

In order to make registration a brief and pleasant experience, we ask that you schedule an appointment with staff at the school your where your child will be attending. Please bring the following items with you to complete this process:

- **Proof of Birth** – This can be a birth certificate, passport/visa, physician’s certificate, baptism/church certificate, hospital certificate, birth registration.
- **Immunization Record**
- **Social Security Card/Number**
- **Proof of Residency**
 - ✓ A signed lease agreement **plus** one item from the supplemental proof list OR;
 - ✓ A signed deed **plus** a State Department Assessment Tax (SDAT) form downloaded by counselor **plus** one item from the supplemental proof list OR;
 - ✓ A current electric bill **plus** two items from the supplemental proof list.

Supplemental proof list: (The name and address on the Supplemental Proof(s) must match the name and address on the Primary Proof)

- ✓ Driver’s license
- ✓ W2 form
- ✓ Bank Statement
- ✓ Voter Registration card
- ✓ Pay Stub
- ✓ Income tax return

If the parent/guardian cannot produce proof of residency because they are living with someone else, then both the parent and the resident must complete a Residency Verification Form. The parent enrolling the child must show two proofs of residency – driver’s license, I.D. card, voter registration, pay check stub, etc.

- **Custody Information if applicable**
Parent registering the child must produce court papers showing legal and primary physical custody. The parent registering must also produce a notarized letter from the other biological parent stating approval for the child to attend Talbot County Public Schools OR a signed letter stating that he/she is unable to contact the other birth parent.
- **Transfer Record from prior school that shows most recent grade placement and need of special services if applicable.**
- **Proof of Income (only for PK registrations)**
- **Photo ID of parent/guardian completing registration**

Student Information

Student Name (First, Middle, Last)	
DOB	
Place of Birth	
Gender	
Mailing Address	
Street Address	
City/State/Zip	
Primary Phone #	
Primary Language of Student	
Primary Language in Home	
Who Does Student Reside With?	

Is McKinney-Vento applicable? Yes No If yes, is student unaccompanied youth? Yes No

Is student in Informal Kinship Care? Yes No

*****If yes to either of the above, the appropriate affidavit must be completed and immediately sent to Student Services*****

Is the student in foster care? Yes No

*****If yes, the Agency Placement Form must be completed and immediately sent to Student Services*****

Is student military-connected? Yes No *(Student's parent/guardian is on active duty, in National Guard, or in the Reserve components of the United States Military Services)*

Does student have a 504 plan? Yes No Does student have an IEP? Yes No

Prior School Information

Name of Last School Attended (Include County/State)	
Contact Person/Phone #	
Last Date of Attendance & Most recent Grade Level	

Parent/Guardian Information

<input type="checkbox"/> Parent # 1		<input type="checkbox"/> Parent # 2	
<input type="checkbox"/> Guardian # 1		<input type="checkbox"/> Guardian # 2	
Name (First, Last)		Name (First, Last)	
Mailing Address		Mailing Address	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Primary Phone #		Primary Phone #	
Work Phone #		Work Phone #	
Employer		Employer	
Email		Email	
If address is different from student, should this person receive student information? <input type="checkbox"/> Yes <input type="checkbox"/> No		If address is different from student, should this person receive student information? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Adult Living at Student's Residence (Name/Relationship) _____

Is there another parent who should receive student information? Yes No If yes, please list name & address:

Emergency Contacts

Name	Relationship	Phone 1	Phone 2

Doctor Name/Phone: _____ Dentist Name/Phone: _____

Health Information

List medications taken regularly at home at school _____

List any life-threatening allergies _____

Sibling Information (if applicable)

Name	DOB

Daycare Information (if applicable)

Name of Provider	
Address of Provider (Street/City/State/Zip)	

Does student attend AM PM

Disclaimer

Student, _____, has been enrolled on the basis of the information provided by the parent/guardian.

Parent/Guardian signature & date: _____

School Official signature & date: _____

*****For School Use Only*****

Local ID #:	Assigned School:	Enrollment Date:
SS#:	School Attending:	Enrollment Code:
Lunch #:	Out of Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment Grade:

Number of service learning hours to date: _____

HSA/PARCC Scores: _____

Has student ever been home-schooled: Yes No If yes, in what grade(s)? _____

Student is a Walker Car Rider Bus Rider

If a Bus Rider, AM Bus # _____/AM pick-up location: _____

PM Bus # _____/PM drop-off location: _____

Early Care & Educational Experience Prior to Kindergarten (Check all that apply):

- Home/Informal Care
 Head Start
 PK
 Childcare Center
 Family Childcare
 Nonpublic Nursery School
 Kindergarten(repeated)
 Parents as Teachers
 Even Start
 HIPPPY
 Preschool Special Education
 Local Infant & Toddler Program
 Judy Center

Child attended program(s) Full Day or Half Day

Talbot County Public Schools
12 Magnolia Street
P.O. Box 1029
Easton, MD 21601
PH: 410-822-0330 Fax: 410-822-3919

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, authorize and/or request Talbot County
(Parent's Name)

Public Schools to furnish and/or obtain from _____
(School Transferring From)

psychological, medical and/or educational information concerning my son/daughter

(Student's Name)

I understand that all information is confidential and cannot be released without the express written permission of the parents or legal guardian.

DISCLOSURE OF PUPIL'S RECORD: FEDERAL LAW 99.31 "NO PARENT SIGNATURE REQUIRED FOR EDUCATION RECORDS SENT TO ANOTHER EDUCATION AGENCY."

Signature of Parent/Guardian

Date

Mailing Address

Phone

City, State, Zip

Race and Ethnicity Identification Form

To Parents/Guardians/Students:

Under Federal and State law the racial and ethnic classifications used to describe staff and students in public schools in Maryland have been modified.

Student's Legal Name:	Birth date:
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DIRECTIONS: Part 1

Read the definition below and place an "X" in the box that indicates your child's heritage.

If this form is **NOT** returned the ethnicity will be coded as **NO**, Not Hispanic or Latino.

Hispanic or Latino

A person of 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
	<input type="checkbox"/> Yes <input type="checkbox"/> No

DIRECTIONS: Part 2

Using the descriptions below, place an "X" in the box or boxes that indicate your child's race.

You must select at least one race, regardless of Hispanic ethnicity. More than one response may be selected.

If this form is **NOT** returned, your child's race will be identified by someone from the school district.

Part 2:	Check one or more races:	
1	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.	American Indian or Alaska Native
2	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.	Asian
3	A person having origins in any of the black racial groups of Africa.	Black or African American
4	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	Native Hawaiian or Other Pacific Islander
5	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	White

I verify the information on this form is accurate.

_____ **Parent/Guardian/*Student Signature**

_____ **Date**

As the Parent, Guardian or the *Student of the individual listed on this form, I refuse to re-identify my race and ethnicity.

_____ **Parent/Guardian/*Student Signature**

_____ **Date**

***A student must be 18 years of age or older to complete and sign this form.**

Office Use Only I am the observer who identified the individual listed on this form.	_____ Signature and Title	_____ Date
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