

ENROLLMENT INFORMATION FOR PARENTS/GUARDIANS

If you are enrolling your student in Wicomico County Public Schools for the first time, please complete the following forms:

- ❖ Student Personal Data and Enrollment Information Form
- ❖ Maryland Schools Record of Physical Examination
- ❖ Personal Race and Ethnicity Form
- ❖ PreK3 or PreK 4 Application (if applicable)
- ❖ PreKindergarten Experience Form (PreK3 – Kindergarten)
- ❖ Survey of Children (PreK3 – Kindergarten only)
- ❖ Judy Center Partnership Center Form (Beaver Run and Pemberton PreK3 – Kindergarten only)

You will need to bring the following items with you in order to register your student:

- ❖ Birth certificate
- ❖ Social security card
- ❖ Proof of Income for Pre-Kindergarten 3 and 4 years of age ONLY “Previous year income tax form or W-2”
 - 4 most current consecutive pay stubs
 - State of Maryland Benefit Eligibility Letter (*if applicable*)
- ❖ Immunization records and record of current physical
- ❖ IEP or 504 (if applicable)
- ❖ Court custody papers (if applicable)
- ❖ Transcript or current report card (if applicable)
- ❖ 2 forms of proof of residency...
 - Home Owner
 - Mortgage/property tax bill plus one of the following:
 - Current gas bill that states service address
 - Current water bill that states service address
 - Current electric bill that states service address
 - Renter/Lessee
 - Current rental/lease agreement plus one of the following:
 - Current gas bill that states service address
 - Current water bill that states service address
 - Current electric bill that states service address

All residency items listed above must be in the parent’s or legal guardian’s name.

If you live with someone and all bills are in that person’s name, please complete the paperwork for “shared residency”. This will require that both the parent/guardian and the person with whom s/he lives provide licenses or picture/photo identification in addition to the person in whose name is listed on the mortgage/lease being provided as proof of residency.



Student Personal Data and Enrollment Information

School Year _____ Grade _____

STUDENT INFORMATION: Legal Name Only				
First Name		Middle Name		Last Name
Date of Birth (MM/DD/YYYY)	Gender	Place of Birth	Home Address (House Number/Street /Road)	City / State /Zip Code
Mailing Address (P O Box /City / State / Zip Code)			Information about school student last attended ...	
			Name of School / City / State/ Zip Code	
Is enrollment in WCPS the result of a natural disaster? YES ___ LOCATION _____ NO ___			Does the student... Have an IEP? Yes ___ No ___	
If place of birth is outside US, please respond to the following questions: When did the student enter the US for the first time? _____			Have a 504 Plan? Yes ___ No ___	
Has the student attended one or more schools in the US for more than 3 full years? YES ___ No ___			Speak English fluently? Yes ___ No ___	
Has your child had any interrupted school time prior to enrollment in a US school? YES ___ No ___				
If "YES", please note date(s) of interruption from _____ to _____				
Military Connection:				
Is the student military connected as a result of the status of one or more of the student's parents or guardians on Active Duty, in the National Guard or in the Reserve components of the United States military services?				
<p>_____ <u>No</u>, student is not military connected.</p> <p>_____ <u>Yes</u>, student is military connected. Student is a dependent of a member of the Active Duty Forces (full time) Army, Navy, Air Force, Marine Corps, or Coast Guard, National Guard or Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard). Which branch? _____ Name of Parent or Guardian? _____</p> <p>_____ <u>Unknown</u>; It is unknown whether or not the student is military connected.</p>				

PARENT/GUARDIAN INFORMATION: Please note that identification of parent/guardian must be verified by birth certificate or other legal document.						
First Name		Middle Name		Last Name		Relationship to Student
Street Address				City		State / Zip code
Home Number	Cell Number	Employer's Name		Work Number	Lives with Student? Yes ___ No ___	
				Parent Email:		
Interpreter Needed? Y ___ N ___ Home Language _____				Receive School Mailings? Yes ___ No ___		
First Name		Middle Name		Last Name		Relationship to Student
Street Address				City		State / Zip code
Home Number	Cell Number	Employer's Name		Work Number	Lives with Student? Yes ___ No ___	
				Parent Email:		
Interpreter Needed? Yes ___ No ___ Home Language _____				Receive School Mailings? Yes ___ No ___		

SIBLING INFORMATION			
Name of Sibling	Date of Birth	School Attending	Grade

ADDITIONAL EMERGENCY CONTACTS – Please provide contact information for people willing to be called to come to school in the event of an emergency involving your child or if s/he is sick and we are unable to contact you.

CONTACT 1 – First Name	Middle Name	Last Name	
Street Address	City	State/Zip Code	
Home Number	Cell Number	Work Number	Relationship to Student
CONTACT 2 – First Name	Middle Name	Last Name	
Street Address	City	State/Zip Code	
Home Number	Cell Number	Work Number	Relationship to Student
Emergency Medical Contact – Will Only Be Called If Needed			
Name of Doctor _____		Business/Office Phone Number _____	

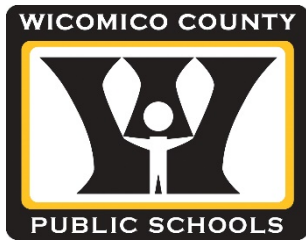
TRANSPORTATION: Please provide transportation information for travel both to and from school.	
Pick-Up Address (to school)	Drop-Off Address (from school)
Travel by School Bus ___ Parent(s) ___ Walker ___	Travel by School Bus ___ Parent(s) ___ Walker ___
Please provide daycare information if the bus pick-up location is not the student's home address.	Please provide daycare information if the bus drop-off location is not the student's home address.
_____ Phone Number _____	_____ Phone Number _____
Name of Daycare Provider	Name of Daycare Provider
_____	_____
Street Address	Street Address
_____	_____
City, State, and Zip Code	City, State, and Zip Code

RELEASE OF INFORMATION TO MILITARY RECRUITERS: (This section is to be completed by parents/guardians of high school students and/or high school students age 18 and older.)
<p>Federal Law requires that the school system provide on request to military recruiters student names, addresses, and telephone listings unless parents/guardians (or the student if age 18 or older) opt out of having information provided to military recruiters. The school will report a list of students whose names will not be provided to military recruiters to the Board of Education twice each year.</p> <ul style="list-style-type: none"> Students over 18 and parents/guardians who do not want a student to opt out of having information provided to military recruiters should leave the box below blank. Students over 18 and parents/guardians who wish to opt out of having the student's name, address, and phone listing provide to military recruiters should check the box below. <p><input type="checkbox"/> Do not release contact information (opt out).</p> <p>Student's Name (Please print.) _____</p> <p>Printed Name of Parent/Guardian or Student (if age 18 or older) _____</p> <p>Signature of Parent/Guardian or Student (if age 18 or older) _____</p>

Signature Required

I verify with my signature that all of the information provided on this form is true and accurate.

Printed Name _____ Signature _____ Date _____



Publicity for Student Activities, Right to Opt Out of Publicity

Each school year provides many opportunities to publicize and celebrate our students. Publicity may take many different forms, including but not limited to: photographs and video shown in school; news releases; photos and video submitted to television, radio and newspapers; media interviews, stories, photography and video for television, newspaper or radio stories (at the discretion of the principal); school system displays; special events; postings on school web pages and/or the Board of Education website or other online sites associated with the school or school system, including social media; or online instruction-related activities.

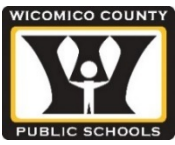
Publicity can be part of a positive school experience for students, and this school and Wicomico County Public Schools (WCPS) are very proud to publicize students' accomplishments. Parents and guardians do have the right to opt out of publicity for a student, however.

Each student's publicity permission status is recorded in our student data management system as either Approved or Denied. As a convenience to our school families going forward, the recorded publicity permission status will continue into the new school year with continuing students.

- **Parents/guardians of continuing WCPS students who would like their student to continue to be included in publicity opportunities (Approved) OR not included in publicity (Denied) do not need to take any action on this notice.**
- **Parents/guardians who wish to change the publicity permission status for their continuing WCPS student may notify the student's school by providing a written request to approve or deny publicity permission at any time.**
- **Parents/guardians of newly enrolled students in WCPS will receive a copy of this notice at enrollment and will have 14 days from the student's first day in Wicomico County Public Schools to provide a written request to opt out of publicity (Denied) for the student. Parents/guardians who would like their student to be included in publicity opportunities (Approved) do not need to take any action on this notice. However, during the initial 14 days, the new student will not be included in any publicity unless the parent/guardian informs the school that the student can be listed as Approved.**

Please note that certain school events are public in nature, and publicity in the form of photographs, video, social media posts, etc. is often not within the control of the school or school system. This includes events such as concerts, awards programs, extracurricular activities and athletic events, county competitions, the countywide art show, and year-end events such as promotion ceremonies and high school commencement ceremonies. Student names will appear in event programs, on honor roll lists, on artwork and in yearbooks (along with a photograph) unless the parent/guardian makes a **separate** specific written request that the student's name and/or image be withheld.

Please contact your student's school if you have any questions. Thank you.



PERSONAL RACE AND ETHNICITY FORM

Federal and State laws require the use of the following racial and ethnic classification for students in public schools in Maryland. Please complete **BOTH Part 1 and Part 2** of this form.

Student's Legal Name: _____			
Last	First	Middle	Suffix
Student's Social Security Number: _____-_____-_____		Date: _____	

Directions: PART 1

Read the definition below and place an "X" in the box that indicates the student's heritage. If this form is NOT completed, the ethnicity will be coded as "NO – Not Hispanic or Latino".

Hispanic or Latino – A person who is 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".

PART 1: Are you Hispanic or Latino? CHECK ONE: Yes No

Directions: PART 2

Using the descriptions below, place an "X" in the box or boxes that best indicate the student's race. You must select at least one race, regardless of Hispanic or Latino ethnicity. More than one response can be selected. If this form is NOT completed, the student's race will be identified by a school district staff member.

PART 2: Check one or more races:

	1	<i>American Indian or Alaska Native</i>	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	<i>Asian</i>	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	<i>Black or African American</i>	A person having origins in any of the black racial groups of Africa
	4	<i>Native Hawaiian or Other Pacific Islander</i>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
	5	<i>White</i>	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

I verify the information on this form is accurate.

OR

Sign here only if you refuse to identify race.

As the student (18 or older) or parent/guardian of the student listed on this form, I **refuse to identify** race and ethnicity.

Student (18 or older), Parent/Guardian Signature Date

Student (18 or older), Parent/Guardian Signature (only if refusing to identify) Date

Observer signs only if student (18 or older) or parent/guardian refuses to identify race and ethnicity.

I am the **observer who identified** the student listed on this form.

Signature and Title of School Official (only if student (18+), parent/guardian refuse) Date



Wicomico County Public Schools
Home Language Survey

School Year _____
Current Grade Level _____

School Name _____

Student Legal Name _____
Legal Guardian _____
Address _____
Phone Number (_____) _____ Email Address _____

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?

Please answer questions below:

Section A: Student's date of birth: ___/___/___ Was your child born in the United States? Yes No
MM DD YYYY

If Yes, in which state? _____ If No, in what other country? _____

If No, date child entered the United States: ___/___/___
MM DD YYYY

Section B:

Has your child attended any school in the United States for three years during their lifetime? Yes No

If yes, please provide school name(s), state, and dates attended:

Name of school _____ State _____ Dates attended from _____ to _____

Name of school _____ State _____ Dates attended from _____ to _____

Name of school _____ State _____ Dates attended from _____ to _____

Interrupted Schoolings:

Has your child had any interrupted school prior to enrollment in a U.S. school? Yes No

If yes, date of interruption from _____ to _____

Section C:

- 4. Please check if your student is:
a. Native American Indian
b. Alaska Native
c. Native Pacific Islander
d. Native U.S. Virgin Islander
5. Is your child's first-learned or home language anything other than English? Yes No
6. In what country did your child most recently reside?
7. Please describe the language understood by your child. (Check only one)
Understands only the home language and no English.
Understands mostly the home language and some English.
Understands the home language and English equally.
Understands mostly English and some of the home language.
Understand only English.

Legal Guardian Signature

Date

Table with 4 columns: Student ID #, Date Distributed, Date Received, and Office Use Only.

**Maryland Schools
Record of
Physical Examination**

To Parents or Guardians:

In order for your child to enter a Maryland Public school for the first time, the following are required:

- **A physical examination by a physician or certified nurse practitioner must be completed within nine months prior to entering the public school system or within six months after entering the system.** A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement. (<http://www.dsd.state.md.us/comar/13a/13a.05.05.07.htm>)
- **Evidence of complete primary immunizations against certain childhood communicable diseases is required for all students in preschool through the twelfth grade.** A Maryland Immunization Certification form for newly enrolling students may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend school. This form can be found at: <http://www.edcp.org/pdf/DHMH896new.pdf>.
- **Evidence of blood testing is required for all students who reside in a designated at risk area when first entering Pre-kindergarten, Kindergarten, and 1st grade.** The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at: <http://www.fha.state.md.us/och/pdf/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf>.

Exemptions from a physical examination and immunizations are permitted if they are contrary to a students' or family's religious beliefs. Students may also be exempted from immunization requirements if a physician/nurse practitioner or health department official certifies that there is a medical reason not to receive a vaccine. Exemptions from Blood-Lead testing is permitted if it is contrary to a families religious beliefs and practices. The Blood- lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

The health information on this form will be available only to those health and education personnel who have a legitimate educational interest in your child.

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered in school, you must have the physician complete a medication administration form for each medication. This form can be obtained at <http://www.marylandpublicschools.org/NR/rdonlyres/8D9E900E-13A9-4700-9AA8-5529C5F4C749/3341/medicationform404.pdf>. If you do not have access to a physician or nurse practitioner or if your child requires a special individualized health procedure, please contact the principal and/or school nurse in your child's school.

Maryland State Department of Health and Mental Hygiene Maryland State Department of Education

Records Retention - This form must be retained in the school record until the student is age 21.

PART I - HEALTH ASSESSMENT

To be completed by parent or guardian

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
Address (Number, Street, City, State, Zip)			Phone No.	
Parent/Guardian Names				
Where do you usually take your child for routine medical care?			Phone No.	
Name:		Address:		
When was the last time your child had a physical exam? Month			Year	
Where do you usually take your child for dental care?			Phone No.	
Name:		Address:		
ASSESSMENT OF STUDENT HEALTH To the best of your knowledge has your child any problem with the following? Please check				
	Yes	No	Comments	
Allergies (Food, Insects, Drugs, Latex)				
Allergies (Seasonal)				
Asthma or Breathing Problems				
Behavior or Emotional Problems				
Birth Defects				
Bleeding Problems				
Cerebral Palsy				
Dental				
Diabetes				
Ear Problems or Deafness				
Eye or Vision Problems				
Head Injury				
Heart Problems				
Hospitalization (When, Where)				
Lead Poisoning/Exposure				
Learning problems/disabilities				
Limits on Physical Activity				
Meningitis				
Prematurity				
Problem with Bladder				
Problem with Bowels				
Problem with Coughing				
Seizures				
Serious Allergic Reactions				
Sickle Cell Disease				
Speech Problems				
Surgery				
Other				
Does your child take any medication? No Yes Name(s) of Medications: _____				
child on any special treatments? (nebulizer, epi-pen, etc.) No Yes Treatment _____				
Does your child require any special procedures? (catheterization, etc.) No Yes				
Parent/Guardian Signature _____			Date: _____	

PART II - SCHOOL HEALTH ASSESSMENT
To be completed **ONLY** by Physician/Nurse Practitioner

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
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1. Does the child have a diagnosed medical condition?
 No Yes _____

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is at school? (e.g., seizure, insect sting allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE. Additionally, please "work with your school nurse to develop an emergency plan".
 No Yes _____

3. Are there any abnormal findings on evaluation for concern?
 Evaluation Findings/CONCERNS

Physical Exam	WNL	ABNL	Area of Concern	Health Area of Concern	YES	NO
Head				Attention Deficit/Hyperactivity		
Eyes				Behavior/Adjustment		
ENT				Development		
Dental				Hearing		
Respiratory				Immunodeficiency		
Cardiac				Lead Exposure/Elevated Lead		
GI				Learning Disabilities/Problems		
GU				Mobility		
Musculoskeletal/orthopedic				Nutrition		
Neurological				Physical Illness/Impairment		
Skin				Psychosocial		
Endocrine				Speech/Language		
Psychosocial				Vision		
				Other		

REMARKS: (Please explain any abnormal findings.)

4. **RECORD OF IMMUNIZATIONS** – DHMH 896 is required to be completed by a health care provider or a computer generated immunization record must be provided.

5. Is the child on medication? If yes, indicate medication and diagnosis.
 No Yes _____
(A medication administration form must be completed for medication administration in school).

6. Should there be any restriction of physical activity in school? If yes, specify nature and duration of restriction.
 No Yes _____

7. Screenings	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		
Lead Test	Optional	

PART II - SCHOOL HEALTH ASSESSMENT - continued
To be completed **ONLY** by Physician/Nurse Practitioner

(Child's Name) _____ has had a complete physical examination and has:

no evident problem that may affect learning or full school participation problems noted above

Additional Comments:

Physician/Nurse Practitioner (Type or Print)

Phone No.

Physician/Nurse Practitioner Signature

Date