

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

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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: ____ / ____ / ____