

# 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):

\_\_\_\_\_

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: \_\_\_\_\_

# HOWARD COUNTY PUBLIC SCHOOLS REGISTRATION FORM

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: \_\_\_\_/\_\_\_\_/\_\_\_\_