



# Personal & Family Information/Student Registration

Is this move due to a loss of permanent housing?  Yes  No

Student's Name (Last, First, Middle)		Suffix	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade	School Year
Residence Address (Street, City, State, Zip) (Provide 2 forms of proof)			Transportation <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walker	Home Phone	
Birthdate	Birthplace	Race/Ethnicity: (choose all that apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> White Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No	Subject(s)
Previously attended Anne Arundel County Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year(s) Attended	Name of School	Secondary only: F-1 or J1 immigration status	Student Currently Suspended/Expelled <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason
Name of Responsible Adult at Student's Address (Last, First, Middle)			Student Resides with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Partner	<input type="checkbox"/> Father/Partner <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Other

PARENT/GUARDIAN INFORMATION (custody paperwork, if applicable)					
Parent/Guardian Name (if other than responsible adult above)				Relationship	
Parent/Guardian Address (if different than above)				e-mail	
Head of Household (Last, First, Middle)		<input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other	Head of Household (Last, First, Middle)		<input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other
Employer	Employer Address		Employer	Employer Address	
Work Phone	Cell Phone		Work Phone	Cell Phone	

SIBLING INFORMATION (BROTHERS/SISTERS)					
Name (Last, First, Middle)	Birthdate	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	School	Grade	
Name (Last, First, Middle)	Birthdate	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	School	Grade	
Name (Last, First, Middle)	Birthdate	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	School	Grade	

MEDICAL/EMERGENCY INFORMATION In case of emergency, if neither parent/guardian can be reached, call:		
Name	Relationship	Phone
Name	Relationship	Phone
Medical Concerns (Asthma, Diabetes)	Medication	Allergies

I hereby declare and affirm under penalties of perjury that the foregoing information is true and correct to the best of my knowledge, information and belief.

Parent/Guardian Signature

Date

### for School Use Only

Entry Date	Entry Code	SIF#	SASID#
------------	------------	------	--------

MD Transfer Form  Yes  No      Records Requested  Yes  No

School Official Signature	Title	Date
---------------------------	-------	------

**Arundel High School**  
**“Striving to Meet the Needs of All Students”**

Every parent or guardian who registers a child at Arundel High School is asked to complete this form so that the school staff can strive to meet the needs of all students in the program. **(One form per child)**

**Student Name (Last, First):** \_\_\_\_\_

**Parent/Guardian Name (Last, First):** \_\_\_\_\_

**Does your child have an Individualized Education Plan (IEP)? Circle yes or no.**

**YES                  NO**

**Did you bring a copy of the IEP with you today? Circle yes or N/A.**

**YES                  N/A**

**Does your child have a 504 or AIS plan? Circle yes or no.**

**YES                  NO**

**Did you bring a copy of the 504 or AIS plan with you today? Circle yes or N/A**

**YES                  N/A**

“Social Security Numbers play a critical role in the linking of student data and therefore should be collected for all students receiving public funding when possible. No student can be denied access to public education because of a failure to provide a SSN (5 U.S.C. § 552(a)). No student can be denied access to public education because of his/her status as an alien (Plyler v. Doe, 457 U.S. 202(1982)).”

The Maryland State Department of Education (MSDE) has mandated that school systems request that parent(s)/guardian(s) enrolling students in schools provide the student’s Social Security Number (SSN) as a part of the enrollment process. This information will be handled in a strictly confidential manner. This document will be destroyed as soon as the SSN is entered into our student data system. Access to the number in that data system is limited to authorized school system employees.

If you are willing, please provide the name(s) and SSN(s) for each child that you are enrolling.

**Student Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

This form is to be destroyed as soon as information is entered into the student data system. It is not to be placed in the student record folder.



# Home Language Survey

Date

Student's Name

Sex  Male  
 Female

School

Arundel High School

Grade

1 Was your child born in the United States?  Yes  No If yes, in which state? If no, in which country?

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

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

Name of School	State	Dates Attended

3 What language is spoken by you and your family most of the time at home?

4 If available, in what language would you prefer to receive communication from the school?

5 Please check if your child is:  Native American Indian  Alaska Native  Native Pacific Islander  Native U.S. virgin Islander 6 Is your child's first-learned or home language anything other than English?  Yes  No

If you responded "Yes" to question 6, please answer the questions 7-10. If not, please skip to the bottom and sign and date this form.

7 What language did your child learn when he/she first began to talk? 8 What language does your child most frequently speak at home?

9 What language do you most frequently speak to your child? Father: Mother:

10 Please describe the language understood by your child (check only one):  Understands only the home language and no English  Understands mostly English and some of the home language.  Understands mostly the home language and some English.  Understands only English.  Understands the home language and English equally.

handed out in CATS CLASS

Office Use Only		
Student ID#	Date Distributed	Date Received

# REQUEST FOR RECORDS

ARUNDEL HIGH SCHOOL  
1001 ANNAPOLIS ROAD – GAMBRILLS, MD 21054  
410-672-4921 – FAX 410-674-3889

REF: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
Student Name

TO: \_\_\_\_\_ Date of Withdraw: \_\_\_\_\_  
Name of Previous School

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

\_\_\_\_\_  
Street Address of School

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
Office use only:

\_\_\_\_ Has an appointment \_\_\_\_\_  
(Please fax unofficial documents  
official request to follow)

\_\_\_\_ Has enrolled in our school  
(Please send as soon as possible)

**PLEASE FORWARD ALL RECORDS. This should include:**

- \_\_\_\_\_ Cumulative Folder
- \_\_\_\_\_ Immunization Records (Maryland Law)
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Standardized Test Scores
- \* \_\_\_\_\_ Transcript/Report Card (with interpretation of your school's grading system)
- \* \_\_\_\_\_ Transfer grades (with interpretation of your school's grading system)
- \* \_\_\_\_\_ I.E.P./504 (if applicable for special education students)

\* We need these in order to place the student in the appropriate levels.

**Thank you for your prompt assistance.**  
.....

These records will be used for educational planning and school health services.

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

**-FINANCIAL OBLIGATIONS? RECORDS ARE STILL TO BE SENT.** According to the Family Education Rights and Privacy Act, 20 U.S.C.s 1232(G), and its federal and state implementing regulations, 34 C.F.R.s99 et. Seq., and COMAR 13 A.08.02, school systems cannot refuse to transfer a student's records because of outstanding fines or other financial obligations.

1<sup>st</sup> request: \_\_\_\_\_ 2<sup>nd</sup> request: \_\_\_\_\_ 3<sup>rd</sup> request: \_\_\_\_\_

**ARUNDEL HIGH SCHOOL'S DUAL HOUSEHOLD STUDENT FORM**  
(If the child has only one household, you do NOT have to fill out this form)

Dear Parent/Guardian:

As the new school year begins, we would like to make sure that all of our student information (i.e., report cards, interims, test scores, etc.) is received by both the custodial and non custodial parent/guardian. Therefore, please take the time to fill out this paper, **ONLY** if you are separated/divorced from the mother/father and return it to our guidance department as soon as possible. We request this information for the protection of the student. Thank you for your cooperation in this matter.

**(PLEASE PRINT CLEARLY)**

STUDENT NAME: \_\_\_\_\_ B.D.: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE: \_\_\_\_\_

Name of father or guardian \_\_\_\_\_

Does father reside in home? \_\_\_\_ Yes \_\_\_\_ No      Responsible for student: \_\_\_\_ Yes \_\_\_\_ No

Name of mother or guardian \_\_\_\_\_

Does mother reside in home? \_\_\_\_ Yes \_\_\_\_ No      Responsible for student: \_\_\_\_ Yes \_\_\_\_ No

Are there legal custody papers on file? \_\_\_\_ Yes \_\_\_\_ No  
(If so, please provide a copy of the paperwork to the school)

Is the mother/father granted permission to obtain information pertaining to school? \_\_\_\_ Yes \_\_\_\_ No

**Please complete below all the information ONLY if there is a Parent/Guardian at a separate address who would like to receive information from the school.**

(Mr./Mrs./Ms.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Name of person completing form \_\_\_\_\_

Signature of person filling out this form \_\_\_\_\_ Date: \_\_\_\_\_