

Northwest Academy of Health Sciences

410-887-0742

4627 Old Court Road · Baltimore, MD 21208

Fax: 410-887-0670

New Student Enrollment

These requirements do not apply for homeless students. If you are experiencing housing problems, please notify school personnel immediately so we may assist with the enrollment process under the federal law, Mc Kinney-Vento.

Welcome to Baltimore County Public Schools! We are proud of our school system and believe your child will receive a quality education in our schools. The Annotated Code of Maryland and Baltimore County regulations require that a number of documents be presented at the time of enrollment in a public school. Please carefully review the guidelines below and bring all necessary documents with you at the time of enrollment.

For the child, you will need:

1. birth certificate or baptismal certificate for the child
2. the child's immunization record from a doctor or the previous school
3. withdrawal packet from the previous school that includes credits earned and current report card
4. standardized test scores, if available
5. Maryland Student Withdrawal/Transfer Record (if not from a Maryland school)

For the parent you will need:

1. a photo ID for the parent, such as driver's license (If the ID includes address, it must match the address being used for registration.)
2. in the case of court involvement regarding custody, you will need documentation of custody

for proof of residency, you will need:

proof of ownership such as deed,
signed settlement sheet, title, mortgage
coupon book or tax bill

OR

**a copy of your lease, dated and
signed** (if your lease is from a
private individual rather than a
rental company, you will also need
the landlord to provide proof of
ownership for the property.)

PLUS: (3) three current documents (if it is a mailing, it must be dated within 60 days)

These may include the following:

Utility Bill, W-2, cable bill, employer statement, voters registration card, mailing from government agency, vehicle registration, charge account statement, driver's license, bank account statement, Maryland identification card, paycheck stub with name/address, court documents, or income tax returns

****If you are living in the residence of another person**, which is described as Shared Domicile, meaning that the parent(s)/guardian(s) and child are domiciled in Baltimore County with another person, contact our Residency Officer, at 410-887-6903. **The Residency Officer will verify your residency first**, and then you would follow the aforementioned procedures.

**** All non-resident students, agency placed, kinship care, and family hardship, must be processed by a Pupil Personnel Worker prior to enrollment in a Baltimore County school.**

If you have any questions, please contact Deborah Carroll in the School Counseling Office at 410-887-0788 or dcarroll2@bcps.org. Thank you for your cooperation!

Student Information

Name: _____

Grade: _____ Date: _____

D.O.B: _____

Address: _____

Contact: (H) _____

(C) _____

Parent/Guardian: _____

Foster Care: YES NO

Counselor: Browne

Minix

Joyner

Academic Information - *check all that apply*

☐ 504

Browne

impairment

☐ IEP

Garner

Impairment

☐ Attendance Concerns - _____

☐ Discipline Concerns - _____

☐ Academic Progress Concerns - _____

☐ Grade Level Administrator to Follow Up with Counselor

Notes

BALTIMORE COUNTY PUBLIC SCHOOLS
SCHOOL NAME HERE
SCHOOL REGISTRATION FORM
PS 515, F1

STUDENT INFORMATION

Date: (mm/dd/yy)	Grade Level:	<input type="checkbox"/> Enrolling for services only <input type="checkbox"/> Enrolling as part of Foreign Exchange Program (Secondary only)
Student's Last Name:	Suffix:	Student's First Name:
Middle Name:	No Middle Name: <input type="checkbox"/>	Preferred Name (optional):
Birth Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender Identity (optional): <input type="checkbox"/> Male/He <input type="checkbox"/> Female/She
Birth Date: (mm/dd/yy)		Documentation of Birth: (Name of Document)
Country of Birth:		Last School Attended:
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? _____		

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.)	
<input type="checkbox"/> YES	
Part II	
<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:
☐ ESOL (English for Speakers of Other Languages) ☐ IEP ☐ Free and Reduced-Price Meals ☐ 504 ☐ Gifted and Talented/Advanced Academics.

BALTIMORE COUNTY PUBLIC SCHOOLS
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SCHOOL REGISTRATION FORM
PS 515, F1

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: _____	
Child Lives With	<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		
	If yes, school will immediately contact pupil personnel worker to provide assistance. (Parent/Guardian is to complete HSE-1 Form)		

PARENT/GUARDIAN INFORMATION			
Primary Guardian Name:		Phone Numbers	Home, Work, Cell
Guardian Relationship:			Receive Texts? (Y/N)
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
Guardian Relationship:			Receive Texts? (Y/N)
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
If you would like to opt out of non-emergent notifications, sign here:			
Note: Your signature confirms that you <u>will not</u> receive calls regarding non-emergent information.			
Parents/Guardians may submit opt-out preferences for students in BCPS One through September 30 th by logging into BCPS One (https://bcpsone.bcps.org/) and navigating to the Student Information tile. To change opt-out preferences after September 30 th , contact your student's school.			

EMERGENCY CONTACT LIST (Please list by order of contact)	
In case of an incident or serious illness, school staff will contact a parent/guardian. In the event parents/guardians cannot be reached, please list people that may be contacted to pick up your student if necessary. If a parent/guardian or additional contact cannot be reached in a medical emergency, school staff will contact the child's physician/dentist listed on the health form. School staff may also make necessary arrangements, including an ambulance and transporting your student to the hospital.	
NOTE: All early dismissals must be approved by a parent/guardian in writing.	

BALTIMORE COUNTY PUBLIC SCHOOLS
SCHOOL NAME HERE
SCHOOL REGISTRATION FORM
PS 515, FI

Name	Relationship	Telephone
Elementary Only: 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 taxi/cab 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).

Secondary students with cell phones may opt to receive text messages from the automated calling system in a school emergency. If you would like your student to receive emergency text notifications, please list the student's cell phone number below:
 Student Cell Phone Number: () _____

NOTE: All parties that provide telephone numbers may receive calls or text messages from the automated calling system in a school emergency. Message and data rates may apply.

BCPS One: (<https://bcpsone.bcps.org/>) is a digital ecosystem that supports teaching and learning by providing users the opportunity to engage in the educational process through access to online tools, resources, and student progress. View only access to BCPS One allows a user to view student information such as attendance and report cards, as well as access the Learning Management System. Granting BCPS One view only access does not authorize the person to make any decisions regarding the student's educational program or participate in school conferences. To grant view only access to people other than parents/legal guardians, list their information below and check by their name to APPROVE.

Name	Relationship	Email Address	Check here to APPROVE BCPS One View Only Access

Preferred Name/Gender Requests Only:

I understand that by requesting a preferred name or gender, I am agreeing to permit Baltimore County Public Schools to use the preferred name and/or gender for my child with the understanding that the student's legal name will remain on SR Cards, report cards, interim reports, transcripts, assessments, and diplomas.

Signature of adult responsible for the student: _____ Date: _____
 Signature of Student: _____ Date: _____

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 _____

BALTIMORE COUNTY PUBLIC SCHOOLS
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PS 515, F1

(FOR OFFICE USE ONLY)							
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"/>

Please indicate special transfer reason(s):		
<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	

PHOTO IDENTIFICATION	
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

HOME/DOMICILE RESIDENCY VERIFICATION (MUST BE PRESENTED AT REGISTRATION)		
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	

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

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

Checklist for enrollment process:			
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			



BALTIMORE COUNTY PUBLIC SCHOOLS

STUDENT PRIVACY OPTIONS

RULE 6202, Attachment

STUDENT INFORMATION

Student's Full Name (Please Print):

School Name:

Grade:

School Year:

COMPLETE AND RETURN YOUR CHILD'S STUDENT PRIVACY OPTIONS

ONLY IF YOU ARE OPTING OUT OF THE DISCLOSURE OF ANY OF THE INFORMATION LISTED BELOW

DIRECTORY INFORMATION OPT-OUT

The Family Educational Rights and Privacy Act (FERPA) and state regulation permit Baltimore County Public Schools (BCPS) to disclose designated "directory information" without a parent's written consent, unless you have notified BCPS to the contrary. As defined by FERPA, directory information is personally identifiable information that would not generally be considered harmful or an invasion of privacy if disclosed. BCPS designates the following student information as directory information:

- Student first and last name
- Dates of school attendance
- Grade level
- School enrollment status
- Most recent school attended
- Major field of study
- Participation in official activities and sports
- Weight and height of athletic team participants
- Degrees and awards received
- Photographic, video or electronic images

PARENTS/GUARDIANS MAY OPT OUT OF HAVING BCPS DISCLOSE THEIR CHILD'S DIRECTORY INFORMATION IN THE FOLLOWING WAYS:

- IN SCHOOL PUBLICATIONS (disclosure of directory information in school publications, such as school newsletter, yearbook/memory book, graduation program, theatre playbill, athletic team roster, displays, brochures and other school publications.)
- IN BCPS/SYSTEMWIDE PUBLICATIONS (disclosure of directory information in school system publications, such as the BCPS school information calendar, student handbook, meeting handouts/PowerPoint presentations, annual budget book and other BCPS/systemwide publications.)
- IN BCPS/SYSTEMWIDE AND SCHOOL COMMUNICATIONS (disclosure of directory information in systemwide and school communications, such as BCPS/school television, BCPS/school Web site, BCPS/school social media [e.g. Facebook, Instagram, Twitter, Flickr, Blogs, etc.] and other BCPS/systemwide and school communications).
- TO OUTSIDE NEWS MEDIA ORGANIZATIONS (disclosure of directory information, upon request, to news media organizations outside of BCPS, such as local and national TV and radio stations, newspapers or magazines).
- TO A THIRD PARTY OTHER THAN NEWS MEDIA ORGANIZATIONS (disclosure of directory information, upon request, to news media organizations outside of BCPS, such as local and national TV and radio stations, newspapers or magazines).

Parents may choose NOT to allow BCPS to disclose their student's directory information.

To Opt Out of BCPS disclosing your child's directory information,
please place a checkmark (✓) in the appropriate box or boxes below:

- ☐ Opt out of disclosure in school publications
- ☐ Opt out of disclosure in BCPS/systemwide publications
- ☐ Opt out of disclosure in BCPS/systemwide and school communications
- ☐ Opt out of disclosure to outside news media organizations
- ☐ Opt out of disclosure to a third party other than news media organizations

PRIVACY OPTIONS OTHER THAN DIRECTORY INFORMATION

MILITARY RECRUITERS/INSTITUTIONS OF HIGHER EDUCATION OPT-OUT (SECONDARY STUDENTS ONLY)

- ☐ OPT OUT of disclosing my child's name, address and phone number to military recruiters.
- ☐ OPT OUT of disclosing my child's name, address and phone number to institutions of higher education.

PHOTOGRAPHY/FILMING BY OUTSIDE NEWS MEDIA ORGANIZATIONS OPT-OUT

- ☐ OPT OUT of allowing members of outside news media organizations to photograph or film my child during the school day in relation to a story about BCPS schools/students.

STUDENT INTELLECTUAL PROPERTY OPT-OUT

- ☐ OPT OUT of BCPS publishing and/or displaying my child's intellectual property and/or student-created publications. A student's intellectual property is published/displayed with your child's first and last names or with a group name, school and grade.

*** CONTINUED ON PAGE 2 ***

DIRECTORY INFORMATION

The Family Educational Rights and Privacy Act (FERPA), a federal law, as well as State regulation (COMAR 13A.08.02) permit the disclosure of directory information from a student's education record without the parent's prior written consent unless the parent has opted out of such disclosure. (To opt out means that a parent/eligible student does not permit BCPS to disclose a student's directory information.) Please note that, in certain situations, federal and state laws and regulations may permit or require the disclosure of the information from a student record to authorized persons or entities even if you have opted out of its disclosure as directory information.

OPT OUT OF PUBLISHING DIRECTORY INFORMATION

Parents may opt out of having BCPS disclose their student's directory information in the following ways:

• IN SCHOOL PUBLICATIONS -

These publications include: (1) lists of students participating in officially recognized activities and sports, which may include playbills, programs or rosters; (2) lists of students receiving honors, awards and scholarships; (3) athletic team rosters, which may include a team member's name, height and weight; (4) lists of students with degrees conferred and awards received; (5) school newsletters, yearbooks/memory books; (6) school/classroom displays; (7) school brochures; or (8) other means. A parent may request that BCPS not disclose the directory information of their child in school publications by checking the "opt out of disclosure in school publications" box on p. 1. (If you opt out of school publications, your child's photo and directory information will not be published in the school's yearbook/memory book.)

• IN BCPS/SYSTEMWIDE PUBLICATIONS -

These publications include: (1) school information calendar; (2) student handbook; (3) meeting/conference handouts/programs; (4) brochures; (5) annual budget; and (6) other means. A parent may request that BCPS not disclose the directory information of their child in systemwide publications by checking the "opt out of disclosure in BCPS/systemwide publications" box on p. 1.

• IN BCPS/SYSTEMWIDE AND SCHOOL COMMUNICATIONS -

These communications include: (1) BCPS/school television; (2) BCPS/school Web site; (3) BCPS/school social media (e.g. Facebook, Instagram, Twitter, Flickr, Blogs, etc.); and (4) other BCPS/school communications. A parent may request that BCPS and schools not disclose the directory information of their child in communications by checking the "opt out of disclosure in BCPS/systemwide and school communications" box on p. 1.

• TO OUTSIDE NEWS MEDIA ORGANIZATIONS -

There are times when BCPS may send a story of interest regarding a school to various media. These news media organizations include local and national TV and radio stations, newspapers or magazines. A parent may request that BCPS not disclose the directory information of their child to the media by checking the "opt out of disclosure to outside news media organizations" box on p. 1.

• TO A THIRD PARTY OTHER THAN NEWS MEDIA -

Directory information may be provided to individuals and organizations outside of BCPS (e.g. PTAs and booster organizations, state and county agencies, level 2 apps, and other third parties.) A parent may request that BCPS not disclose the directory information of their child to a third party by checking the "opt out of disclosure to a third party other than news media" box on p. 1.

NOTE: The *Student Privacy Options* on Page 1 do not include videotaping by security cameras in school or on school buses or for pictures used for student ID cards or badges, nor do the privacy preferences apply to school activities or events that are open to the public.

MILITARY RECRUITERS AND/OR INSTITUTIONS OF HIGHER EDUCATION (SECONDARY STUDENTS ONLY)

Federal law requires BCPS to provide, on a request made by a military recruiter or institution of higher education, access to the name, address and telephone listing of each secondary school student, unless the parent has notified the school principal in writing that this information not be disclosed. State law also requires BCPS to provide the same information to official recruiting representatives of the military forces of this state and the United States in order to inform students of educational and career opportunities available in the military. Parents must request that their child's name, address and telephone listing not be disclosed to military recruiters and institutions of higher education by checking the appropriate opt-out box(es) on p. 1.

PHOTOGRAPHY/FILMING BY OUTSIDE NEWS MEDIA ORGANIZATIONS OPT-OUT

There are times when a school may be featured in various media. News reporters, photographers and/or film crews from TV, radio stations, newspapers or magazines may wish to photograph or film your child during the school day in relation to a story about our schools or students. A parent may request that the media not photograph or film their child by checking the "outside news media opt-out" box on p. 1.

STUDENT INTELLECTUAL PROPERTY OPT-OUT

BCPS may publish and/or display a student's intellectual property and/or a student's publications/productions created during school-sponsored activities and/or learning experiences. Student-created works may be displayed in schools, at school-sponsored events or used in BCPS publications or communications through digital and print media including: school newsletters, yearbooks/memory books, BCPS/school Web sites, social media sites (e.g., Facebook, Instagram, Twitter, Flickr, Blogs, etc.), the school system's cable television channel, brochures or by other means. Intellectual property includes, but is not limited to: (1) Patentable and potentially patentable works (processes, machines, manufactures or compositions of matter); devices; and supporting technology and know-how that is required for development or application of any of the foregoing; (2) Copyrightable material, such as text (manuscripts, books and articles); videos and motion pictures; music (sound recordings, lyrics and scores); images (print, photographs and art); and computer software (programs, databases and Web pages). A parent may request that their child's intellectual property and publications/productions not be published or displayed by any means by checking the opt-out box on p. 1. (If you opt out, your child's intellectual property will not be displayed in the school or by any other means.)

NOTE: A student's work will appear with the student's first and last names or with a group name, school and grade.

If you have checked any of the opt-out boxes on p. 1, you must sign and return your *Student Privacy Options* to your child's school.

Your school will assume that you have not opted out of the disclosure of your child's information, unless you submit your *Student Privacy Options*

no later than October 1 or within 30 days of enrollment in a BCPS school.

PARENT/ELIGIBLE STUDENT (18 YEARS OR OLDER) SIGNATURE

Parent/Eligible Student Name (Print)

Parent/Eligible Student Signature

Date

Note: The opt-out preferences noted on Page 1 are for the CURRENT SCHOOL YEAR ONLY.

If you wish to make changes to your *Student Privacy Options*, you must submit new privacy options to your child's school.

*** Please discuss your opt-out preferences with your child ***

Baltimore County Public Schools
Northwest Academy of Health Sciences
Annual Student Information Review for School Year 2019-2020

☐ No Changes for 2019-2020

First Name _____ Last Name _____ Grade _____
Address _____
Date Of Birth _____

To change the address, proof of residency is required. Contact your school for more information.

Siblings (attending BCPS)

Name	Relationship	School	Reside with student (yes or no)
			Yes No
			Yes No
			Yes No

Primary Guardian Contact: Contact in the event of a student absence, school closing or other emergency.

Primary Guardian Name:	Phone Numbers	Home, Cell, Work	Receive Texts? (Y/N)
Guardian Relationship:			
Resides with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address:			
City, State, Zip Code:			
Email:			

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: _____ ☐ Work ☐ Home ☐ Cell Receive Texts? ☐ Yes ☐ No

If you would like to opt out of non-emergent notifications, sign below. Note: Your signature confirms that you will not receive calls regarding non-emergent information. Signature: _____

Parents/Guardians may submit opt-out preferences for students in BCPS One through September 30th by logging into BCPS One (<https://bcpsone.bcps.org/>) and navigating to the Student Information tile. To change opt-out preferences after September 30th, contact your student's school.

Secondary Guardian Contact: Contact to be called if primary guardian contact cannot be reached.

Secondary Guardian Name:	Phone Numbers	Home, Cell, Work	Receive Texts? (Y/N)
Guardian Relationship:			
Resides with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address:			
City, State, Zip Code:			
Email:			

Annual Student Information Review for School Year 2019-2020

Student First Name _____ Student Last Name _____

In case of an incident or serious illness, school staff will contact a parent/guardian. In the event parents/guardians cannot be reached, please list people that may be contacted to pick up your student if necessary. If a parent/guardian or additional contact cannot be reached in a medical emergency, school staff will contact the child's physician/dentist listed on the health form. School staff may also make necessary arrangements, including calling an ambulance and transporting your student to the hospital.

NOTE: All early dismissals must be approved by a parent/guardian in writing.

Additional Contacts: People to whom student can be released from school.

Name	Relationship	Telephone	Home, Work, Cell

Secondary students with cell phones may opt to receive text messages from the automated calling system in a school emergency. If you would like your student to receive emergency text notifications, please list the student's cell phone number below.

Student Cell Phone Number: () _____

NOTE: All parties that provide telephone numbers may receive calls or text messages from the automated calling system in a school emergency. Message and data rates may apply.

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. ☐ Yes ☐ No

Does the student have a parent/guardian on full-time duty in the active military services of the United States or on full-time National Guard duty? ☐ Yes ☐ No

Do you want your child to participate in the Maryland Youth Tobacco & Risk Behavior Survey? (See the MYTRBS Fact Sheet, also enclosed, for more information)

☐ DO NOT permit my child to participate in the Maryland Youth Tobacco & Risk Behavior Survey (MYTRBS)

BCPS One (<https://bcpsone.bcps.org/>) is a digital ecosystem that supports teaching and learning by providing users the opportunity to engage in the educational process through access to online tools, resources, and student progress. View only access to BCPS One allows a user to view student information such as attendance and report cards, as well as access the Learning Management System. Granting BCPS One view only access does not authorize the person to make any decisions regarding the student's educational program or participate in school conferences. To grant view only access to people other than parents/legal guardians, list their information below and check by their name to APPROVE. People that have previously been granted view only access by a parent/guardian will be listed below.

Name	Relationship	Email Address	Check here to APPROVE BCPS One View Only Access	Check here to REMOVE BCPS One View Only Access
			<input type="checkbox"/>	NA
			<input type="checkbox"/>	NA
			<input type="checkbox"/>	NA

Annual Student Information Review for School Year 2019-2020

Student First Name _____ Student Last Name _____

By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the child, UNLESS a parent has a court order that indicates otherwise. The school MUST HAVE A COPY OF THE CURRENT COURT ORDER on file.

☐ I have provided the school with legal papers for the student.

NOTE: *Legal papers include custody papers, protective and/or peace orders, and other court orders.*

I certify all information on this form is correct and up-to-date.

Parent/Guardian Signature

_____/_____/_____
Date

New Student Health History

Last Name: _____ First Name: _____ Grade: _____ Gender: Male / Female

Last school your child attended? _____ DOB: _____

Has your child traveled or resided outside of the U.S. in the past year? ☐ Yes ☐ No

If yes, list countries: _____

Where do you usually take your child for routine medical care?

Name: _____ Phone Number: _____

Does your child take any medication? ☐ Yes ☐ No If yes, list medications: _____

Does your child require any special health treatments or procedures (e.g. tube feeding or catheterization)? ☐ Yes ☐ No

If yes, describe: _____

Where do you usually take your child for routine dental care? _____

Name: _____ Phone Number: _____

To the best of your knowledge, has your child had any of the following?

	Yes	No	If yes, describe:
Prematurity			
Birth defect			
Immunity problems			
Feeding problems			
Lead poisoning			
Sickle Cell Disease			
Diabetes			
Anaphylaxis			
Seasonal allergies			
Food Allergies			
Behavior/emotional problems like ADHD, depression			
Concussion or traumatic brain injury			
Migraines			
Learning problems/disabilities			
Seizures			
Speech problems			
Ear or hearing problems			
Eye or vision problems			
Dental problems			
Asthma or breathing problems			
Heart problems			
Stomach problems			
Bowel problems			
Bladder problems			
Musculoskeletal problem (including cerebral palsy)			
Limited physical activity			
Other:			

Hospitalization: (please list all)	
Date(s)	Reason(s)
Surgery: (please list all)	
Date(s)	Reason(s)

Parent Signature: _____ Telephone: _____ Date: _____

Parent Address: _____

BALTIMORE COUNTY PUBLIC SCHOOLS
Office of Health Services

**Consent for Administration of Approved Discretionary Medications and
Health Contact Information**

Last Name: _____ First Name: _____ Date of Birth: _____

School: _____ Grade /Teacher: _____

Allergies (include all allergies): _____

List all medications your child receives on a regular or as needed basis: _____

Medical/Health Problems: My Child is followed by a healthcare provider for: (Check all that apply)

☐ Asthma ☐ ADHD ☐ Diabetes ☐ Migraines ☐ Seizures ☐ Other (describe) _____

Is there a health problem that would prevent full participation in the school program or physical education program?

☐ No ☐ Yes Describe: _____

I would like the following medication(s) made available to my child: *(please check)*

For Headache/Fever/Burns/Earache/Muscle Aches/Pain/Menstrual Cramps

☐ Acetaminophen *(like Tylenol)*

☐ Ibuprofen *(like Advil)*
(age 12 and older/age 9 for menstrual cramps)

For Upset Stomach

☐ Chewable Antacid Tablets
(like Tums)

For Mild Allergic Reactions

☐ Diphenhydramine *(like Benadryl)*

For Coughs/Sore Throats

☐ Cough Drops

For Diaper Rash

☐ Zinc Oxide

☐ I do not want any medication given to my child in school.

Contact Information

Parent/Guardian 1 Name: _____ Parent/Guardian 2 Name: _____

Parent/Guardian 1 Home Phone: _____ Parent/Guardian 2 Home Phone: _____

Parent/Guardian 1 Cell: _____ Parent/Guardian 2 Cell: _____

Parent/Guardian 1 Work: _____ Parent/Guardian 2 Work: _____

Parent/Guardian 1 EMAIL: _____ Parent/Guardian 2 EMAIL: _____

Parent/Guardian Home Address: _____

Persons to whom student may be released other than parent:

Name: _____ Phone Number(s): _____

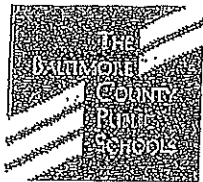
Name: _____ Phone Number(s): _____

Do you need assistance in obtaining health insurance for your child? No ☐ Yes ☐

I understand that the above medications I have checked will be administered by the Registered Nurse/School Nurse in accordance with established protocols developed by the Chief Physician of School Health Services for the Baltimore County Department of Health and the Coordinator of Health Services for Baltimore County Public Schools. I understand that generic equivalent of medications may be used. My signature authorizes the release of my child to the persons listed on this page.

Signature of Parent _____

Date _____



BALTIMORE COUNTY PUBLIC SCHOOLS

CONSENT FOR RELEASE OF STUDENT RECORDS

INSTRUCTIONS: This form authorizes the Baltimore County Public Schools to disclose personally identifiable information from the student record. Complete the form, sign where indicated and return the completed form to the principal where the student is enrolled.

STUDENT INFORMATION

Student's Last Name	First	Middle Initial
Mailing Address	City/State/Zip	School

STUDENT RECORD(S) AUTHORIZED TO BE RELEASED (MARK ALL THAT APPLY)

<input type="checkbox"/> Cumulative	<input type="checkbox"/> Health	<input type="checkbox"/> Discipline	<input type="checkbox"/> Psychological	<input type="checkbox"/> Special Education
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☐ Other, please specify: _____

PERSON TO WHOM RECORDS ARE TO BE RELEASED

NORTHWEST ACADEMY OF HEALTH SCIENCES 4627 OLD COURT ROAD BALTIMORE, MD 21208	Company Name State:
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AUTHORIZATION AND CERTIFICATION

I certify that I am the parent and legal guardian of the student, or eligible student if age 18 or over.

I hereby authorize Baltimore County Public Schools to release the student record(s) identified above. I understand that the recipient of the student record(s) will use the record(s) for legitimate interests only and that the information contained therein shall not be further transferred or communicated to any other party or agency without my expressed written consent except under authority of the Educational Rights and Privacy Act, 20 U.S.C. §1232g.

Parent/Guardian Name (or eligible student) (Please Print) _____

Parent/Guardian Signature (or eligible student) _____

Date _____