

Welcome!

to

POCOMOKE HIGH SCHOOL

To help expedite the registration process, please bring the following required information when registering your child.

- ◆ **Resident of Pocomoke City & Proof of Residence** from the list below:
 - Current Gas, Water or Electric Bill
 - Deed of Property
 - Settlement Papers
 - Lease Agreement
 - IRS Documents with address and name
 - Affidavit of Disclosure – if none of the above is available. **This is only good for 30 days.**

- ◆ **Proper Withdrawal Forms from Previous School of Attendance**
 - Most Recent Report Card
 - Updated Transcript
 - Special Education Paperwork, if applicable

- ◆ **Proof of Birth**
 - Birth Certificate

- ◆ **Social Security Card**
 - With name & Social Security number of student being registered.

- ◆ **Health Form**
 - Current Immunization Record
 - Record of Physical Examination if child is entering Maryland Public school for the first time.

- ◆ **Proof of Guardianship** (if applicable). Court ordered - **Nothing else is acceptable in Worcester County.**

CONSENT FOR DISCLOSURE
OF STUDENT EDUCATIONAL RECORDS

Student's Legal Name: _____ Date of Birth: ___/___/___
School Enrolled in: _____ Grade: _____ Graduated: ___/___/___
Father's Name: _____ Mother's Name: _____

I, the undersigned, do hereby give the Board of Education of Worcester County or the school under the direction of said Board and the agents thereof permission to release the educational records of the student listed above.

- A. Release all records requested..... _____
- B. Release only the following records:
 - 1. Personal and family information _____
 - 2. Attendance data _____
 - 3. Subject performance _____
 - 4. Standardized test data _____
 - 5. Health, vision and hearing information _____
 - 6. School activity information _____
 - 7. Physical, behavioral or psychological information _____
 - 8. Other, as specified _____
 - a. _____
 - b. _____
 - c. _____

The records are to be sent to the following agency, employer, institution or person:

Pocomoke High School
1817 Old Virginia Road
Pocomoke City, MD 21851

These records are to be used for the following purpose(s):

Enrollment

I understand that I may review the records and have a copy of said records at my own expense by making a written request to the responsible authority.

Print Name Clearly: _____ Relationship to Student _____

_____ Date _____ Signature _____

DIRECTIONS: Original copy to be placed in Cumulative Student Record. A photocopy forwarded with the released records. Students 18 years of age must sign this form.

INFORMATION TO ENROLL NEW STUDENT

NAME *(As it appears on birth certificate)* _____
(last) (first) (middle)

911 ADDRESS _____
(street) (city) (state) (zip)

MAILING ADDRESS _____
(street) (city) (state) (zip)

GRADE _____ **HOME PHONE** _____

DATE OF BIRTH _____ **GENDER** _____

ETHNIC CATEGORY: Are you Hispanic or Latino? YES NO

RACE CATEGORY: Select ***all*** that apply.

- | | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Hispanic |

GUARDIANSHIP:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only |
| <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Agency _____ |
| <input type="checkbox"/> Other Legal Guardian (specify) _____ | | |

NAME OF PARENT/GUARDIAN: _____

WORK PLACE _____

WORK PHONE _____ **CELL PHONE** _____

NAME OF PARENT/GUARDIAN: _____

WORK PLACE _____

WORK PHONE _____ **CELL PHONE** _____

HAS HE/SHE EVER ATTENDED A WORCESTER COUNTY PUBLIC SCHOOL? _____

If yes, which school? _____

HAS HE/SHE EVER ATTENDED A MARYLAND PUBLIC SCHOOL? _____

If yes, which school? _____

PREVIOUS SCHOOL ATTENDED? _____

(Address & Phone number) _____

ANY OTHER SCHOOLS HE/SHE ATTENDED? _____



STUDENT RECEIVED SPECIAL SERVICES FROM PREVIOUS SCHOOL? YES NO

If yes, what type of services? _____

LIST LANGUAGES SPOKEN IN THE HOME: _____

NAMES OF ANY BROTHERS/SISTERS ATTENDING POCOMOKE SCHOOLS AND WHICH SCHOOLS:

COUNTRY @ BIRTH (if other than US) _____

U.S. CITIZEN? YES NO

IS STUDENT CURRENTLY EXPELLED OR OR SUSPENDED FROM PREVIOUS SCHOOL? _____

If yes, explain. _____

IS STUDENT CURRENTLY HAVING ATTENDANCE ISSUES FROM PREVIOUS SCHOOL? _____

If yes, explain. _____

THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE. I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION OR THE USE OF ANY OTHER FRAUDULENT MEANS TO ACHIEVE AN ENROLLMENT IN A WORCESTER COUNTY PUBLIC SCHOOL WILL RESULT IN IMMEDIATE REVOCATION OF ENROLLMENT.

(Signature of Parent/Legal Guardian)

(Date)



PROOF OF RESIDENCE

Worcester County Public Schools

Student: _____ Date: _____

School: POCOMOKE HIGH SCHOOL

Check below which type of documentation the parent is providing as proof of legal residency. Please sign and date. Include any updates by noting and dating subsequent changes. **Attach proof of residency to this form.**

Check box of item showing documentation and initial on the line following.

- Lease or rental agreement that can be substantiated _____
- Utility bill _____
- Proof of mortgage agreement/payment _____
- IRS document of any kind with address and name _____
- Property tax bill _____
- Notarized document with proof of address _____
- Other (please explain below) _____

Unfortunately, due to new statewide procedures, we can no longer accept a driver's license as the only proof of residency.

School Official's Signature

Date



Worcester County Public Schools HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ M F
 Parent/Guardian Name: _____
 Address: _____
 Home Telephone: _____ Work Telephone: _____
 School: _____ Grade: _____ Date: _____

In accordance with federal and state requirements, the Home Language Survey will be administered to all students and used only for determining whether a student needs English language support services and will not be used for immigration matters or reported to immigration authorities.

If a language other than English is indicated on two or more of the three questions below, the student will be assessed for English language support services. Additional criteria for testing may be considered.

1. What language(s) did the student first learn to speak? _____
2. What language does the student use most often to communicate? _____
3. What language(s) are spoken in your home? _____

If a language other than English was indicated on two or more of the questions above, please complete the following four questions.

4. In what country was your child born? _____
5. Has your child attended any school in the US? Yes No
 If yes, name of school: _____ State: _____ Date: _____
6. Is your child able to read and write in their home language? Yes No
7. Please describe the language understood by your child, (Check only one)
 - Understands only the home language and no English.
 - Understands the home language and English equally.
 - Understands only English.

If a language other than English is indicated on two or more of the first three (1-3) questions, please forward one copy to the ESOL/instructor in your building and one copy to Angela R. Paris at the Central Office.

OFFICE USE ONLY			
Date Received	Date Assessed	Qualifies for ESOL Services <input type="checkbox"/> Yes <input type="checkbox"/> No	ESOL Instructor

Date: _____

**Worcester County Public Schools
McKinney-Vento Act
Student Residency Questionnaire**

Student: _____ Date of Birth: _____

School: _____ Age: _____ Grade: _____

Please answer the questions below concerning your residency. The information you provide is confidential. The purpose of this information is to ensure the rights of your child and youth under the McKinney-Vento Law (42 US code 11431 and Title X under ESEA/NCLB).

1. Is your address a temporary living arrangement? Yes No
2. Is your living arrangement due to loss of housing or economic hardship? Yes No

If you answered YES to either of the above questions, please complete the remainder of this form. If you answered NO to both questions, you may stop here.

Where is the student currently living? (Please check one)

- In a motel/hotel
- In a shelter
- With another family in a house or apartment due to loss of housing or economic hardship
- In a car, park, campground, street, or abandoned building
- Moving from place to place
- Temporary or emergency foster care
- Other: _____

Last school student attended:

School: _____ District: _____

City: _____ State: _____

Name of Parent/Guardian(s):

Name: _____ Signature: _____

Name: _____ Signature: _____

OR

Student (unaccompanied homeless youth):

Name: _____ Signature: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

If the student is NOT living in permanent housing, proof of residency and other documents normally needed for enrollment are not required and the student is to be enrolled immediately.

Worcester County Public Schools
McKinney-Vento Act
Cuestionario sobre la residencia de los alumnos

Nombre del alumno: _____ Fecha de nacimiento: _____
Nombre de la escuela: _____ Edad: _____ Grado: _____

Responda las siguientes preguntas sobre su residencia. La información que proporcione es confidencial. El propósito de esta información es garantizar los derechos de su hijo en conformidad con la Ley McKinney-Vento (Artículo 42 del Código de Estados Unidos, 11431 y Artículo X en conformidad con ESEA/NCLB).

1. ¿ Su dirección corresponde a una vivienda temporal? Si No
2. ¿ Su vivienda temporal se debe a la pérdida de vivienda o dificultades económicas? Si No

Si respondió SÍ a alguna de las preguntas anteriores, complete el resto del formulario. Si respondió No a ambas preguntas, termine aquí.

¿ Dónde vive actual mente el alumno? (Marque una opción)

- En un motel/hotel
 En un albergue
 Con otra familia en una casa o department debido a la pérdida de vivienda o dificultades económicas
 En un automóvil, parquet, campamento, calle o edificio abandonado
 Se desplaza de un lugar a otro
 Con una familia adoptive temporal o de emergencia
 Otra: _____

Última escuela a la que asistió el alumno:

Escuela: _____ Distrito: _____
Ciudad: _____ Estado: _____

Nombre de padre/madre/tutor(es):

Nombre: _____ Firma: _____
Nombre: _____ Firma: _____

O BIEN

Alumno (menor sin hogar y solo):

Nombre: _____ Firma: _____
Dirección: _____
Número de casa: _____ Número de trabajo: _____ Número de celular: _____

Si el alumno NO vive en una vivienda permanente, so se requieren pruebas de residencia ni otros documentos que normalmente se solicitan para la inscripción, y debe inscribirse al alumno de inmediato.



WORCESTER COUNTY PUBLIC SCHOOLS

SchoolMessenger: ENROLLMENT FORM

SchoolMessenger is an automated notification system that informs parents and guardians of important messages such as fog delays, early dismissals, school closings and other emergencies. Messages are shared via phone and text messages (see the attached for text messaging details), and may be sent as early as 5:15 a.m., but no later than 9:00 p.m.

The SchoolMessenger system will call up to four designated telephone or cell phone numbers per household. It is extremely important that you provide the phone numbers that will be contacted when the system has been programmed to deliver an important message. Typically, parents and guardians choose their home phone, cell phones, and/or direct work phones, and perhaps their child's before or after-school day care provider. If you do not submit this form with designated numbers, the School Messenger system will **not** contact you.

Please read the directions carefully and provide a **Primary** contact number, up to three **Secondary** numbers, and for **text messages** two cell numbers (you may reuse your cell numbers). If any of your phone numbers for SchoolMessenger **change**, you must complete a SchoolMessenger Change Form located in your school's Front Office.

RETURN THE FORM BELOW TO THE SCHOOL'S FRONT OFFICE

Phone numbers should include extensions, and should not be general or main business numbers.

Student's Name : _____

Student's School: _____ Student's Grade: _____

Primary Contact Number -

This number will be called for all messages. _____

Secondary Contact Numbers-

These numbers will be called for information that needs to be delivered during school hours, such as an early dismissal phone call. The system will use the Primary and Secondary Contact numbers that are listed to help ensure that the message gets delivered.

_____-_____-_____-_____-_____-_____-
_____-_____-_____-_____-_____-_____-
_____-_____-_____-_____-_____-_____-

Text Messaging Cell Numbers

These two cell numbers will receive text messages. If you do not want to receive text messages, see the instructions on the attached page to complete the Opt Out process.

_____-_____-_____-_____-_____-_____-
_____-_____-_____-_____-_____-_____-

WORCESTER COUNTY PUBLIC SCHOOLS

SchoolMessenger: TEXT MESSAGING

Worcester County Public Schools is using SchoolMessenger to keep our students, staff, and parents informed about important messages, such as fog delays, school closings, power outages, important events, and early dismissals. We believe that the key to effective communication is offering a variety of options from which students, parents, staff, and community members can receive important information.

To receive text messages from our county, you will have to complete the opt-in process for the two cell numbers that you have provided on the SchoolMessenger Enrollment Form.

Opt-In Process

Text any one of the following words (subscribe, option, yes) to the number 68453.

If you were successful, you will see the following reply message:

You are registered to receive approx. 3 msgs/mo. Txt STOP to quit, HELP to help.

Opt-Out Process

To opt out of all text messages from SchoolMessenger, **reply with STOP to the opt-in message** or visit www.schoolmessenger.com/tm.

*These services are optional and you are not required to participate. Please note - although Worcester County Public Schools does not charge you for this service, **it does not pay for text messaging charges that may be incurred by you for sending or receiving text messages.***

Check with your wireless carrier for possible charges.

If you have any questions, please feel free to contact your child's school.

New Students

Worcester County Public Schools Emergency Information/Registration Card

20-21

Today's Date: _____

PLEASE COMPLETE THE FOLLOWING VITAL INFORMATION

STUDENT INFORMATION				
Legal Last Name		First Name		Middle Name
Social Security No.	Birthdate	Present Grade	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Home Phone

ETHNIC Category	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
RACE Category	Everyone <u>must</u> select at least one race below.	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	

PRIMARY HOUSEHOLD INFORMATION: Name of person(s) the STUDENT LIVES WITH. If a student lives with legal guardian, court order of custody papers must be presented to the school.

Living with:				
<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother only	<input type="checkbox"/> Father only	<input type="checkbox"/> Self	<input type="checkbox"/> Agency
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother/Stepfather	<input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Stepfather/Stepmother	<input type="checkbox"/> Other (specify)
Mother's/Guardian Last Name	First Name	Employer/Address	Business Phone #	Cell Phone #/Emergency #
Father's/Guardian Last Name	First Name	Employer/Address	Business Phone #	Cell Phone #/Emergency #
Parent/Legal Guardian Street Address			City	Zip
Mailing Address (if different from above)			City	Zip

Parent/Guardian email: _____

What is your child's country of birth (if other than USA)? _____

What date did your child first enter the USA? _____

Residence Verification - If your address changes, please provide new documentation. The residence information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment in any Worcester County Public School, will result in immediate revocation of enrollment and other appropriate action being considered.

Signature of Parent/Legal Guardian: _____ Date: _____

EMERGENCY INFORMATION: List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Name	Relationship to student	Address	Daytime Phone #
Name	Relationship to student	Address	Daytime Phone #

Enter the name of your family physician who may be contacted by school staff members when a parent cannot be reached and medical assistance is indicated.

Family Physician	Address	Phone#
------------------	---------	--------

Do you have medical insurance or medical assistance? Y N Medical Assistance #: _____

Insurance Company: _____ Insurance #: _____

Please complete side 2 of the Emergency Card - over

Emergency First Aid Consent

Many times a parent cannot be located immediately, and for this reason we feel that written permission should be available in school files for whatever treatment is needed for the student. If you are in agreement with this policy, please sign the form at the place indicated below.

In the event of serious injury or illness of my child while at school, and I cannot be located for verbal permission, I hereby give the school my written permission to obtain or give emergency medication and treatment.

Date: _____ Parent/Legal Guardian's Signature: _____

Transportation Information (please check)

- Transported by parent/or/walk: To school From school
 Transported by school bus

Pick-up address: _____

Address delivered to after school: _____

My child will be attending the following after-school program: _____

Option To Restrict Disclosure Of Student Directory Information

The Family Educational Rights and Privacy Act (Public Law 93-380) authorizes local school systems to disclose certain information from the educational records of a student that is designated as directory information. This designation includes basic biographical information only, **NOT** student grades, test results, or any part of academic or discipline records. You have the right to restrict the school system from releasing any category of directory information about your child by indicating below. Please be aware that if you elect to restrict the release of directory information about your child, information about that child cannot be included in school publications, honor roll or other recognition lists, graduation programs, theatre programs or sports rosters or similar items.

Note: There are other provisions, in law, which allow school systems to release information about students without parental permission under limited circumstances.

- Please **ONLY** check this box if you wish to restrict the disclosure of student directory information.

Is your child a foster child? Yes No

Is either parent or guardian assigned to active military duty? Yes No

For Junior and Senior High School Students Only

Dear Juniors, Seniors and Parents/Guardians:

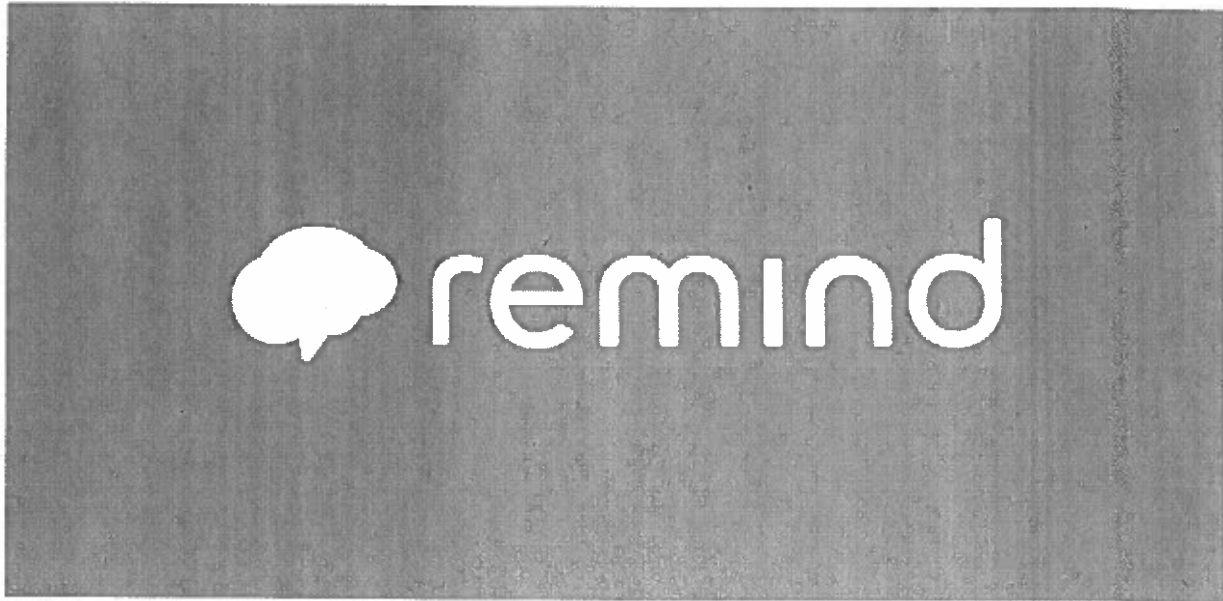
As part of the "No Child Left Behind Act," the branches of the military service by law may request the names, addresses and phone numbers of juniors and seniors in order to contact the students directly to provide information on programs available in the military. If you **DO NOT** wish to have your child's name included in this list, please fill out the section below and return it to your child's school.

If you do not return this form, your child's directory information will be released to all branches of the military service.

- I DO NOT** want the name, address and phone number of _____, released to the military services. Print name of student

Parent Signature

*-Join us at PHS-
"Stay-In-The-Know"*



Don't Have the App? Download & Join your Class

Class of 2021 @poco21

Class of 2022 @poco22

Class of 2023 @poco23

Class of 2024 @poco24

