

**Somerset County Public Schools  
RESIDENCE VERIFICATION FORM**

School:

Student Name:

Date


**Directions:**

Check below which type of documentation the parent is providing as proof of legal residency for the SR1. Sign and date. Clip to SR1 in the cumulative folder. Include any updates by noting and dating subsequent changes.

Documentation: Make a check on each appropriate space. Sign and date at the end of the entry.

- A lease or rental agreement that can be substantiated.
- A utility bill other than a phone bill.
- Proof of mortgage agreement (payment).
- IRS document of any kind with address and name.
- Property tax document.
- Notarized affidavit of disclosure
- Certificate of Eligibility
- Documentation verified by the receiving principal
- Other documents as approved by the Superintendent or his/her designee

\*Drivers License or phone bill is not acceptable

\_\_\_\_\_  
Signature of person who registered student and accepted documentation

\_\_\_\_\_  
Date

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Principal's Signature

Date

**AFFIDAVIT of DISCLOSURE**

I make this **affidavit of disclosure** pursuant to Somerset County Public School Policy 600-21 to allow the student(s) identified below to attend Somerset County Schools without paying tuition.

I am the parent/legal guardian of the student(s) listed below and together we reside at \_\_\_\_\_

with (name of relative and relation to student(s) parent/legal guardian) \_\_\_\_\_ relationship\_\_\_\_\_.

This is my primary residence.

I understand that any false statement contained in this **affidavit** will cause the student(s) to be disenrolled from Somerset County Schools. I further understand that it will cause me or the relative with whom I reside to be charged tuition for the period of time the student(s) attended Somerset County Schools while ineligible to do so. I agree to pay that tuition within thirty (30) days of billing. If I or my relative with whom I reside fail to pay on time, I agree to pay a late charge of ten percent (10%) and interest at the rate of eighteen (18%) per annum. I or the relative with whom I reside agree to reimburse the Board of Education of Somerset County for attorney fees and litigation costs, if any, incurred to enforce this agreement.

Name of Student(s)

School:



**I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS AFFIDAVIT OF DISCLOSURE IS TRUE AND CORRECT.**

Signature of parent/legal guardian  
of above named student(s):

Signature of Somerset County resident  
with whom parent and student(s) are living

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

As WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

***Somerset County Public Schools***  
***Consent to Release Student Record***

**Date:** \_\_\_\_\_

**To Whom It May Concern:**

I hereby grant permission for \_\_\_\_\_ to  
Name of School

release the records indicated below for \_\_\_\_\_ to  
the \_\_\_\_\_  
Full Name of Student Date of Birth

following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Under penalties of perjury, I, hereby, certify that my child is not currently expelled or on a long term suspension from another school district.*

\_\_\_\_\_  
*Signature of Parent/Guardian*

- \_\_\_\_\_ School Cumulative File Records/folder
- \_\_\_\_\_ Service Learning Documentation
- \_\_\_\_\_ IEP/Special Education Records (if any)
- \_\_\_\_\_ Health/Immunization Records
- \_\_\_\_\_ Psychological Records (if any)
- \_\_\_\_\_ Discipline Records (*please include any long term suspensions or expulsion notices*)
- \_\_\_\_\_ Other ( \_\_\_\_\_ )

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

## *Somerset County Public Schools Principal's Verification Form*

I hereby verify that \_\_\_\_\_ is/are the  
Parent/Legal Guardian Name  
parent(s) and/or legal guardian(s) of \_\_\_\_\_ and that  
Student Name  
they reside at the following address:

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This information has been obtained through the following means:

<b>Description: i.e. home visit, personal knowledge, State Agency source, etc.</b>
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**Principal's Signature:** \_\_\_\_\_

**School** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CUSTODY AGREEMENT  
and  
DELEGATION OF PARENTAL AUTHORITY**

Whereas, \_\_\_\_\_ and \_\_\_\_\_, with an address of \_\_\_\_\_ have a child, \_\_\_\_\_ and are the biological mother and father of said child; and desire the child to reside with \_\_\_\_\_ as care giver and this person(s) will assume responsibility for caring for their child. Further it is understood that if only one biological parent signs this form, they must produce evidence stating that the other biological parent is deceased or residency location is unknown (i.e. custody agreement, court document or affidavit with a notarial seal, etc.). We certify that the above name child is residing with \_\_\_\_\_ for one of the following serious family hardships.

- ☐ Death of father/mother/legal guardian (death certificate provided)
- ☐ Serious illness of father/mother/legal guardian (doctor certificate provided)
- ☐ Drug addiction of father/mother/legal guardian (treatment provider documentation)
- ☐ Incarceration of father/mother/legal guardian (legal documentation provided)
- ☐ Abandonment by father/mother/legal guardian (court, DSS documentation provided)
- ☐ Assignment of a parent or legal guardian of a child to active military duty (Copy of military orders provided)
- ☐ Other (must be approved by the Superintendent or his/her designee)

Whereas, \_\_\_\_\_ with an address of \_\_\_\_\_, Maryland, have agreed to assume custody and parental responsibility for said child for the 20\_\_-20\_\_ school year, and subsequent years upon renewal and, Whereas, The Somerset County Board of Education has determined that the child is bonafidely residing \_\_\_\_\_ as the principal care giver for said child for said school year and not solely or principally for the purpose of attending school in Somerset County and desires a written agreement by which the biological parent(s) vest in the custodial parent(s) the right and authority to make all parental decisions and stand in place of the parents and any and all dealings with the Somerset County Board of Education including the restitution of the decreased value of school property if damaged or destroyed that may effect said child.

In and for consideration of the mutual undertakings herein, both parties hereby grant unto \_\_\_\_\_, custodial parent(s), the temporary care, custody, and parental responsibility and financial responsibility for their child \_\_\_\_\_.

From this date until the conclusion of the school year in June 20\_\_\_\_, and \_\_\_\_\_, biological parent(s), specifically authorizes the Somerset County Board of Education would have dealt with the biological parent(s), and do hereby release, indemnify and hold harmless the Somerset County Board of Education, its agents, servants, and employees from any and all causes of action, known or unknown, including disclosures of student records and information. Additionally, authorization is hereby granted to the Somerset County Board of Education to share any and all educational records, personal records and other information affecting said child with the biological parent(s) if asked.

\_\_\_\_\_, biological \_\_\_\_\_ and \_\_\_\_\_ biological \_\_\_\_\_ authorizes, custodial parent(s), to make any and all decisions necessary in regard to medical treatment, should the same be necessary for said child, and to stand in place of his/her biological parent(s) and with full authority on behalf of his/her biological parent(s) to make such decisions.

\_\_\_\_\_ custodial parent(s), does hereby agree to assume responsibility for dealing with the Somerset County Board of Education on behalf of said child pursuant to this Agreement and agrees to work cooperatively with the Somerset County Board of Education to promote the best educational interest of the child.

The Somerset County Board of Education shall be entitled to rely upon this Agreement and this Agreement cannot be terminated without written notification to the Somerset County Board of Education, that shall not be effective until received. In the event this Agreement is terminated, the rights of said child to continue as a Somerset County Board of Education student shall likewise be terminated.

(Revised 06-21-11)

AS WITNESS the hands and seals of the parties hereto, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

**TEST:**

\_\_\_\_\_,  
As To Both

\_\_\_\_\_(SEAL)  
Biological Father

\_\_\_\_\_(SEAL)  
Biological Mother

STATE OF MARYLAND, COUNTY OF SOMERSET, TO-WIT:

I HEREBY CERTIFY, that on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
before me, a Notary Public in and for the State and County aforesaid, personally appeared  
\_\_\_\_\_ and \_\_\_\_\_ biological parents,  
who made oath in due form of law and acknowledged the foregoing Agreement to be their respective  
act and deed.

AS WITNESS my hand and Notarial Seal.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_.



*AS WITNESS the hands and seals of the parties hereto, this \_\_\_\_ day of*

\_\_\_\_\_, 20\_\_.

**TEST:**

\_\_\_\_\_, (SEAL)  
*As To Both Custodial Father*

\_\_\_\_\_, (SEAL)  
*Custodial Mother*

*STATE OF MARYLAND, COUNTY OF SOMERSET, TO-WIT:*

*I HEREBY CERTIFY, that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me,  
A Notary Public in and for the State and County aforesaid, personally appeared  
\_\_\_\_\_ and \_\_\_\_\_ custodial parents,  
who made oath in due form of law and acknowledged the foregoing Agreement to be their respective act  
and deed.*

*AS WITNESS my hand and Notarial Seal.*

\_\_\_\_\_.  
*Notary Public*

*My Commission Expires:*

\_\_\_\_\_.

# Somerset County Public Schools

## School Information Form

SY: \_\_\_\_\_

<b>Full Legal Name</b>	First	Middle	Last	Suffix
	_____	_____	_____	_____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____		Language Spoken at home	Country of Birth
911 Address		City	State	Zip
Mailing Address		City	State	Zip
<b>Ethnicity:</b> Is student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	Home Phone ( )	Student Lives with	
		Cell Phone ( )	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Family	
			SS No. ____-____-____	Relationship to Legal Guardian?

Student Information

<b>Father's Name</b>	911 Address			City	State	Zip
	Mailing Address			City	State	Zip
Circle Preferred contact number	Work Phone	Home Phone	Place of Employment	Date of Birth	Race	
Cell Phone						
<b>Mother's Name</b>	911 Address			City	State	Zip
	Mailing Address			City	State	Zip
Circle Preferred contact number	Work Phone	Home Phone	Place of Employment	Date of Birth	Race	
Cell Phone						
<b>Guardian's Name</b>	911 Address			City	State	Zip
	Mailing Address			City	State	Zip
Circle Preferred contact number	Work Phone	Home Phone	Place of Employment	Agency	Case Worker & Phone No.	
Cell Phone						

Parent/Guardian Information

<b>Pickup</b>	<b>Drop Off</b>
<input type="checkbox"/> Home <input type="checkbox"/> Sitter <input type="checkbox"/> Headstart	<input type="checkbox"/> Home <input type="checkbox"/> Sitter
Name of Road	Name of Road
Responsible Adult	Responsible Adult
Specific Directions	Specific Directions (if different from pickup)
Bus Assigned _____ AM <input type="checkbox"/> PM <input type="checkbox"/>	Bus Assigned _____ AM <input type="checkbox"/> PM <input type="checkbox"/>

Transportation

# Somerset County Public Schools

## School Information Form

SY: \_\_\_\_\_

Name of Previous School	Address	Phone Number	Previous School Information
Last Grade Level	Transcripts Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Is student currently expelled or suspended from another school? <input type="checkbox"/> Yes <input type="checkbox"/> No  Expires: _____	
Did Student receive any of the following services: <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> English as a Second Language <input type="checkbox"/> Talented and Gifted <input type="checkbox"/> Free/Reduced Meals <input type="checkbox"/> Migrant Education	Has student ever attended a public school in Maryland? <input type="checkbox"/> Yes <input type="checkbox"/> No  Please indicate what school, year and grade: School _____  Year ____ Grade _____	Has student ever attended a public school in Somerset County? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate what school, year and grade: School _____  Year ____ Grade _____	

Siblings' Name	Age	School	Family Information
Does family have internet access? If yes, please provide e-mail address			

Student is the dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard, National Guard or Reserve Forces (Army, Navy, Air Forces, Marine Corps, or Coast Guard. NO _____ YES _____	Military
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I hereby grant permission for \_\_\_\_\_ to release the records of the student  
 Name of School  
 indicated above to Somerset County Public Schools.

\_\_\_\_\_  
 Mother  Father  Legal Guardian  
 Signature

\_\_\_\_\_  
 Date

Please provide us with any additional information you would like us to be aware of regarding your student.

\_\_\_\_\_  
 \_\_\_\_\_

## Registration Checklist

Presented for Enrollment by:	
Evidence of Custody	Describe
Kinship Care Statute Applies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Out of County Living Arrangement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Verification	Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Lease or rental agreement</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Utility Bill other than a phone bill</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Proof of Mortgage Agmt/payment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>IRS document with address and name</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Property tax document</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Notarized Affidavit of Disclosure</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Principal's Verification</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Homeless Statute applies</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence of Date of Birth provided	Describe:
Immunization Information provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Record of Physical Examination (if enrolling from outside of MD or first time in public school)	Date given to Parent:
	Date received:
Lead screening (students entering PK, K or 1 after 2003)	Provided to Parent:
	Date received:
Internet Agreement provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Free and Reduced Meal Application provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bayside Conference Athletic Transfer form	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Insurance Application provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Calendar and Policy/Procedure Manual provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Handbook information provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Records requested from:	
IEP requested	
Permission to release directory Information	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to release information to recruiters & colleges (juniors and seniors)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Somerset County Public Schools  
School Information Form

SY: \_\_\_\_\_

Student Lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Legal Guardian	First _____ Middle _____ Last _____ Suffix _____				
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____	Home Phone _____	Cell Phone _____	Bus # to School _____ Bus # from School _____
911 Address _____			City _____	State _____	Zip _____
Mailing Address _____			City _____	State _____	Zip _____

Student Information

**If you do not wish directory information to be released, please complete the Non-Release of Directory Information form**

Mother's Name & Address (if different)	Work Phone	Home Phone	Cell Phone	Legal Guardian Yes <input type="checkbox"/> No <input type="checkbox"/>	Place of Employment
Father's Name & Address (if different)	Work Phone	Home Phone	Cell Phone	Legal Guardian Yes <input type="checkbox"/> No <input type="checkbox"/>	Place of Employment
Guardian's Name & Address (if different)	Work Phone	Home Phone	Cell Phone	Relationship	Place of Employment
Daycare/Sitter's Name	Address		Phone No.	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Name	Address		Phone No.	Permission to remove student from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician's Name	Address		Phone No.		

Emergency Contact Information

<i>Pick Up</i>			<i>Drop Off</i>		
Home	Sitter	Headstart	Home	Sitter	
Name of Road			Name of Road		
Responsible Adult			Responsible Adult		
Specific Directions			Specific Directions (if different from pickup)		
<i>Bus Assigned</i> <i>AM</i> <i>PM</i>			<i>Bus Assigned</i> <i>AM</i> <i>PM</i>		

Transportation

<b>Military</b> Student is the dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard, National Guard or Reserve Forces (Army, Navy, Air Forces, Marine Corps, or Coast Guard. NO _____ YES _____
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Military

# Somerset County Public Schools

## School Information Form

To the best of your knowledge, does your child have a history of or any problems with the following?

	Yes	No		Yes	No
Hospitalization: When _____ Why _____			Allergies (Food, Insects, Drugs) Specify type _____		
Surgery: Type _____			Serious Allergic Reaction		
Sickle Cell Disease/Trait			Seasonal allergies		
Lead Poisoning			Diabetes (Type I or Type II)		
Vision/Hearing Problems (circle)			Seizure Disorder		
Heart Problems (explain below)			Bleeding Problems		
Asthma (takes medication)			Problem with Bladder/Bowel		
Behavior/Emotional Problem			Other (specify) _____		
Does your child take any medications? Please list:					
Does this medicine need to be administered during school hours <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:					
Does your child have any restrictions from physical activity? In gym <input type="checkbox"/> Yes <input type="checkbox"/> No At recess <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Please explain all Yes answers on a separate piece of paper</b>					

Health Information

Often a parent cannot be located immediately in an emergency and written permission to give or obtain emergency treatment should be available in the school files. If you are in agreement with this policy, please sign this form at the place indicated below. If your child lives with both parents, a signature from each is requested.	
In the event of serious injury or illness of my child _____ while at school or on a field trip, I hereby give school personnel my written permission to obtain or give emergency treatment and transportation.	
Mother: _____	Father: _____
Date: _____	Date: _____

Consent

### Release of Directory Information

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Somerset County Public Schools, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Somerset County Public Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Somerset County Public Schools to include this type of information from your child's education records in certain school publications. Examples include:

- A Program, showing your student's role in a concert performance;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for basketball, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories—names, addresses and telephone listings—unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

**If you do not want Somerset County Public Schools** to disclose directory information from your child's education records without your prior written consent, please return this form by **September 15 each school year**. **Somerset County Public Schools** has designated the following information as directory information.

- \_\_\_\_\_ **Student's name**
- \_\_\_\_\_ **Address**
- \_\_\_\_\_ **Telephone number of Student**
- \_\_\_\_\_ **Major field of study**
- \_\_\_\_\_ **Electronic mail address**
- \_\_\_\_\_ **Photograph**
- \_\_\_\_\_ **Date and place of birth**
- \_\_\_\_\_ **Dates of attendance**
- \_\_\_\_\_ **Grade level**
- \_\_\_\_\_ **Participation in officially recognized activities and sports**
- \_\_\_\_\_ **Weight and height of members of athletic teams**
- \_\_\_\_\_ **Degrees and Awards received including Honor roll and Perfect Attendance**
- \_\_\_\_\_ **Enrollment status**
- \_\_\_\_\_ **Most recent previous of SCPS schools attended by the student**
- \_\_\_\_\_ **Name and address of parents/guardians to allow for mass mailings**
- \_\_\_\_\_ **Other similar information as defined by Somerset County Public Schools**

Do not release directory information of \_\_\_\_\_ (Student's Name) without my prior written consent.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**A new form must be completed each school year.**

**Somerset County Public Schools**  
**Affidavit of Informal Kinship Care**

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.

\_\_\_\_\_ (Name of child), whose date of birth is \_\_\_\_\_, is living with me because of the following serious family hardship (Check all that apply):

- Death of father/mother/legal guardian (death certificate provided)
- Serious illness of father/mother/legal guardian (doctor certificate provided)
- Drug addiction of father/mother/legal guardian (treatment provider documentation)
- Incarceration of father/mother/legal guardian (legal documentation provided)
- Abandonment by father/mother/legal guardian (court, DSS documentation provided)
- Assignment of a parent or legal guardian of a child to active military duty (Copy of military orders provided)

The name and last known address of the child's parent(s) or legal guardian is:

\_\_\_\_\_

Name

\_\_\_\_\_

Street

Phone

\_\_\_\_\_, MD \_\_\_\_\_

City

Zip Code

My kinship relationship to the child is \_\_\_\_\_

My address is:

\_\_\_\_\_

Street

Phone

\_\_\_\_\_, MD \_\_\_\_\_

City

Zip Code

I assumed informal kinship care of this child for 24 hours/day and 7 days/week on \_\_\_\_\_ (month/day/year).

Last school attended: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please complete reverse side**



**Somerset County Public Schools  
Affidavit of Informal Kinship Care**

I understand that the superintendent of schools may verify the facts contained in the foregoing affidavit and conduct an audit, on a case-by-case basis, after the child has been enrolled in school system. If the superintendent discovers fraud or misrepresentation, the child shall be removed from Somerset County Public Schools.

I understand that unless the court appoints a guardian or awards custody to someone other than myself I shall make the full range of educational decisions for the child and shall make reasonable efforts to inform the parent or legal guardian of the child of the informal kinship care relationship. **(Note: The parent or legal guardian of a child in an informal kinship care relationship shall have final decision making authority regarding the educational needs of the child).**

I understand that I must file an affidavit annually at least 2 weeks prior to the beginning of the school year for each year the child continues to live with me because of a serious family hardship.

I understand that if a change occurs in the care or in the serious family hardship of the child, I am required to notify the School in writing within 30 days after the change occurs.

I also understand that any person who willfully makes a material misrepresentation in the affidavit shall be subject to a penalty payable to Somerset County Public Schools for three (3) times the pro rata share of tuition for the time the child fraudulently attended school in Somerset County.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information and belief.

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**Printed name of relative assuming kinship care**

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**Signature of relative assuming kinship care**

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**Date (month/day/year)**

02/19/09

**Please send a copy of form and documentation to the Student Services Department**

Summary of Tuition Amounts for Students Transferring to SCPS  
Policy 600-21

Student is:	Date of Transfer	Tuition based on	2018-2019
Resident of MD	Prior to 9/30	County Share	\$3,612
Resident of MD	After 9/30	County Share +State Share	\$13,814
Non-MD Resident	Anytime	County Share + State Share	\$13,814
Special Ed Students	Anytime	County Share + State Share+ State Special Ed Share	\$17,426

The County and State Tuition amounts are always based on the average cost per student during the preceding school year. Therefore, the amounts listed above are based on FY18 numbers.

County Share is calculated by taking the County Appropriation for FY18 divided by the official September 30, 2017 total enrollment.

State Share is calculated by taking the FY18 Target per Pupil Foundation Amount plus the FY18 Compensatory Education Per Pupil Amount listed on the FINAL Calculations for the Major State Aid Program documents.

State Special Education Share is taken from the same documents listed above using the Tier II Special Education per Pupil Amount.