Welcome to Hillcrest!

2019/2020 Kindergarten Registration Checklist

Please note the following documents must be completed/submitted to register your child:

- Original Birth Certificate
- Current Immunization chart
- Registering parent(s) photo ID
- Deed or Lease
- 3 pieces of current mail (dated within 60 days)
- Registration Forms (blue)
- Prekindergarten Experience/Prior Early Care (yellow)

**Medical forms required**

- New Student Health History Form
- Consent For Discretionary Medications
- *Physical Exam, Lead and Dental forms
  (must be completed by child’s pediatrician prior to start of school year)

Please return all general registration forms and documents by May 17!

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2019/2020 Kindergarten Dismissal

Circle your student’s daily dismissal route below. Please note your child’s bus stop will be assigned through the Transportation Department based on your home address, unless otherwise indicated.

Presbyterian  Walker  Bus Rider

Student Name ____________________________________________
REGISTRATION DOCUMENTATION NEEDED

All new registrants must provide the following documents:

- Your child’s birth certificate – original document
- Your child’s immunization record
- Residency documents as listed below

In addition, registrants who have attended another school previously to enrolling at Hillcrest should also provide:

- Name, address and phone number of previous school
- A copy of the last report card
- Notice of any special services the child is receiving

Students transferring from a public school in Maryland should obtain a Maryland Student Transfer form from the previous school. This packet will include the documents listed above (except for residency documentation). Please bring this packet with you at registration.

<table>
<thead>
<tr>
<th>1. You will need to contact a PPW before registering your child at Hillcrest if you are living under any of the following conditions. Ms. Patterson can be reached at 410-887-6829.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Child is not living with parent/Legal custody of child is not with parent/Homeless</td>
</tr>
</tbody>
</table>

| 2. Grades 1 through 5, if entering school for the first time from another country, or if English is not the first language spoken in the home, please contact the Office of World Languages at 443-809-6752 to set up an appointment. |

RESIDENCY REQUIREMENTS

In accordance with BCPS Superintendent’s Rule 5150, Enrollment and Attendance, prior to enrollment, a school administrator or designee will require the documents listed below. These documents should contain the name of the parent/legal guardian and the current address. If you are sharing a residence with another family, and you are not the property owner or lease holder, you must contact the residency officer, Mrs. Parsons, at 410-887-6829 to establish residency in Baltimore County.

All those enrolling must provide the following 5 documents. Additional documents may be needed as noted.

Please provide one (1) of the following:

- Deed to establish ownership of dwelling
- Signed settlement sheet
- Title, establishing ownership
- Mortgage coupon Book
- Real Estate Tax Bill (current year)
- Lease or rental agreement*

*Lease or rental agreement requirements:
- If renting from real estate management company or commercial lessor, the signed lease containing name of parent, date, lease end date, address and signatures.
- If renting from a private owner, the signed lease containing items as listed above AND property owner’s deed, tax bill or proof of ownership as listed.

AND... three (3) of the following pieces of mail. Examples listed below: (Postmark or billing date shown must be within the past 60 days of registration. Documents should be from 3 different sources.)

| Gas and Electric Bill | First Class Mail from a business or agency |
| Credit Card Bill | Health center mailing of appointment verification |
| Cable Bill | Motor Vehicle Administration |
| Court Document | Cell Phone Bill |
| Pay Stub | Mailing from a Baltimore County Public School |
| Voter’s Registration Card | Change of address verification from the Post Office |
| Federal or State Income Tax Return for the preceding year | |
| W-2 Form for the current year | Water Bill |

AND... All parents/guardians must provide a photo ID at registration. If your address is listed on your photo ID, it must match the address of the remainder of the residency documents. (A change of address card from the DMV with the driver’s license will suffice.) Other forms of photo ID may also be accepted.
**STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>Date: (mm/dd/yy)</th>
<th>Grade Level:</th>
<th>☐ Enrolling for services only</th>
<th>☐ Enrolling as part of Foreign Exchange Program (Secondary only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Last Name:</td>
<td>Suffix:</td>
<td>Student’s First Name:</td>
<td>Preferred Name (optional):</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>No Middle Name:</td>
<td>Birth Gender: ☐ Male ☐ Female</td>
<td>Gender Identity (optional): ☐ Male/He ☐ Female/She</td>
</tr>
<tr>
<td>Birth Date: (mm/dd/yy)</td>
<td></td>
<td>Documentation of Birth: (Name of Document)</td>
<td></td>
</tr>
<tr>
<td>Country of Birth:</td>
<td></td>
<td>Last School Attended:</td>
<td></td>
</tr>
</tbody>
</table>

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?

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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**)

**Part II**

- ☐ 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.

- ☐ 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.

- ☐ 3. Black or African American
  A person having origins in any of the black racial groups of Africa.

- ☐ 4. Native Hawaiian/Pacific Islander
  A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- ☐ 5. White
  A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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**SIBLING INFORMATION**

<table>
<thead>
<tr>
<th>Siblings</th>
<th>Brother/Sister</th>
<th>Age</th>
<th>School</th>
<th>Grade</th>
<th>Resides with registering student (yes or no)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**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

Revised on: 9/2018
**APPLICATION INFORMATION**

<table>
<thead>
<tr>
<th>Name of Person Completing Form:</th>
<th>Relationship:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have legal custody of this child?</td>
<td>☐ Yes ☐ No</td>
<td>Are your custody documents on file?</td>
</tr>
<tr>
<td>Child Lives With:</td>
<td>☐ Both Parents ☐ Mother ☐ Father</td>
<td>☐ Guardians ☐ Foster Parent(s) ☐ Other</td>
</tr>
<tr>
<td>Are you residing in temporary housing or do you lack housing?</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

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

**PARENT/GUARDIAN INFORMATION**

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

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

**AUTOMATED PHONE CALLS**

In addition to emergency notifications, the contact listed above may receive calls, emails, texts, and pre-recorded messages regarding non-emergency information. Non-emergency information is that which does not pertain to a school closing, medical or safety emergency. Non-emergency 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:

<table>
<thead>
<tr>
<th>Non-Emergent Number:</th>
<th>Ext:</th>
<th>☐ Work ☐ Home ☐ Cell</th>
<th>Receive Texts? ☐ Yes ☐ No</th>
</tr>
</thead>
</table>

If you would like to opt out of non-emergency notifications, sign here:

**Note:** Your signature confirms that you will not receive calls regarding non-emergent information.

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.

**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.

Revised on: 9/2018
**Baltimore County Public Schools**  
**Hillcrest Elementary School**  
**School Registration Form**  
**PS 515, F1**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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?  
☐ Walk  ☐ Ride Bus  ☐ 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.  
☐ Yes  ☐ 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://bcpsonet.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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Email Address</th>
<th>Check here to APPROVE BCPS One View Only Access</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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: ___________________

Revised on: 9/2018
Prior Early Care Experience

The Maryland State Department of Education (MSDE) requires Baltimore County Public Schools to collect information about the early care experiences of all newly enrolling kindergarten students. Using the definitions provided below, please provide the following information and return it to the school in which your child will be enrolled.

Student’s Name ___________________________ Date of Birth ___ / ___ / ___

School ___________________________ Kindergarten Year __________

In what kind of care did the child spend most of their time since September of the previous year?

**Place one check in the correct box for full day or two checks in the correct half day boxes.**

Include the name of the school, center, or provider on the line.

<table>
<thead>
<tr>
<th>Prior Care</th>
<th>Full Day</th>
<th>Half Day -1</th>
<th>Half Day -2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Start</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prekindergarten in a public school (general education or special education)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care Center</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Child Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nonpublic Nursery School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kindergarten (repeated)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MSDE Defined Categories of Early Care Experiences**

<table>
<thead>
<tr>
<th>Informal Care</th>
<th>Care provided in a home by a relative or non-relative.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start Program</td>
<td>A federal pre-school program for 3 to 5 year olds from low income families; funded by the U.S. Department of Health and Human Services and licensed by the Maryland Department of Education, Office of Child Care.</td>
</tr>
<tr>
<td>Prekindergarten in a public school</td>
<td>Public school prekindergarten education for four-year olds. Administration by local boards of education and regulated by the Maryland State Department of Education (MSDE) according to COMAR 13A.06.02 Prekindergarten Programs. (General education or special education in a public school.)</td>
</tr>
<tr>
<td>Child Care Center</td>
<td>Child care provided in a facility, usually non-residential, for part or all of the day that provides care to children in the absence of a parent. The centers are licensed by the Maryland State Department of Education, Office of Child Care.</td>
</tr>
<tr>
<td>Family Child Care</td>
<td>Regulated care given to a child younger than 13 years old, in place of parental care for less than 24 hours, in a residence other than the child’s residence and for which the provider is paid. Family child care is regulated by the Maryland State Department of Education, Office of Child Care.</td>
</tr>
<tr>
<td>Non-public Nursery School</td>
<td>Pre-school program with an “education” focus for 2, 3, or 4 year olds; approved or exempted by MSDE; usually part-day, nine months a year.</td>
</tr>
</tbody>
</table>