



4th

Required Registration Documents

	Preschool/ Prek	Kindergarten	Grades 1-12
Parent/Guardian Photo ID	✓	✓	✓
Original birth certificate, birth registration, or passport	✓	✓	✓
Immunization record	✓	✓	✓
Verification of domicile (proof of ownership or lease)*	✓	✓	✓
3 pieces of mail (dated within 60 days)			
-	✓	✓	✓
-			
-			
<i>School Registration Form (PS 515,F1)</i>	✓	✓	✓
<i>New Student Health History Form (BEBCO 5543-17)</i>	✓	✓	✓
<i>Prior Care Form</i>		✓	
<i>PreK Selection Criteria Form</i>	✓		
Proof of income (Tax forms, 2 most recent pay stubs or 2 bank statements)	✓		
Food Stamp, Temporary Cash Assistance (TCA), or Independence Card and award notification/eligibility letter.	<i>if applicable</i>		
Transfer papers from prior school (including report card)	<i>if applicable</i>	<i>if applicable</i>	✓
IEP/504 plan/Behavior plan	<i>if applicable</i>	<i>if applicable</i>	<i>if applicable</i>
Custody documents/court orders	<i>if applicable</i>	<i>if applicable</i>	<i>if applicable</i>
Other school specific forms	<i>if applicable</i>	<i>if applicable</i>	<i>if applicable</i>

Please note:

Enrollment must be completed by parent or legal guardian.

All documents and identification listed above must reflect the current address and be submitted **before** the child can be enrolled.

Mail must be first-class mail from a business or organization, addressed to parent or guardian and dated within 60 days.

For complete list of registration requirements, refer to BCPS Policy and Rule 5150.

*Acceptable documents for verification of domicile:

Home owners: Deed, signed settlement sheet, title, current mortgage statement or coupon book, or current property tax bill

Renters: Current lease or rental agreement along with all required signatures. If leasing from a private party, proof of ownership from the home owner must also be submitted. Expired leases or month to month leases require a letter from the landlord confirming that the lease is still active.

Shared domicile: If the parent or legal guardian is not the homeowner or leaseholder, contact the school's Pupil Personnel Worker for a shared domicile application.

Once ALL documents are gathered call for an appointment to register: 443-809-1130
Online documents can be emailed to kglorioso2@bcps.org

Baltimore County Public Schools

Registration Requirements

Please note:

- Completing the virtual registration allows us to begin the registration process, however, your child will not be registered until all required documents are submitted
(see page 1, *Required Registration Documents checklist*)
- Only a parent (listed on birth certificate) or legal guardian (by court order) may register a child
- All names and addresses must match on all documents provided
- Screen shots of online documents are not accepted

VERIFICATION OF DOMICILE

Acceptable documents for verification of domicile for homeowners:

- Deed or deed of trust that has all required signatures
- Settlement sheet that has all required signatures
- Title that has all required signatures
- Mortgage coupon book or current mortgage statement
- Real estate tax bill or receipt for current year

Acceptable documents for verification of domicile for renters:

- Original, current lease, current lease with lease renewal (if applicable), or rental agreement from a real estate management company or commercial lessor for residential dwelling located in Baltimore County, along with all required signatures.
- Lease or rental agreement from a private party owner. The private party owner must establish ownership as outlined in homeowner documents above.
- NOTE: Expired leases or month to month leases require a signed and dated note from the landlord confirming that the lease is still current.

If the parent or legal guardian is not the homeowner or leaseholder, see Shared Domicile Application.

SHARED DOMICILE APPLICATION

If you are not the homeowner and/or your name is not listed as a leaseholder and you share a residence with another person, you must request a Shared Domicile Application through the Pupil Personnel Worker. Please contact [Pupil Personnel Services](#) in the Office of School Climate for an application and an appointment to verify residency, 443-809-0404. Shared Domicile Applications must be renewed every year.

Exception: If you are married to the property owner, proof of marriage may be submitted to confirm residency along with required verification of domicile documents for homeowners.

3 PIECES OF MAIL

Acceptable pieces of mail, dated within 60 days and include parent/guardian's name and address:

- Federal or state income tax return for the tax year immediately preceding enrollment
- W-2 form for the current year
- Paycheck/paystub stating name and address
- Correspondence addressed to the parent(s) from an office of a federal, state, or local county governmental agency
- Charge account/credit card billing statement
- Bank account statement
- Gas and electric bill
- Cable bill
- Voter's registration card
- Motor vehicle administration vehicle registration
- Driver's license, Maryland identification card, or age of majority card issued by the Maryland Motor vehicle Administration only when document has not been used to verify proof of parent identity
- Change of address notification from the United States Postal Service
- Court documents
- Government-issued license and/or professional certificate
- First-class mail from a business or agency
- Health center mailing
- Mailing from a Baltimore County public school or office
- A statement written on company letterhead from the parent's employer which verifies the parent's current address

OTHER ENROLLMENTS

All registrations for non-resident students, homeless students, students in an agency placed foster care, students in kinship care or family hardship care must be approved by the Pupil Personnel Worker prior to enrollment. Contact [Pupil Personnel Services](#) in the Office of School Climate, 443-809-0404.

Magnet program enrollment is determined through an application and admission process. For information regarding this process, please contact the school's magnet coordinator, or refer to the [Magnet Programs Website](#) on BCPS.org under Offices of Innovative Learning and Educational Options.

CHANGE OF RESIDENCE

A parent shall notify his/her child's school of any change in domicile or hardship condition as soon as the change occurs. Failure to notify the school within fifteen (15) business days of occurrence may result in the student being withdrawn from school and the parent or guardian may be financially liable for tuition.

Residency matters will be referred to the Office of Pupil Personnel Services for investigation.

FRAUDULENT ENROLLMENT/FALSIFICATION OF DOCUMENTS

If a student is found to be fraudulently enrolled in a Baltimore County public school, the school will issue a letter notifying the parent that the student will be withdrawn in fifteen (15) business days; the letter will advise the parent of his/her right to appeal the finding. The parent or guardian shall be financially liable for tuition for the entire time of fraudulent enrollment or attendance, no tuition waiver shall be granted.

BCPS RULE 5150, ENROLLMENT & ATTENDANCE

All requirements outlined here are a summary of requirements in Rule 5150 found on the [BCPS Policies and Rules website](#). If you have any questions about the registration requirements or enrollment process, please contact your home school.

**GLYNDON ELEMENTARY SCHOOL
BALTIMORE COUNTY PUBLIC SCHOOLS
SCHOOL REGISTRATION FORM**

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

**GLYNDON ELEMENTARY SCHOOL
BALTIMORE COUNTY PUBLIC SCHOOLS
SCHOOL REGISTRATION FORM**

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			
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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			
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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.			

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.	

**GLYNDON ELEMENTARY SCHOOL
BALTIMORE COUNTY PUBLIC SCHOOLS
SCHOOL REGISTRATION FORM**

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 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: <input type="checkbox"/> 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.

Preferred Name/Gender Requests Only: <i>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.</i>
Signature of adult responsible for the student: _____ Date: _____ Signature of Student: _____ Date: _____

<p><u>Please read carefully before signing this form:</u></p> <p><i>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.)</i></p> <p><i>To the best of my knowledge, all information entered on this enrollment form is accurate.</i></p>
<div style="display: flex; justify-content: space-between;"> Signature of adult responsible for the student's enrollment Date </div>

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			
Bleeding problems			
Lead poisoning			
Sickle Cell Disease			
Diabetes			
Anaphylaxis			
Seasonal allergies			
Food allergies			
Medication/Drug allergies			
Mental health/emotional problems like depression			
ADHD/ADD			
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:			
Is your child toilet trained?			

Hospitalization Date: _____ Reason: _____

Hospitalization Date: _____ Reason: _____

Surgery Date: _____ Reason: _____

Surgery Date: _____ Reason: _____

Parent Signature: _____ Telephone: _____ Date: _____

Parent Address: _____

School Dental Health Record

Name of Student: _____ Age: _____

Name of School: _____ Grade: _____

All students can achieve a healthy mouth, provided they practice protective health habits from childhood and have the opportunity to benefit from present-day knowledge of dental disease prevention and control. If your child has not visited your family dentist within the last six months, we advise you to make an appointment immediately. After the dental appointment, the signed form should be returned to the school your child will be attending.

Report of Dental Examination:

- A. ☐ No dental treatment is necessary.
- B. ☐ All necessary dental treatment has been completed.
- C. ☐ Treatment is in progress.

Further recommendations: _____

Date

Signature of Dentist

Maryland Schools Record of Physical Examination

To Parents or Guardians:

In order for your child to enter a Maryland Public school for the first time, the following are required:

- ***A physical examination by a physician or certified nurse practitioner must be completed within nine months prior to entering the public school system or within six months after entering the system.*** A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement. (<http://www.dsd.state.md.us/comar/comarhtml/13a/13a.05.05.07.htm>)
- ***Evidence of complete primary immunizations against certain childhood communicable diseases is required for all students in preschool through the twelfth grade.*** A Maryland Immunization Certification form for newly enrolling students may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend school. This form can be found at:
[https://phpa.health.maryland.gov/OIDEOR/IMMUN/Shared%20Documents/Maryland%20Immunization%20Certification%20Form%20\(DHMH%20896%20-%20February%202014\).pdf](https://phpa.health.maryland.gov/OIDEOR/IMMUN/Shared%20Documents/Maryland%20Immunization%20Certification%20Form%20(DHMH%20896%20-%20February%202014).pdf).
- ***Evidence of blood testing is required for all students who reside in a designated at risk area when first entering Pre-kindergarten, Kindergarten, and 1st grade.*** The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at:
https://phpa.health.maryland.gov/OEHFP/CHS/Shared%20Documents/Lead/MarylandDHMHBloodLeadTestingCertificateDHMH4620_revised3.24.2016c.pdf.

Exemptions from a physical examination and immunizations are permitted if they are contrary to a students' or family's religious beliefs. Students may also be exempted from immunization requirements if a physician/nurse practitioner or health department official certifies that there is a medical reason not to receive a vaccine. Exemptions from Blood-Lead testing is permitted if it is contrary to a family's religious beliefs and practices. The Blood-lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

The health information on this form will be available only to those health and education personnel who have a legitimate educational interest in your child.

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered in school, you must have the physician complete a medication administration form for each medication. This form can be obtained at <http://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/medforms/medicationform404.pdf>. If you do not have access to a physician or nurse practitioner or if your child requires a special individualized health procedure, please contact the principal and/or school nurse in your child's school.

Maryland State Department of Health and Mental Hygiene

Maryland State Department of Education

Records Retention - This form must be retained in the school record until the student is age 21.

PART I - HEALTH ASSESSMENT**To be completed by parent or guardian**

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
Address (Number, Street, City, State, Zip)			Phone No.	
Parent/Guardian Names				
Where do you usually take your child for routine medical care?			Phone No.	
Name:		Address:		
When was the last time your child had a physical exam? Month			Year	
Where do you usually take your child for dental care?			Phone No.	
Name:		Address:		
ASSESSMENT OF STUDENT HEALTH To the best of your knowledge has your child any problem with the following? Please check				
	Yes	No	Comments	
Allergies (Food, Insects, Drugs, Latex)				
Allergies (Seasonal)				
Asthma or Breathing Problems				
Behavior or Emotional Problems				
Birth Defects				
Bleeding Problems				
Cerebral Palsy				
Dental				
Diabetes				
Ear Problems or Deafness				
Eye or Vision Problems				
Head Injury				
Heart Problems				
Hospitalization (When, Where)				
Lead Poisoning/Exposure				
Learning problems/disabilities				
Limits on Physical Activity				
Meningitis				
Prematurity				
Problem with Bladder				
Problem with Bowels				
Problem with Coughing				
Seizures				
Serious Allergic Reactions				
Sickle Cell Disease				
Speech Problems				
Surgery				
Other				
Does your child take any medication? No Yes Name(s) of Medications: _____ No Yes Treatment _____, etc.) Does your child require any special procedures? (catheteriz No Yes Parent/Guardian Signature _____ation, etc.) <div style="text-align: right;">Date: _____</div>				

PART II - SCHOOL HEALTH ASSESSMENT
To be completed **ONLY** by Physician/Nurse Practitioner

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
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1. Does the child have a diagnosed medical condition?

No Yes _____

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is at school? (e.g., seizure, insect sting allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE. Additionally, please "work with your school nurse to develop an emergency plan".

No Yes _____

3. Are there any abnormal findings on evaluation for concern?

Evaluation Findings/CONCERNS

Physical Exam	WNL	ABNL	Area of Concern	Health Area of Concern	YES	NO
Head				Attention Deficit/Hyperactivity		
Eyes				Behavior/Adjustment		
ENT				Development		
Dental				Hearing		
Respiratory				Immunodeficiency		
Cardiac				Lead Exposure/Elevated Lead		
GI				Learning Disabilities/Problems		
GU				Mobility		
Musculoskeletal/orthopedic				Nutrition		
Neurological				Physical Illness/Impairment		
Skin				Psychosocial		
Endocrine				Speech/Language		
Psychosocial				Vision		
				Other		

REMARKS: (Please explain any abnormal findings.)

4. **RECORD OF IMMUNIZATIONS** – DHMH 896 is required to be completed by a health care provider or a computer generated immunization record must be provided.

5. Is the child on medication? If yes, indicate medication and diagnosis.

No Yes _____

(A medication administration form must be completed for medication administration in school).

6. Should there be any restriction of physical activity in school? If yes, specify nature and duration of restriction.

No Yes _____

7. Screenings	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		
Lead Test	Optional	

PART II - SCHOOL HEALTH ASSESSMENT - continuedTo be completed **ONLY** by Physician/Nurse Practitioner

(Child's Name)_____ has had a complete physical examination and has:

no evident problem that may affect learning or full school participation

problems noted above

Additional Comments:

Physician/Nurse Practitioner (Type or Print)

Phone No.

Physician/Nurse Practitioner Signature

Date

MARYLAND DEPARTMENT OF HEALTH BLOOD LEAD TESTING CERTIFICATE

Instructions: Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

BOX A-Parent/Guardian Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade

CHILD'S NAME _____

LAST FIRST MIDDLE

CHILD'S ADDRESS			
STREET ADDRESS (with Apartment Number)	CITY	STATE	ZIP

SEX: ☐ Male ☐ Female BIRTHDATE_____ PHONE_____

PARENT OR GUARDIAN	LAST	FIRST	MIDDLE
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BOX B – For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO):

Was this child born on or after January 1, 2015? ☐ YES ☐ NO

Has this child ever lived in one of the areas listed on the back of this form? ☐ YES ☐ NO

Does this child have any known risks for lead exposure (see questions on reverse of form and talk with your child's health care provider if you are unsure)? ☐ YES ☐ NO

If all answers are NO, sign below and return this form to the child care provider or school.

Parent or Guardian Name (Print): _____ **Signature:** _____ **Date:** _____

If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.

BOX C – Documentation and Certification of Lead Test Results by Health Care Provider

Test Date	Type (V=venous, C=capillary)	Result (mcg/dL)	Comments
	Make a selection:		
	Make a selection:		
	Make a selection:		

Comments:

Person completing form: ☐ Health Care Provider/Designee OR ☐ School Health Professional/Designee

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address: _____

BOX D – Bona Fide Religious Beliefs

I am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent or Guardian Name (Print): _____ Signature: _____ Date: _____

This part of BOX D must be completed by child's health care provider: Lead risk poisoning risk assessment questionnaire done: ☐ YES ☐ NO

Provider Name: _____ Signature: _____

Date: _____ Phone: _____

Office Address:

HOW TO USE THIS FORM

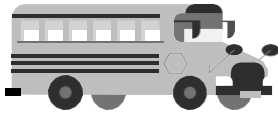
The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born BEFORE January 1, 2015)

<u>Allegany</u>	<u>Baltimore Co. (Continued)</u>	<u>Carroll</u>	<u>Frederick (Continued)</u>	<u>Kent</u>	<u>Prince George's (Continued)</u>	<u>Queen Anne's (Continued)</u>
ALL	21212	21155	21776	21610	20737	21640
	21215	21757	21778	21620	20738	21644
<u>Anne Arundel</u>	21219	21776	21780	21645	20740	21649
20711	21220	21787	21783	21650	20741	21651
20714	21221	21791	21787	21651	20742	21657
20764	21222		21791	21661	20743	21668
20779	21224	<u>Cecil</u>	21798	21667	20746	21670
21060	21227	21913			20748	
21061	21228		<u>Garrett</u>	<u>Montgomery</u>	20752	<u>Somerset</u>
21225	21229	<u>Charles</u>	ALL	20783	20770	ALL
21226	21234	20640		20787	20781	
21402	21236	20658	<u>Harford</u>	20812	20782	<u>St. Mary's</u>
	21237	20662	21001	20815	20783	20606
<u>Baltimore Co.</u>	21239		21010	20816	20784	20626
21027	21244	<u>Dorchester</u>	21034	20818	20785	20628
21052	21250	ALL	21040	20838	20787	20674
21071	21251		21078	20842	20788	20687
21082	21282	<u>Frederick</u>	21082	20868	20790	
21085	21286	20842	21085	20877	20791	<u>Talbot</u>
21093		21701	21130	20901	20792	21612
21111	<u>Baltimore City</u>	21703	21111	20910	20799	21654
21133	ALL	21704	21160	20912	20912	21657
21155		21716	21161	20913	20913	21665
21161	<u>Calvert</u>	21718				21671
21204	20615	21719	<u>Howard</u>	<u>Prince George's</u>	<u>Queen Anne's</u>	21673
21206	20714	21727	20763	20703	21607	21676
21207		21757		20710	21617	
21208	<u>Caroline</u>	21758		20712	21620	<u>Washington</u>
21209	ALL	21762		20722	21623	ALL
21210		21769		20731	21628	
						<u>Wicomico</u>
						ALL
						<u>Worcester</u>
						ALL

Lead Risk Assessment Questionnaire Screening Questions:

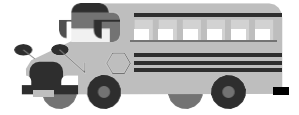
1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.



IMPORTANT INFORMATION

Arrival/Dismissal Procedures

School Year 2023-2024



In preparation for the upcoming 2022-2023 school year, we are reaching out to our Glyndon families to confirm how students will arrive to and be dismissed from school.

All students MUST electronically submit or return this form to school, signed by the parent or guardian, no later than July 21, 2023.

PLEASE FILL OUT THE INFORMATION BELOW:

<input type="checkbox"/>	By checking this box, I understand that based on our home address, the Transportation Department will determine if my child is a walker or bus rider.
<input type="checkbox"/>	By checking this box, I am letting the school know that my child is NOT arriving and/or dismissing from our home address. Please explain below.

My child will be dropped off by the following individual(s), childcare provider, or van service:	
NAME:	PHONE #:

My child will be picked up by the following individual(s), childcare provider, or van service:	
NAME:	PHONE #:

This form MUST be signed by a parent or guardian, dated, and returned by July 21, 2023.

Student Name: _____

Parent/Guardian Name – Print Name: _____

Email Address: _____ Phone: _____

Parent Signature: _____



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

Name Mrs. Kay Glorioso	Business/Company Name Glyndon Elementary	
Mailing Address 445 Glyndon Drive	City Reisterstown	State MD 21136

AUTHORIZATION AND CERTIFICATION

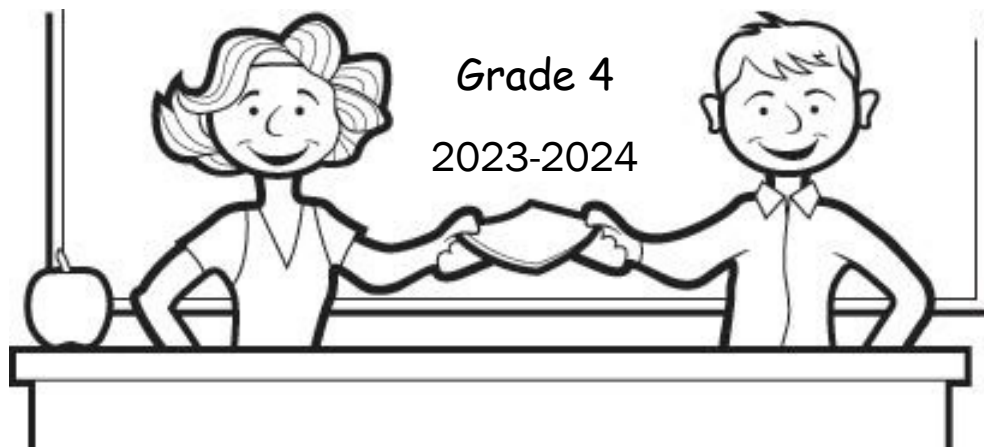
I certify that I am the parent and legal guardian of the student, or eligible student if age 18 or over.

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



Glyndon Elementary School Supplies

The following lists are supply items that will be needed by the student during the year.

<input type="checkbox"/>	12 (#2) pencils with erasers	<input type="checkbox"/>	3 marble composition notebooks
<input type="checkbox"/>	Pencil case (with zipper)	<input type="checkbox"/>	4 pocket folders with 3 prongs
<input type="checkbox"/>	Water bottle for daily use	<input type="checkbox"/>	1 box of 24 crayons
<input type="checkbox"/>	1 pair of scissors	<input type="checkbox"/>	4-5 glue sticks
<input type="checkbox"/>	5-10 glue sticks	<input type="checkbox"/>	3 packages of 3" Post-It Notes
<input type="checkbox"/>	3-5 multi-color highlighters	<input type="checkbox"/>	1 pair of headphones/ear buds in a zipper seal bag with child's name on it for personal use

Families may donate the following school supplies:

- Gallon size package of zipper seal baggies
- Sandwich size package of zipper seal baggies
- Bottle of hand sanitizer with pump top
- 2 Boxes of tissues
- Additional glue sticks
- Additional #2 pencils

Please label all supplies with your child's name