



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

**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: _____

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: _____ Client ID: _____

Address of Agency: _____

Agency Representative Name/Title: _____

Representative Telephone: _____ Email: _____

Contractual Service Provider: _____

Address of Agency: _____

Agency Representative Name/Title: _____

Representative Telephone: _____ Email: _____

Signature of Social Worker: _____ Date: _____

RESOURCE FAMILY OR GROUP HOME INFORMATION

Name of Resource Parent/Caregiver: _____

Address: _____

Resource Parent/Caregiver Work Phone: _____ Resource Parent/Caregiver Cell Phone: _____

Should you have questions please contact the Department of Pupil Accounting and School Boundaries at (301) 952-6302.

EMAIL COMPLETED FORM TO: pasb.fostercare@pgcps.org.

A NEW REQUEST TO ENROLL NON-RESIDENT STUDENTS MUST BE SUBMITTED EACH ACADEMIC SCHOOL YEAR

FOR OFFICE USE ONLY: DC CFSA DC DYRS OCLA Date Processed: _____ Processed by: _____