



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

School Year: _____

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 or FAX to (301) 952-6784

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