

ST. MARY'S COUNTY PUBLIC SCHOOLS

REGISTRATION INFORMATION

COUNTY NO. **018**

STUDENT ID # _____

DATE OF REGISTRATION _____

STATE ID # _____

ENTRY Status: R E N Code No. _____ Date of Entry _____ SCHOOL NO. _____ SCHOOL NAME _____

PLEASE PRINT

NAME: _____
(Last) (First) (Middle)

GENDER: M F SOCIAL SECURITY NUMBER _____

CLASS/GRADE: _____ BIRTHDATE: _____ / _____ / _____
(Month) (Day) (Year)

Evidence of Date of Birth **MUST** be provided.

(i.e., Birth Certificate, Hospital Certificate, Physician's Certificate, Baptismal or Church Certificate, Parents Affidavit, Passport/Visa, Other)

PRIMARY TELEPHONE #: _____ Unlisted: Yes No
This number will receive all automated notifications from both the school and the school system.

HISPANIC, LATINO _____ YES _____ NO

RACE: (Circle all that apply) 1. American Indian or Alaskan Native 2. Asian 3. Black or African American 4. Native Hawaiian or other Pacific Islander 5. White

Primary Language Spoken in Home: _____

STUDENT'S LEGAL RESIDENCE: _____
(Subdivision / Complex)

(Street Address)

City

Maryland
State

206
Zip

MAILING ADDRESS: _____
(If different from physical address)

SCHOOL INFORMATION

Has this student ever attended a public school in St. Mary's County? Yes No

If yes, what school? _____

Has this student attended a public school in MD during this school year? Yes No

If yes, what school and County? _____ School Year _____

LAST SCHOOL ATTENDED Public School Private School

Name _____

Address _____

Telephone No. _____ **PS 100 must be completed.**

Fax No. _____

Were special education services being provided? Yes No

Were section 504 services being provided? Yes No

Has student ever been retained? Yes No

Date of Withdrawal: _____ Last grade attended: _____

(1) Name of adult responsible for student living at address:

Relationship to Student: _____

Employer: _____

Employer Address: _____
Street Address Bldg # City State Zip

Work Telephone: _____ Cell Phone: _____

Email Address: _____

(2) Name of adult responsible for student living at address:

Relationship to Student: _____

Employer: _____

Employer Address: _____
Street Address Bldg # City State Zip

Work Telephone: _____ Cell Phone: _____

Email Address: _____

Is either parent or legal guardian a civilian employee on federal property, a member of the National Guard, Military Reserve, or on active duty in the uniformed services? Yes No

***If there is a non-custodial parent (who should receive information), please provide the information at this time.** _____
(Last) (First)

Relationship to Student: _____ Mailing Address: _____

Are there any custodial restrictions? Yes, must provide legal documentation No

EMERGENCY INFORMATION

(1) Person(s) with whom we may release student and contact if parent cannot be reached:

(Last) (First) (MI) Phone Relationship

(Last) (First) (MI) Phone Relationship

(Last) (First) (MI) Phone Relationship

(2) Person Responsible For Child Care:

(Last) (First) (MI) Daytime Telephone Cell Phone

Physical Address of Child Care Provider:

(Five Digit Street Address) (City) (Zip)

REGISTRATION INFORMATION (CONTINUED)

BUS TRANSPORTATION INFORMATION (ELEMENTARY ONLY):
Secondary student bus transportation will be based on legal residence

- Transport to school from legal residence in AM
- Transport from school to legal residence in PM
- Transport to school from Child Care Provider Address
- Transport from school to Child Care Provider Address
- Other, Transportation form attached (must be approved by DOT)

EARLY DISMISSAL DAYS: *SMCPS has several 2 hour early dismissal days built into the regular school system calendar, as well as the occasional need to alter the school times due to inclement weather. We cannot call parents on emergency early dismissal days. Please plan accordingly.*

Other Children in Household/Family Name	Date of Birth	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION:

Health Insurance? Yes No
 Primary Care Physician: _____ Telephone: _____
 Date of Last Physical: _____ Immunizations Complete? Yes No
 Medications at school: Yes No **PS 109 MUST be completed for medications.**
 Any Medical Concerns if appropriate:

The information as submitted on this form and on any attachments is accurate, complete, and true to the best of my knowledge. I understand that falsification of any information submitted shall be cause for denial of enrollment.

Use of Students Images and Likenesses in Public Information Programs

As part of our overall educational program, students are occasionally asked to be photographed or videotaped or have their work displayed. Unless indicated to the contrary below, the school will assume that your child may be photographed or videotaped by the news media or by SMCPS staff, and that the student's likeness (including yearbook), name (including honor roll), performance, artwork, or written work may be used.

Do not use in print, broadcast media, or on the Internet

SMCPS cannot control photography, taping, or interviews of students at events that are open to the public, nor decisions by the news media to post school news on the Internet.

Use of Computer Systems

SMCPS recognizes that use of electronic resources is an appropriate instructional tool. In accordance with the SMCPS Acceptable Use Standards and the Children's Internet Protection Act (CIPA), SMCPS utilizes filtering software in an attempt to block access to objectionable material. Students will be supervised while using the Internet and will be instructed in the appropriate and safe use, selections, and evaluation of information. Unless indicated to the contrary below, you agree to the SMCPS Acceptable Use of Computer Systems guidelines found in the Student Handbook and Code of Conduct and your student may use SMCPS computers.

Do not agree to the SMCPS Acceptable Use Standards

Military Recruitment (grades 11 and 12 only)

Each public school under the jurisdiction of a county board of education that makes students aware of occupational or educational options is required to provide student directory information to recruitment representatives of the United States military. If you, as a parent/legal guardian DO NOT wish for your child's name, address, and telephone number to be released to military recruitment representatives, please check the space provided below.

Do not release contact information to military recruitment representatives

SBIRT (Screening, Brief Intervention and Referral to Treatment) - Grades 6 - 12 only

SMCPS uses a screening tool (SBIRT) when a student may exhibit possible substance use. If possible use is indicated, the parent(s)/legal guardian(s) will be notified and information about community resources will be provided.

SBIRT - May NOT participate

Maryland YOUTH TOBACCO and RISK BEHAVIOR SURVEY (YTRBS) (Grades 6 - 12 only)

The Centers for Disease Control and Prevention (CDC) created the YTRBS to measure risk factors and to monitor the effectiveness of risk reduction programs in collaboration with the Department of Health and Mental Hygiene (DHMH) and the Maryland State Department of Education (MSDE). The survey is designed to identify risk behaviors that may include safety behaviors such as use of helmets and seat belts; depression and mental health; use of tobacco, alcohol, or other drugs; nutrition and physical activity; and sexual behaviors. During the school year, a random sampling of schools may be selected to participate in the survey. Unless indicated below that your child MAY NOT participate in the survey, he/she may be given the survey if their school is included in the random sample. Please consider the following factors as you make your decision: (1) your child's participation in the YTRBS survey is voluntary, (2) the YTRBS survey is confidential and your child's answers will be kept private, and (3) your child's name is not required on the survey answer sheet. For more information about the YTRBS, please visit www.cdc.gov/HealthyYouth, www.marylandpublicschools.org or the CDC at (770) 488-6181 or the SMCPS Department of Student Services at 301-475-5511, ext. 32150.

YTRBS - May NOT participate in this survey

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

DATE _____