New Student Enrollment

These requirements do not apply for homeless students. If you are experiencing housing problems, please notify school personnel immediately so we may assist with the enrollment process under the federal law, McKinney-Vento.

Welcome to Baltimore County Public Schools! We are proud of our school system and believe your child will receive a quality education in our schools. The Annotated Code of Maryland and Baltimore County regulations require that a number of documents be presented at the time of enrollment in a public school. Please carefully review the guidelines below and bring all necessary documents with you at the time of enrollment.

For the child, you will need:

1. birth certificate or baptismal certificate for the child
2. child’s immunization record from a doctor or the previous school
3. withdrawal packet from the previous school that includes credits earned and current report card
4. standardized test scores, if available
5. Maryland Student Withdrawal/Transfer Record (if not from a Maryland school)

For the parent you will need:

1. a photo ID for the parent, such as driver’s license (If the ID includes address, it must match the address being used for registration.)
2. In the case of court involvement regarding custody, you will need documentation of custody

for proof of residency, you will need:

proof of ownership such as deed, signed settlement sheet, title, mortgage coupon book or tax bill OR a copy of your lease, dated and signed (if your lease is from a private individual rather than a rental company, you will also need the landlord to provide proof of ownership for the property.)

PLUS: (3) three current documents (if it is a mailing, it must be dated within 60 days)
These may include the following:
Utility Bill, W-2, cable bill, employer statement, voter’s registration card, mailing from government agency, vehicle registration, charge account statement, driver’s license, bank account statement, Maryland identification card, paycheck stub with name/address, court documents, or income tax returns

**If you are living in the residence of another person, which is described as Shared Domicile, meaning that the parent(s)/guardian(s) and child are domiciled in Baltimore County with another person, contact our Residency Officer, at 410-887-6903. The Residency Officer will verify your residency first, and then you would follow the aforementioned procedures.

**All non-resident students, agency placed, kinship care, and family hardship, must be processed by a Pupil Personnel Worker prior to enrollment in a Baltimore County school.

If you have any questions, please contact Deborah Carroll in the School Counseling Office at 410-887-0788 or dcarroll2@bcps.org. Thank you for your cooperation!
# New Entrance Information

<table>
<thead>
<tr>
<th>Student Information</th>
<th>Grade:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>D.O.B:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Contact:</td>
<td></td>
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<tr>
<td></td>
<td>(H)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(C)</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian:</td>
<td>Foster Care: YES NO</td>
<td></td>
</tr>
<tr>
<td>Counselor:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Browne Minix Joyner</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>504 Browne</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IEP Garner</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Attendance Concerns
- [ ] Discipline Concerns
- [ ] Academic Progress Concerns
- [ ] Grade Level Administrator to Follow Up with Counselor
# BALTIMORE COUNTY PUBLIC SCHOOLS

## SCHOOL REGISTRATION FORM

### PS 515, F1

## STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Date: (mm/dd/yyyy)</th>
<th>Grade Level:</th>
<th>☐ Enrolling for services only</th>
<th>☐ Enrolling as part of Foreign Exchange Program (Secondary only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's Last Name:</td>
<td>Suffix:</td>
<td>Student's First Name:</td>
<td>Preferred Name (optional):</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>No Middle Name:</td>
<td>Birth Gender:</td>
<td>☐ Male ☐ Female</td>
</tr>
<tr>
<td>Birth Date: (mm/dd/yyyy)</td>
<td>Gender Identity (optional):</td>
<td>☐ Male/le ☐ Female/She</td>
<td></td>
</tr>
<tr>
<td>Country of Birth:</td>
<td>Documentation of Birth: (Name of Document)</td>
<td>Last School Attended:</td>
<td></td>
</tr>
</tbody>
</table>

What language(s) did the student first learn to speak? 

What language does the student use most often to communicate? 

What language(s) are spoken in your home? 

---

The U.S. Department of Education requires all public schools to collect racial and ethnicity information. Please complete Part I and II.

**Part I**

Hispanic (Check yes if your child is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. ☐ YES)

**Part II**

☐ 1. American Indian or Alaskan Native  

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.

☐ 2. Asian  

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.

☐ 3. Black or African American  

A person having origins in any of the black racial groups of Africa.

☐ 4. Native Hawaiian/Pacific Islander  

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ 5. White  

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

---

## SIBLING INFORMATION

<table>
<thead>
<tr>
<th>Siblings</th>
<th>Brother/Sister</th>
<th>Age</th>
<th>School</th>
<th>Grade</th>
<th>Resides with registering student (yes or no)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

---

## STUDENT ADDRESS

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>Apartment No.:</th>
<th>City, State, Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

## STUDENT SUPPORT SERVICES INFORMATION

Check the services below that your child currently receives:  

☐ ESOL (English for Speakers of Other Languages)  ☐ IEP  ☐ Free and Reduced-Price Meals  ☐ 504  ☐ Gifted and Talented/Advanced Academics.

---

Revised on: 9/2018
Baltimore County Public Schools
School Name Here
School Registration Form
PS 515, F1

**Application Information**

<table>
<thead>
<tr>
<th>Name of Person Completing Form:</th>
<th>Relationship:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

Do you have legal custody of this child? [ ] Yes [ ] No
Are your custody documents on file? [ ] Yes [ ] No
Year:
Both Parents [ ] Mother [ ] Father
Guardians [ ] Foster Parent(s) [ ] Other
Name:

Child Lives With

Are you residing in temporary housing or do you lack housing? [ ] Yes [ ] No
If yes, school will immediately contact pupil personnel worker to provide assistance. (Parent/Guardian is to complete HSR-1 Form)

**Parent/Guardian Information**

<table>
<thead>
<tr>
<th>Primary Guardian Name:</th>
<th>Phone Numbers</th>
<th>Home, Work, Cell</th>
<th>Receive Texts? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Relationship:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student reside with this contact? [ ] Yes [ ] No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no, list Address or P.O. Box:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-Time Active Military? [ ] Yes [ ] No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Guardian Name:</th>
<th>Phone Numbers</th>
<th>Home, Work, Cell</th>
<th>Receive Texts? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guardian Relationship:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student reside with this contact? [ ] Yes [ ] No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If no, list Address or P.O. Box:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-Time Active Military? [ ] Yes [ ] No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Automated Phone Calls**

In addition to emergency notifications, the contact listed above may receive calls, emails, texts, and pre-recorded messages regarding non-emergent information. Non-emergent information is that which does not pertain to a school closing, medical or safety emergency. Non-emergent information includes, but is not limited to: school calendar updates, student testing reminders, Superintendent’s messages, school activities, and notifications pertaining to your student’s daily activities, school responsibilities or events.

If you would like non-emergent notifications to be sent to a different number, please specify below:

Non-Emergent Number:
Ext:
[ ] Work [ ] Home [ ] Cell
Receive Texts? [ ] Yes [ ] No

If you would like to opt out of non-emergent notifications, sign here:

Note: Your signature confirms that you will not receive calls regarding non-emergent information.

Parents/Guardians may submit opt-out preferences for students in BCPS One through September 30th by logging into BCPS One (https://bcpsone.bcps.org/) and navigating to the Student Information file. To change opt-out preferences after September 30th, contact your student’s school.

**Emergency Contact List**

Please list by order of contact:

In case of an incident or serious illness, school staff will contact a parent/guardian. In the event parents/guardians cannot be reached, please list people that may be contacted to pick up your student if necessary. If a parent/guardian or additional contact cannot be reached in a medical emergency, school staff will contact the child’s physician/dentist listed on the health form. School staff may also make necessary arrangements, including an ambulance and transporting your student to the hospital.

Note: All early dismissals must be approved by a parent/guardian in writing.

Revised on: 9/2018
# BALTIMORE COUNTY PUBLIC SCHOOLS

**SCHOOL NAME HERE**

**SCHOOL REGISTRATION FORM**

**PS 515, F1**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Elementary Only:** In a school closing emergency, who is responsible for the student? If not parent/guardian, list name and address.

**Secondary Only:** Do not permit my child to participate in the Maryland Youth Tobacco & Risk Behavior Survey (MVTBHS).

Secondary students with cell phones may opt to receive text messages from the automated calling system in a school emergency. If you would like your student to receive emergency text notifications, please list the student's cell phone number below.

Student Cell Phone Number: ( )

NOTE: All parties that provide telephone numbers may receive calls or text messages from the automated calling system in a school emergency. Message and data rates may apply.

**BCPS One** ([https://bcpsone.bcps.org/](https://bcpsone.bcps.org/)) is a digital ecosystem that supports teaching and learning by providing users the opportunity to engage in the educational process through access to online tools, resources, and student progress. View only access to BCPS One allows a user to view student information such as attendance and report cards, as well as access the Learning Management System. Granting BCPS One view only access does not authorize the person to make any decisions regarding the student's educational program or participate in school conferences. To grant view only access to people other than parents/legal guardians, list their information below and check by their name to APPROVE.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Email Address</th>
<th>Check here to APPROVE BCPS One View Only Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Preferred Name/Gender Requests Only:**

I understand that by requesting a preferred name or gender, I am agreeing to permit Baltimore County Public Schools to use the preferred name and/or gender for my child with the understanding that the student's legal name will remain on AR Cards, report cards, interim reports, transcripts, assessments, and diplomas.

Signature of adult responsible for the student: ________________________________ Date: ____________________

Signature of Student: ________________________________ Date: ____________________

**Please read carefully before signing this form:**

I understand that if it is determined that I have provided false information regarding my place of residence, my child will be withdrawn from school and tuition will be assessed on a pro-rata basis for the period of time that he/she was fraudulently enrolled. (Tuition rates are currently over $6,000 per year and are increased on an annual basis.)

To the best of my knowledge, all information entered on this enrollment form is accurate.

Signature of adult responsible for the student's enrollment: ________________________________ Date: ____________________
Baltimore County Public Schools
School Name: Here
School Registration Form
PS 515, F1

(for office use only)
Date: ____________________________
Student ID#: ______________________
Enrollment Date: __________________
Bus No.: __________________________
Shared Domicile □ Nonresident □
Informal Kinship □ Homeless □
Special Transfer □ Tuition □
Agency-Placed □ IEP □ 504 □

Please indicate special transfer reason(s):
[ ] Terminal Grade
[ ] Change of residence from attendance area
[ ] Medical
[ ] Program Study
[ ] Change of residence to attendance area
[ ] Student Adjustment
[ ] Employee's Child
[ ] Sibling
[ ] Child Care
[ ] Family Circumstance

Photo Identification:
To validate the identity of the parent/guardian responsible for the student's enrollment, photo identification must be provided at the time of enrollment and a copy made. If the photo ID contains an address, it must match the Baltimore County address appearing on other residency documents. A driver's license may not be used to verify address if used for photo ID.

[ ] Driver's License
[ ] Current Passport
[ ] Government issued license or certificate
[ ] Other Photo ID

Home/Domicile Residency Verification (Must be Presented at Registration)
Residency verification must be presented at the time of registration. To establish proof of the student's domicile/address, a parent/guardian must provide one (1) of the following documents to verify the student's address and three supporting documents. Copies must be maintained in the student's record.

[ ] Lease (lease end date)
[ ] Property Settlement Sheet
[ ] Property Title
[ ] Real Estate Tax Bill
[ ] Mortgage Coupon Book
[ ] PPW Documentation
[ ] Residency Verification Letter
[ ] Property Deed

Name/Address Documents (Three (3) Required, Dated within the previous 60 days) - Types of Acceptable Documents:
- Utility Bill (BGE/phone/water)
- Credit Card Bill
- Bank Statement
- First-Class Mail from business or government agency
- Paycheck or Stub
- Court Documents
- Driver's License (if same address as student)
- Mailing from BCPS
- Voter registration card
- Notarized letter from landlord
- Government issued license or certificate
- Receipt of immunization
- Vehicle Registration Card
- Tax Return from previous year
- Cable Bill
- Other documentation accepted by residency investigator
- Notarized statement from employer
- Health Center mailing or appointment

Proof of Immunization
Proof of age-appropriate immunizations is required at the time of registration. Students missing an immunization record or required shot(s) may be admitted for up to 20 days if they have an appointment to obtain missing records or shot(s).

[ ] Immunization provided
[ ] No immunizations/Temporary Admissions

Checklist for enrollment process:

<table>
<thead>
<tr>
<th>Task</th>
<th>Name of BCPS person/employee</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Enrollment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Entry in BCPS One SIS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Records Request</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Immunization/Health Registration to Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Revised on: 9/2013
### Student Information

<table>
<thead>
<tr>
<th>School Name:</th>
<th>Grade:</th>
<th>School Year:</th>
</tr>
</thead>
</table>

**COMPLETE AND RETURN YOUR CHILD'S STUDENT PRIVACY OPTIONS**

**ONLY IF YOU ARE OPTING OUT OF THE DISCLOSURE OF ANY OF THE INFORMATION LISTED BELOW**

### Directory Information Opt-Out

The Family Educational Rights and Privacy Act (FERPA) and state regulation permit Baltimore County Public Schools (BCPS) to disclose designated "directory information" without a parent's written consent, unless you have notified BCPS to the contrary. As defined by FERPA, directory information is personally identifiable information that would not generally be considered harmful or an invasion of privacy if disclosed. BCPS designates the following student information as directory information:

- Student first and last name
- Dates of school attendance
- Grade level
- School enrollment status
- Major field of study
- Participation in official activities and sports
- Weight and height of athletic team participants
- Degrees and awards received
- Most recent school attended
- Photographic, video or electronic images

Parents/Guardians may opt out of having BCPS disclose their child's directory information in the following ways:

- **In School Publications** (disclosure of directory information in school publications, such as school newsletter, yearbook/memory book, graduation program, theatre playbill, athletic team roster, displays, brochures and other school publications.)
- **In BCPS/Systemwide Publications** (disclosure of directory information in school system publications, such as the BCPS school information calendar, student handbook, meeting handouts/PoS/Point presentations, annual budget book and other BCPS/systemwide publications.)
- **In BCPS/Systemwide and School Communications** (disclosure of directory information in systemwide and school communications, such as BCPS school television, BCPS school social media [e.g., Facebook, Instagram, Twitter, Flickr, Blogs, etc.] and other BCPS/systemwide and school communications.)
- **To Outside News Media Organizations** (disclosure of directory information, upon request, to news media organizations outside of BCPS, such as local and national TV and radio stations, newspapers or magazines).
- **To a Third Party Other Than News Media Organizations** (disclosure of directory information, upon request, to news media organizations outside of BCPS, such as local and national TV and radio stations, newspapers or magazines).

**Parents may choose NOT to allow BCPS to disclose their student's directory information.** To Opt Out of BCPS disclosing your child's directory information, please place a checkmark (✓) in the appropriate box or boxes below:

- [ ] Opt out of disclosure in school publications
- [ ] Opt out of disclosure in BCPS/systemwide publications
- [ ] Opt out of disclosure in BCPS/systemwide and school communications
- [ ] Opt out of disclosure to outside news media organizations
- [ ] Opt out of disclosure to a third party other than news media organizations

### Privacy Options Other Than Directory Information

**Military Recruiters/Institutions of Higher Education Opt-out (Secondary Students Only)**

- [ ] Opt Out of disclosing my child's name, address and phone number to military recruiters.
- [ ] Opt Out of disclosing my child's name, address and phone number to institutions of higher education.

**Photography/Filming by Outside News Media Organizations Opt-Out**

- [ ] Opt Out of allowing members of outside news media organizations to photograph or film my child during the school day in relation to a story about BCPS schools/students.

**Student Intellectual Property Opt-Out**

- [ ] Opt Out of BCPS publishing and/or displaying my child's intellectual property and/or student-created publications. A student's intellectual property is published/displayed with your child's first and last names or with a group name, school and grade.

***CONTINUED ON PAGE 2***
**DIRECTORY INFORMATION**

The Family Educational Rights and Privacy Act (FERPA), a federal law, as well as State regulation (COMAR 13A.08.02) permit the disclosure of directory information from a student's education record without the parent's prior written consent unless the parent has opted out of such disclosure. (To opt out means that a parent/eligible student does not permit BCPS to disclose a student's directory information.) Please note, in certain situations, federal and state laws and regulations may require or require the disclosure of the information from a student record to authorized persons or entities even if you have opted out of its disclosure as directory information.

**OPT OUT OF PUBLISHING DIRECTORY INFORMATION**

Parents may opt out of having BCPS disclose their student's directory information in the following ways:

- **IN SCHOOL PUBLICATIONS**
  - These publications include: (1) lists of students participating in officially recognized activities and sports, which may include playbills, programs or rosters; (2) lists of students receiving honors, awards and scholarships; (3) athletic team rosters, which may include a team member's name, height and weight; (4) lists of students with degrees conferred and awards received; (5) school newsletters, yearbooks/memories books; (6) school/classroom displays; (7) school brochures; or (8) other means. A parent may request that BCPS not disclose the directory information of their child in school publications by checking the “opt out of disclosure in school publications” box on p. 1. (If you opt out of school publications, your child’s photo and directory information will not be published in the school’s yearbook/memories book.)

- **IN BCPS/SYSTEMWIDE PUBLICATIONS**
  - These publications include: (1) school information calendar; (2) student handbooks; (3) meeting/conference handouts/programs; (4) brochures; (5) annual budget; and (6) other means. A parent may request that BCPS not disclose the directory information of their child in systemwide publications by checking the “opt out of disclosure in BCPS/systemwide publications” box on p. 1.

- **IN BCPS/SYSTEMWIDE AND SCHOOL COMMUNICATIONS**
  - These communications include: (1) BCPS/school television; (2) BCPS/school Web sites; (3) BCPS/school social media (e.g., Facebook, Instagram, Twitter, Flickr, Blogs, etc.); and (4) other BCPS/school communications. A parent may request that BCPS and schools not disclose the directory information of their child in communications by checking the “opt out of disclosure in BCPS/systemwide and school communications” box on p. 1.

- **TO OUTSIDE NEWS MEDIA ORGANIZATIONS**
  - There are times when BCPS may send a story of interest regarding a school to various media. These news media organizations include local and national TV and radio stations, newspapers or magazines. A parent may request that BCPS not disclose the directory information of their child to the media by checking the “opt out of disclosure to outside news media organizations” box on p. 1.

- **TO A THIRD PARTY OTHER THAN NEWS MEDIA**
  - Directory information may be provided to individuals and organizations outside of BCPS (e.g., PTAs and booster organizations, state and county agencies, level 2 apps, and other third parties.) A parent may request that BCPS not disclose the directory information of their child to a third party by checking the “opt out of disclosure to a third party other than news media” box on p. 1.

**NOTE:** The Student Privacy Options on Page 1 do not include videotaping by security cameras in school or on school buses or for pictures used for student ID cards or badges, nor do the privacy preferences apply to school activities or events that are open to the public.

**MILITARY RECRUITERS AND/OR INSTITUTIONS OF HIGHER EDUCATION (SECONDARY STUDENTS ONLY)**

Federal law requires BCPS to provide, on a request made by a military recruiter or institution of higher education, access to the name, address and telephone number of each secondary school student, unless the parent has notified the school principal in writing that this information not be disclosed. State law also requires BCPS to provide the same information to official recruiting representatives of the military forces of this state and the United States in order to inform students of educational and career opportunities available in the military. Parents must request that their child's name, address and telephone listing not be disclosed to military recruiters and institutions of higher education by checking the appropriate opt-out box(es) on p. 1.

**PHOTOGRAPHY/FILMING BY OUTSIDE NEWS MEDIA ORGANIZATIONS OPT-OUT**

There are times when a school may be featured in various media. News reporters, photographers and/or film crews from TV, radio stations, newspapers or magazines may wish to photograph or film your child during the school day in relation to a story about our schools or students. A parent may request that the media not photograph or film their child by checking the “outside news media opt-out” box on p. 1.

**STUDENT INTELLECTUAL PROPERTY OPT-OUT**

BCPS may publish and/or display a student's intellectual property and/or a student's publications/products created during school-sponsored activities and/or learning experiences. Student-created works may be displayed in schools, at school-sponsored events or used in BCPS publications or communications through digital and print media including: school newsletters, yearbooks/memories books, BCPS/school Web sites, social media sites (e.g., Facebook, Instagram, Twitter, Flickr, Blogs, etc.); the school system's cable television channel; brochures or by other means. Intellectual property includes, but is not limited to: (1) Patented and potentially patentable works (processes, machines, manufactures or compositions of matter); devices; and supporting technology and know-how that is required for development or application of any of the foregoing; (2) Copyrightable material, such as text (manuscripts, books and articles); videos and motion pictures; audio sound recordings, lyrics and scores; images (print, photographs and art); and computer software (programs, databases and Web pages). A parent may request that their child's intellectual property and publications/products not be published or displayed by any means by checking the opt-out box on p. 1. (If you opt out, your child's intellectual property will not be displayed in the school or by any other means.)

**NOTE:** A student's work will appear with the student's first and last names or with a group name, school, and grade. Your school will assume that you have not opted out of the disclosure of your child's information, unless you submit your Student Privacy Options no later than October 1 or within 30 days of enrollment in a BCPS school.

**PARENT/ELIGIBLE STUDENT (18 YEARS OR OLDER) SIGNATURE**

<table>
<thead>
<tr>
<th>Parent/Eligible Student Name (Print)</th>
<th>Parent/Eligible Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Note: The opt-out preferences noted on Page 1 are for the CURRENT SCHOOL YEAR ONLY.

If you wish to make changes to your Student Privacy Options, you must submit new privacy options to your child's school.

*** Please discuss your opt-out preferences with your child ***

Printed on: Thursday, June 28, 2018 at 02:23 PM  Page 5
Baltimore County Public Schools  
Northwest Academy of Health Sciences  
Annual Student Information Review for School Year 2019-2020

First Name ________________________  Last Name ________________________  Grade ______

Address ____________________________________________________________________________  Date Of Birth ______

To change the address, proof of residency is required. Contact your school for more information.

<table>
<thead>
<tr>
<th>Siblings (attending BCPS)</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reside with student (yes or no)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Primary Guardian Contact: Contact in the event of a student absence, school closing or other emergency.

Primary Guardian Name: ________________________

Guardian Relationship: ________________________

Resides with Student: [ ] Yes [ ] No

Address: ____________________________________

City, State, Zip Code: ________________________

Email: ______________________________________

Home Numbers: ________________________ ________

Receive Texts? (Y/N) [ ] Yes [ ] No

In addition to emergency notifications, the contact listed above may receive calls, emails, texts, and pre-recorded messages regarding non-emergent information. Non-emergent information is that which does not pertain to a school closing, medical or safety emergency. Non-emergent information includes, but is not limited to: school calendar updates, student testing reminders, Superintendent’s messages, school activities, and notifications pertaining to your student’s daily activities, school responsibilities or events.

If you would like non-emergent notifications to be sent to a different number, please specify below:

Non-Emergent Number: ________________________ ________

If you would like to opt out of non-emergent notifications, sign below. Note: Your signature confirms that you will not receive calls regarding non-emergent information. Signature: ________________________ 

Parents/Guardians may submit opt-out preferences for students in BCPS One through September 30th by logging into BCPS One (https://bcpsone.bcps.org/) and navigating to the Student Information tile. To change opt-out preferences after September 30th, contact your student’s school.

Secondary Guardian Contact: Contact to be called if primary guardian contact cannot be reached.

Secondary Guardian Name: ________________________

Guardian Relationship: ________________________

Resides with Student: [ ] Yes [ ] No

Address: ____________________________________

City, State, Zip Code: ________________________

Email: ______________________________________

Printed on: Tuesday, July 09, 2019 at 07:23 AM
Annual Student Information Review for School Year 2019-2020

Student First Name ___________________________ Student Last Name ___________________________

In case of an incident or serious illness, school staff will contact a parent/guardian. In the event parents/guardians cannot be reached, please list people that may be contacted to pick up your student if necessary. If a parent/guardian or additional contact cannot be reached in a medical emergency, school staff will contact the child's physician/dentist listed on the health form. School staff may also make necessary arrangements, including calling an ambulance and transporting your student to the hospital.

NOTE: All early dismissals must be approved by a parent/guardian in writing.

Additional Contacts: People to whom student can be released from school.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Telephone</th>
<th>Home, Work, Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Secondary students with cell phones may opt to receive text messages from the automated calling system in a school emergency. If you would like your student to receive emergency text notifications, please list the student's cell phone number below.

Student Cell Phone Number: ________

NOTE: All parties that provide telephone numbers may receive calls or text messages from the automated calling system in a school emergency. Message and data rates may apply.

Upon notification by school staff, I agree to send my child home by taxi/cab if necessary. I also agree to be responsible for calling the cab and for payment of the cab. □ Yes □ No

Does the student have a parent/guardian on full-time duty in the active military services of the United States or on full-time National Guard duty? □ Yes □ No

Do you want your child to participate in the Maryland Youth Tobacco & Risk Behavior Survey? (See the MYTRBS Fact Sheet, also enclosed, for more information)

□ DO NOT permit my child to participate in the Maryland Youth Tobacco & Risk Behavior Survey (MYTRBS)

BCPS One (https://bcpsone.bcps.org/) is a digital ecosystem that supports teaching and learning by providing users the opportunity to engage in the educational process through access to online tools, resources, and student progress. View only access to BCPS One allows a user to view student information such as attendance and report cards, as well as access the Learning Management System. Granting BCPS One view only access does not authorize the person to make any decisions regarding the student's educational program or participate in school conferences. To grant view only access to people other than parents/legal guardians, list their information below and check by their name to APPROVE. People that have previously been granted view only access by a parent/guardian will be listed below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Email Address</th>
<th>Check here to APPROVE BCPS One View Only Access</th>
<th>Check here to REMOVE BCPS One View Only Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ No</td>
<td>□ NA</td>
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<tr>
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<td>□ No</td>
<td>□ NA</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>□ No</td>
<td>□ NA</td>
</tr>
</tbody>
</table>
Annual Student Information Review for School Year 2019-2020

Student First Name ___________________________ Student Last Name ___________________________

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child, UNLESS a parent has a court order that indicates otherwise. The school MUST HAVE A COPY OF THE CURRENT COURT ORDER on file.

☐ I have provided the school with legal papers for the student.

NOTE: Legal papers include custody papers, protective and/or peace orders, and other court orders.

I certify all information on this form is correct and up-to-date. ___________________________ / __/ __

Parent/Guardian Signature Date
New Student Health History

Last Name: ___________________________ First Name: ___________________________ Grade: _____ Gender: Male / Female

Last school your child attended? ___________________________ DOB: ____________________________

Has your child traveled or resided outside of the U.S. in the past year? ___ Yes ___ No

If yes, list countries: ____________________________

Where do you usually take your child for routine medical care?

Name: ___________________________ Phone Number: ____________________________

Does your child take any medication?  ___ Yes  ___ No  If yes, list medications: ____________________________

Does your child require any special health treatments or procedures (e.g. tube feeding or catheterization)?  ___ Yes  ___ No

If yes, describe: ____________________________

Where do you usually take your child for routine dental care?

Name: ___________________________ Phone Number: ____________________________

To the best of your knowledge, has your child had any of the following?

<table>
<thead>
<tr>
<th>Condition/Problem</th>
<th>Yes</th>
<th>No</th>
<th>If yes, describe:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prematurity</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Birth defect</td>
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<td></td>
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<tr>
<td>Incontinence problems</td>
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<tr>
<td>Bleeding problems</td>
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<td></td>
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<tr>
<td>Lead poisoning</td>
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<tr>
<td>Sickle Cell Disease</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Anaphylaxis</td>
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<td></td>
<td></td>
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<tr>
<td>Seasonal allergies</td>
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<td></td>
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<tr>
<td>Food Allergies</td>
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<td></td>
<td></td>
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<tr>
<td>Behavioral/emotional problems like ADHD, depression</td>
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<td></td>
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<tr>
<td>Concussion or traumatic brain injury</td>
<td></td>
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<tr>
<td>Migraines</td>
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<td></td>
<td></td>
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<tr>
<td>Learning problems/disabilities</td>
<td></td>
<td></td>
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<tr>
<td>Seizures</td>
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<td></td>
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<tr>
<td>Speech problems</td>
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<tr>
<td>Ear or hearing problems</td>
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<td></td>
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<tr>
<td>Eye or vision problems</td>
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<tr>
<td>Dental problems</td>
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<tr>
<td>Asthma or breathing problems</td>
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<tr>
<td>Heart problems</td>
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<tr>
<td>Stomach problems</td>
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<tr>
<td>Bowel problems</td>
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<tr>
<td>Bladder problems</td>
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<tr>
<td>Musculoskeletal problem (including cerebral palsy)</td>
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<td></td>
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<tr>
<td>Limited physical activity</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

Hospitalization: (please list all)

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Reason(s)</th>
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</thead>
</table>

Surgery: (please list all)

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Reason(s)</th>
</tr>
</thead>
</table>

Parent Signature: ___________________________ Telephone: ___________________________ Date: ___________________________

Parent Address: ___________________________

BERCO 5443-3A
Consent for Administration of Approved Discretionary Medications and Health Contact Information

Last Name: ____________________  First Name: ____________________  Date of Birth: ____________________  
School: ____________________  Grade/Teacher: ____________________

Allergies (include all allergies): ____________________  
List all medications your child receives on a regular or as needed basis: ____________________

Medical/Health Problems: My Child is followed by a healthcare provider for: (Check all that apply) 
☐ Asthma  ☐ ADHD  ☐ Diabetes  ☐ Migraines  ☐ Seizures  ☐ Other (describe) ____________________

Is there a health problem that would prevent full participation in the school program or physical education program? 
☐ No  ☐ Yes  Describe: ____________________

I would like the following medication(s) made available to my child: (please check) 

For Headache/Fever/Burns/Earache/Muscle Aches/Pain/Menstrual Cramps
☐ Acetaminophen (like Tylenol)  ☐ Ibuprofen (like Advil) (age 12 and older/age 9 for menstrual cramps)

For Mild Allergic Reactions
☐ Diphenhydramine (like Benadryl)  ☐ Cough Drops

For Coughs/Sore Throats
☐ For Upset Stomach
☐ Chewable Antacid Tablets (like Tums)

For Diaper Rash
☐ Zinc Oxide

☐ I do not want any medication given to my child in school.

Contact Information
Parent/Guardian 1 Name: ____________________  Parent/Guardian 2 Name: ____________________
Parent/Guardian 1 Home Phone: ____________________  Parent/Guardian 2 Home Phone: ____________________
Parent/Guardian 1 Cell: ____________________  Parent/Guardian 2 Cell: ____________________
Parent/Guardian 1 Work: ____________________  Parent/Guardian 2 Work: ____________________
Parent/Guardian 1 EMAIL: ____________________  Parent/Guardian 2 EMAIL: ____________________
Parent/Guardian Home Address: ____________________

Persons to whom student may be released other than parent:
Name: ____________________  Phone Number(s): ____________________
Name: ____________________  Phone Number(s): ____________________

Do you need assistance in obtaining health insurance for your child?  No ☐  Yes ☐

I understand that the above medications I have checked will be administered by the Registered Nurse/School Nurse in accordance with established protocols developed by the Chief Physician of School Health Services for the Baltimore County Department of Health and the Coordinator of Health Services for Baltimore County Public Schools. I understand that generic equivalent of medications may be used. My signature authorizes the release of my child to the persons listed on this page.

Signature of Parent: ____________________  Date: ____________________

BEBCO 0881-19A
Baltimore County Public Schools
Consent For Release of Student Records

Instructions: This form authorizes the Baltimore County Public Schools to disclose personally
identifiable information from the student record. Complete the form, sign where indicated and return
the completed form to the principal where the student is enrolled.

Student Information
Student’s Last Name
First Name
Middle Initial
Mailing Address
City/State/Zip
School

Student Record(s) Authorized To Be Released (Mark All That Apply)

☐ Cumulative
☐ Health
☐ Discipline
☐ Psychological
☐ Special Education

☐ Other, please specify:

Person To Whom Records Are To Be Released

NORTHWEST ACADEMY OF HEALTH SCIENCES
4627 OLD COURT ROAD
BALTIMORE, MD 21208

Company Name
State

Authorization and Certification

I certify that I am the parent and legal guardian of the student, or eligible student if age 18 or over.

I hereby authorize Baltimore County Public Schools to release the student record(s) identified above. I
understand that the recipient of the student record(s) will use the record(s) for legitimate interests only
and that the information contained therein shall not be further transferred or communicated to any other
party or agency without my expressed written consent except under authority of the Educational Rights

Parent/Guardian Name (or eligible student) (Please Print)

Parent/Guardian Signature (or eligible student) Date

Last Revised: 05/24/2016