Public Schools**  
**12 Magnolia Street**  
**P.O. Box 1029**  
**Easton, MD 21601**  
**PH: 410-822-0330 Fax: 410-822-3919**

AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize and/or request Talbot County  
(Parent's Name)

Public Schools to furnish and/or obtain from \_\_\_\_\_  
(School Transferring From)

psychological, medical and/or educational information concerning my son/daughter

\_\_\_\_\_  
(Student's Name)

I understand that all information is confidential and cannot be released without the express written permission of the parents or legal guardian.

**DISCLOSURE OF PUPIL'S RECORD:** FEDERAL LAW 99.31 "NO PARENT SIGNATURE REQUIRED FOR EDUCATION RECORDS SENT TO ANOTHER EDUCATION AGENCY."

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

## Race and Ethnicity Identification Form

To Parents/Guardians/Students:

Under Federal and State law the racial and ethnic classifications used to describe staff and students in public schools in Maryland have been modified.

<b>Student's Legal Name:</b>	<b>Birth date:</b>
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**DIRECTIONS: Part 1**

Read the definition below and place an "X" in the box that indicates your child's heritage.

If this form is **NOT** returned the ethnicity will be coded as **NO**, Not Hispanic or Latino.

**Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish Origin" can be used in addition to "Hispanic or Latino".

<b>PART 1:</b>	<b>Are you Hispanic or Latino? CHECK ONE</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DIRECTIONS: Part 2**

Using the descriptions below, place an "X" in the box or boxes that indicate your child's race.

You must select at least one race, regardless of Hispanic ethnicity. More than one response may be selected.

If this form is **NOT** returned, your child's race will be identified by someone from the school district.

Part 2:	Check one or more races:	
1	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.	American Indian or Alaska Native
2	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.	Asian
3	A person having origins in any of the black racial groups of Africa.	Black or African American
4	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	Native Hawaiian or Other Pacific Islander
5	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	White

I verify the information on this form is accurate.

\_\_\_\_\_ **Parent/Guardian/\*Student Signature**

\_\_\_\_\_ **Date**

As the Parent, Guardian or the \*Student of the individual listed on this form, I refuse to re-identify my race and ethnicity.

\_\_\_\_\_ **Parent/Guardian/\*Student Signature**

\_\_\_\_\_ **Date**

**\*A student must be 18 years of age or older to complete and sign this form.**

<b>Office Use Only</b> I am the observer who identified the individual listed on this form.	_____ <b>Signature and Title</b>	_____ <b>Date</b>
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