



New Student Information

MCPS Form 560-24
July 2017

Office of Shared Accountability, Records Unit
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS: This form is to be completed by parent/guardian or eligible student. For all students new to or reentering MCPS, the verification of the following must be presented at the time of enrollment: Montgomery County residency, age and immunizations, unless homeless.

STUDENT INFORMATION

Must match birth certificate or other evidence of birth

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Student's Preferred First Name _____

Social Security Number (not required) _____ - _____ - _____ Date of Birth ____/____/____ Male Female

School Name _____ MCPS ID# _____ Grade _____

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.

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? _____

PROOF OF AGE—(evidence of birth) Indicate which document was provided

- Birth Certificate
- Passport/Visa
- Physician's Certificate
- Baptismal or Church Certification
- Hospital Certificate
- Parent's Affidavit
- Birth Registration
- Other (Specify) _____

RESIDENCY

Street Address _____ City _____

State _____ Zip _____ E-mail Address _____

Primary Home or Cell Phone Number _____ - _____ - _____

Circumstances (if applicable)

- Homeless Child/Unaccompanied Youth (complete MCPS Form 335-77, *Homeless Status*)
- Informal Kinship Care (complete MCPS Form 334-17, *Affidavit: Children in Informal Kinship Care*)
- Maryland State Supervised Care (complete MCPS Form 560-35, *Enrollment of Child in Maryland State-Supervised Care and Transfer of Educational Records*)

Proof of Residency—MCPS Regulation JEA-RB, Enrollment of Students, requires a copy of one of the following unless homeless:

- Current property tax bill
- Current lease
- If lease is more than 1 year old, lease and current utility bill
- Shared Housing Disclosure Form (MCPS Form 335-74)

LANGUAGE FOR WRITTEN COMMUNICATION

- Amharic
- Chinese
- English
- French
- Korean
- Spanish
- Vietnamese

For the purpose of determining eligibility for immigrant services and/or exemption from certain tests, please provide the following information:

Was the student born outside of the United States? Yes No **If Yes:** How many months has the student been in U.S. schools? _____

Date student entered a U.S. **school** for the first time ____/____/____

IMMUNIZATIONS

Proof of immunization compliance—MCPS Regulation JEA-RB, *Enrollment of Students*, requires a copy of one of the following:

- Maryland Department of Health Immunization Certificate 896
- Computer-generated printout from doctor's office
- Other _____

ETHNICITY

1. **ETHNICITY DESIGNATION.** Read the definition below and check the box that indicates this student's heritage.

Is this student **Hispanic or Latino**? (Select one answer.) Yes No

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic or Latino**.

2. **RACE DESIGNATION.** Check the boxes that indicate this student's race. **You must select at least one race, regardless of ethnicity designation. More than one response can be selected. Indicate this student's race.** (Select all that apply.)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White



Student Emergency Information

Office of Student and Family Support and Engagement
Montgomery County Public Schools
Rockville, Maryland 20850

MCPS Form 565-1
February 2018
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INSTRUCTIONS: Please complete this form and return to your child's school as soon as possible.

| | | | | | |
|---|--|---|--|------------|------|
| Student Name (Last, First, Middle) | | | Student's Preferred First Name | | |
| Student ID | Grade | Section | Homeroom Teacher | | |
| Primary Phone | Date of Birth | GRADES 6-12 ONLY MYTRBS (see reverse) <input type="checkbox"/> May NOT Participate | GRADES 11 AND 12 ONLY <input type="checkbox"/> Do Not Release Contact Information to Military Recruiters. | | |
| Home Address | | Language Spoken at Home | Preferred Language for Correspondence <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Amharic | | |
| Bus Route # | Custody Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Contact School) | | | | |
| Is the student a dependent of a member of the active duty forces (full-time) Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or Reserve Forces (Army, Army National Guard of the U.S., Air National Guard of the U.S., Navy, Air Force, Marine Corps, or Coast Guard)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Name of Responsible Adult (Last, First, MI) (Contact First) | | | Name of Responsible Adult (Last, First, MI) | | |
| Work Phone | Cell Phone | | Work Phone | Cell Phone | |
| E-mail | | | E-mail | | |
| Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify) | | | Relationship to Student <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify) | | |
| If responsible adult cannot be reached, person to be contacted in case of emergency— Name (Last, First) | | | | | |
| Phone | Cell Phone | | E-mail | | |
| Relationship to Student | | | | | |
| Person Responsible for Student After School—Name (Last, First) (If other than responsible adults noted above) | | | | | |
| Address | | | | | |
| Phone | Cell Phone | | E-mail | | |
| Relationship to Student | | | | | |
| Physician/Authorized Health Care Provider Name | | | Physician/Authorized Health Care Provider Phone | | |
| Dentist/Hygienist Name | | | Dentist/Hygienist Phone | | |
| Hospital Preference | | | | | |
| Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check one) <input type="checkbox"/> Private <input type="checkbox"/> Health Choice (Medical Assistance) <input type="checkbox"/> Care for Kids | | | | | |
| School officials will administer first aid and/or take your child to a physician or hospital for emergency treatment in the event it appears necessary and responsible adults noted above cannot be contacted. (The rescue squad will be used as deemed necessary in emergency situations.) | | | | | |
| Does the student have an allergy to bee stings? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Information | | | | | |
| Does the student have an allergy to any foods and/or medications? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Information | | | | | |
| Does the student have any other allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Information | | | | | |
| Does student self-carry an Epinephrine Auto-Injector? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, MCPS Form 525-14 must be completed and returned to the school) | | | | | |
| Does student self-carry any other emergency medication (e.g., Asthma Inhaler)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, MCPS Form 525-13 must be completed and returned to the school) | | | | | |
| Are there any other medical considerations that you would like to share regarding this student? (e.g., Asthma or Breathing problems, Diabetes, Seizures, or other problem?) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes (Specify) | | | | | |
| Does the student have a health condition requiring possible emergency care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes (Specify) | | | | | |
| Currently prescribed medications (Optional) | | | | | |
| Is medication being administered by school staff on a continuing basis? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, MCPS Form 525-13 OR MCPS Form 525-14 must be completed and returned to the school) | | | | | |
| Printed Parent/Guardian Name | | | | | |
| Signature of Parent/Guardian | | | | | Date |

Bethesda-Chevy Chase High School

Incoming grade ____

ID # _____

Date ____/____/____

Health Room Emergency Information

Student's name _____

Sex ____ Birthdate ____/____/____

Address _____

School last attended: _____

If not a Montgomery County School (MCPS), did you ever attend MCPS? Yes ____ No ____

If yes, name of school _____ School Year _____

Entering or re-entering USA from a foreign country? Yes ____ No ____

Name of country _____

Date Entered _____

If re-entered, date left USA _____

Parent/Guardian: Father _____

Mother _____

Work Number _____

Work Number _____

Cell Number _____

Cell Number _____

Email _____

Email _____

Does student have a condition that may require emergency attention? Yes ____ No ____

If yes, please explain _____

Relative/Neighbor/Employer to contact in an EMERGENCY:

Name _____ Phone _____

Address _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

In the event neither parent/guardian can be reached, I hereby authorize the school to refer my child to the above physician and/or rescue squad and/or hospital.

Parent/Guardian Signature

BETHESDA-CHEVY CHASE HIGH SCHOOL

STATEMENT OF INTENT TO REGISTER

Student Name: _____ **ID#** _____

As part of the enrollment process, we need the following information from you. Please be accurate and complete because false or misleading information could prevent your enrollment at Bethesda-Chevy Chase High School.

YES* NO

_____ I have a 504 Plan.

_____ I have had special education (IEP) classes at my previous school.

_____ I have been suspended from school.

_____ I have been expelled from a school.

_____ I have withdrawn from a school in lieu of expulsion.

_____ I have had encounters with the Department of Youth or Juvenile Services.

_____ I have been charged by a law enforcement agency. (Minor traffic violations do not apply.)

* If you have answered "yes" to any statement above, give an explanation in the space provided.

EXPLANATION

I certify that the above information is accurate and complete, and I understand that if it is determined that any of the information is false, the student will be subject to withdrawal from school.

Student Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

Administrative Use Only

Guidance Counselor _____

School contacted _____

Phone number _____

Assistant Principal _____ Approved _____

School contacted _____ Disapproved _____