



**PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS**  
**DEPARTMENT OF PUPIL ACCOUNTING AND SCHOOL BOUNDARIES**

**APPLICATION FOR REQUEST TO ENROLL NONRESIDENT STUDENT**  
**(STUDENTS PLACED BY A STATE OF MARYLAND APPROVED AGENCY)**

**FORM MUST BE COMPLETED IN ITS ENTIRETY**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Is this student in a Special Education Program? Yes  No  Intensity Level \_\_\_\_\_ Residential: Yes  No

Name of Biological Mother: \_\_\_\_\_

Last Known Address: \_\_\_\_\_

Name of Biological Father: \_\_\_\_\_

Last Known Address: \_\_\_\_\_

**Parental Rights Terminated.** Yes  No

Agency with Order of Care: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Agency Representative Name/Title: \_\_\_\_\_

Representative Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Contractual Service Provider: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Agency Representative Name/Title: \_\_\_\_\_

Representative Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Social Worker: \_\_\_\_\_ Date: \_\_\_\_\_

**FOSTER FAMILY OR GROUP HOME INFORMATION**

Name of Caretaker: \_\_\_\_\_

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

Caretaker Work Telephone: \_\_\_\_\_ Caretaker Cell Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Should you have questions please contact the Department of Pupil Accounting and School Boundaries at (301) 780-6864.

EMAIL COMPLETED TUITION CONTRACT TO: [pasb.fostercare@pgcps.org](mailto:pasb.fostercare@pgcps.org) or FAX to (301) 952-6784

**A NEW REQUEST TO ENROLL NONRESIDENT STUDENTS MUST BE SUBMITTED EACH ACADEMIC SCHOOL YEAR**