



**BALTIMORE COUNTY PUBLIC SCHOOLS  
PERRY HALL HIGH SCHOOL  
SCHOOL REGISTRATION FORM**

**STUDENT INFORMATION**

Date:	
Student's Last Name:	Student's First Name:
Middle Name: <span style="float:right">No Middle Name: <input type="checkbox"/></span>	Suffix: <span style="float:right">Preferred Name:</span>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: (mm/dd/yy)
Grade Level:	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth:	Documentation of Birth: (Name of Document)
Is a language other than English the student's first or home language? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, indicate the language):	

**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

<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 3. Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> 4. Native Hawaiian/Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> 5. White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**SIBLING INFORMATION**

Siblings	Brother/Sister	Age	School	Grade	Resides with registering student (yes or no)

**STUDENT ADDRESS**

Street Address:	Apartment No.:	City, State, Zip Code:
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**STUDENT SUPPORT SERVICES INFORMATION**

Check the services below that your child currently receives:  
 ELL (English Language Learners)  IEP  Free and Reduced-Price Meals  504  Gifted and Talented/Advanced Academics

**APPLICATION INFORMATION**

Name of Person Completing Form:	Relationship:	Phone:
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are your custody documents on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Year:
<b>Child Lives With</b>	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father	
	<input type="checkbox"/> Guardians <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other _____ Name: _____	
	Are you residing in temporary housing or do you lack housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, school will immediately contact pupil personnel worker to provide assistance. (Parent/Guardian is to complete HSE-1 Form)</b>		



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**PARENT/GUARDIAN INFORMATION**

Primary Guardian Name:	Phone Numbers	Home, Work, Cell	Receive Texts? (Y/N)
Guardian Relationship:			
Does the student reside with this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, list Address or P.O. Box:			
City, State, Zip Code:	Email:		
Employer:	Full-Time Active Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Secondary Guardian Name:	Phone Numbers	Home, Work, Cell	Receive Texts? (Y/N)
Guardian Relationship:			
Does the student reside with this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, list Address or P.O. Box:			
City, State, Zip Code:	Email:		
Employer:	Full-Time Active Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**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 it 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:	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell	Receive Texts? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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.

**EMERGENCY CONTACT LIST (Please list by order of contact)**

In the event of an emergency ONLY when parents/guardians cannot be reached, please list three people we may contact to pick up your student. NOTE: This does not represent a list for general dismissals. All dismissals must be approved by a parent/guardian, preferably in writing. In case of an accident or serious illness, the school will contact the parent/guardian. If the school is unable to reach the parent/guardian, the school will contact the parties listed below or the child's physician/dentist on the health form. The school will also make whatever arrangements seem necessary, including calling an ambulance and transporting your student to the hospital.

Name	Relationship	Telephone

<b>Elementary Only:</b> In a school closing emergency who is responsible for the student? If not parent/guardian, list name and address:	In a school closing emergency, how will the elementary student be transported? <input type="checkbox"/> Walk <input type="checkbox"/> Ride Bus <input type="checkbox"/> Pick-Up
Upon notification by school staff, I agree to send my child home by taxicab if necessary. I also agree to be responsible for calling the cab and for payment of the cab. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Secondary Only:**  DO NOT permit my child to participate in the Maryland Youth Tobacco & Risk Behavior Survey (MYTRBS).

**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-rated 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
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<b>(FOR OFFICE USE ONLY)</b>							
Date:				Student's Name:			
Student ID#				Teacher: (optional)		Grade:	
Enrollment Date:				Bus Stop:			
Bus No.				Entry Code:			
Shared Domicile <input type="checkbox"/>	Nonresident <input type="checkbox"/>	Informal Kinship <input type="checkbox"/>	Homeless <input type="checkbox"/>	Special Transfer <input type="checkbox"/>	Tuition <input type="checkbox"/>	Agency-Placed <input type="checkbox"/>	IEP <input type="checkbox"/> 504 <input type="checkbox"/>

<b>Please indicate special transfer reason(s):</b>		
<input type="checkbox"/> Terminal Grade	<input type="checkbox"/> Change of residence from attendance area	<input type="checkbox"/> Medical
<input type="checkbox"/> Program Study	<input type="checkbox"/> Change of residence to attendance area	<input type="checkbox"/> Student Adjustment
<input type="checkbox"/> Employee's Child	<input type="checkbox"/> Sibling	
<input type="checkbox"/> Child Care	<input type="checkbox"/> Family Conditions	

<b>PHOTO IDENTIFICATION</b>
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.
<input type="checkbox"/> Driver's License <input type="checkbox"/> Current Passport <input type="checkbox"/> Government issued license or certificate <input type="checkbox"/> Other Photo ID

<b>HOME/DOMICILE RESIDENCY VERIFICATION (MUST BE PRESENTED AT REGISTRATION)</b>
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.
<input type="checkbox"/> Lease (lease end date) <input type="checkbox"/> Property Settlement Sheet <input type="checkbox"/> Property Title
<input type="checkbox"/> Real Estate Tax Bill <input type="checkbox"/> Mortgage Coupon Book <input type="checkbox"/> PPW Documentation
<input type="checkbox"/> Residency Verification Letter <input type="checkbox"/> Property Deed

<b>NAME/ADDRESS DOCUMENTS (THREE (3) REQUIRED, DATED WITHIN THE PREVIOUS 60 DAYS) – Types of Acceptable Documents:</b>		
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
1.	2.	3.

<b>PROOF OF IMMUNIZATION</b>
<b>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).</b>
<input type="checkbox"/> Immunization provided <input type="checkbox"/> No immunizations/Temporary Admissions

<b>Checklist for enrollment process:</b>			
Task	Name (of BCPS personnel employee)	Title	Date
<input type="checkbox"/> Enrollment			
<input type="checkbox"/> Entry in BCPS One SIS			
<input type="checkbox"/> Records Request			
<input type="checkbox"/> Immunization/Health Registration to Nurse			
<input type="checkbox"/> Other			