

**Enrollment of Student in State Supervised Care****Directions:**

To be completed by an adult acting on behalf of a child in Maryland state-supervised care, including a child in the custody of or placed by an agency into foster care, group home, and other facility.

Placement agencies include local departments of social services, the Department of Health and Mental Hygiene, Juvenile Services, or private placing agencies licensed by the Social Services Administration. Prior to or concurrent with a placement, the placing agency must notify the school where the child will be enrolled.

Parents or other permitted parties (i.e., education guardian, parent surrogate, foster parent, court-appointed attorney, or court-appointed special advocate acting on behalf of the child) may also provide enrollment notice of child in care.

☐ **Out-of-County Placement**      ☐ **AA County Agency Placement**

**Student Information**

Student's Name	Birthdate	Race	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Requested School			Grade
Last School Attended			Grade
School Status at Last School <input type="checkbox"/> Good Standing <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Other _____	Is student currently receiving special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No List hours of service _____	Is student currently receiving 504 services? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Parent(s)/Guardian Information**

Mother's Name		Father's Name	
Last Known Address		Last Known Address	
City	State	Zip	City
Home Phone Number		Cell Phone Number	
Work Phone Number		Have parental rights been terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	

City		State		Zip
Home Phone Number		Cell Phone Number		
Work Phone Number		Have parental rights been terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Placing Agency Information** (e.g., Dept. of Social Services, Dept. of Juvenile Services, etc.) *Please attach copy of court order.*

Agency with Court Order of Care

Agency Address	City	State	Zip
Name of Social Worker/Case Management Specialist	Work Phone Number	Cell Phone Number	
Guardian/Caretaker's Name			Relationship
Address			City
State			Zip
Home Phone Number			Cell Phone Number
Work Phone Number			How long has student lived at this address?

<b>AACPS staff who acted on this request</b>	Name	Position	Date
--	------	----------	------

**Copies to:** Caregiver • School File • Office of Pupil Personnel • Pupil Personnel Worker