



APPLICATION FOR ADMISSION - MSD

Today's Date: _____

Student Information:

Student's Name: _____
Last First Middle

Age: _____ Birth date: ____/____/____ Gender: Male / Female

Home Address: _____
Street Address

City County State Zip Code

Current School: _____ Current Grade: _____

Does the student currently have an IEP or IFSP at his/her current educational placement? Yes / No
If yes, a complete copy of the most current IEP/IFSP must be provided to MSD

Race Code (as defined by the Maryland State Department of Education):

Hispanic or Latino origin? Yes / No

Please circle at least one of the following (a., b., c., d., and/or e.):

- a) American Indian/Alaska Native
 - A person having origins in any of the original or Alaska Native peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community recognition
- b) Asian
 - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, the Philippine Islands, Malaysia, Pakistan, Thailand and Vietnam
- c) Black or African American
 - A person having origins in any of the black racial groups in Africa
- d) Native Hawaiian or Other Pacific Islander
 - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- e) White
 - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

1) Are the student's immunizations (shots) up to date? Yes / No
Immunizations must be up-to-date before students can begin attending classes

2) Date of student's most recent physical examination: _____
A copy of your child's current physical is required for participation in certain school activities

- 3) Are there other family members who are deaf/hard-of-hearing? Yes / No
If yes, please list _____
- 4) Is the applicant a sibling of a current MSD student? Yes / No
If yes, please name MSD student and grade _____
- 5) Has the student ever been suspended or asked to leave a school? Yes / No
If yes, please explain: _____

- 6) Has the student ever been involved with law enforcement? Yes / No
If yes, please explain: _____

- 7) Is there a family history of medical or emotional/behavioral concerns?
If so, please explain: _____

- 8) Are there any particular circumstances that may impact the student's school performance, with the exception of deafness/hard-of-hearing? (e.g. physical limitations, illness, learning difficulties) Yes / No
If yes, please explain: _____
- 9) Does your student/family have a caseworker and/or social worker? Yes / No
If yes, do we have permission to contact? Yes / No
List their name, agency and contact info here: _____
- 10) Why are you interested in having your student attend the Maryland School for the Deaf?

Parent/Guardian & Family Information:

Name of adult responsible for student Relationship to student

Name of adult responsible for student Relationship to student

Home Address

Home Address

City/State Zip Code County

City/State Zip Code County

Home Phone V/TTY/VP Work Phone V/TTY/VP

Home Phone V/TTY/VP Work Phone V/TTY/VP

Email Address Cell Phone

Email Address Cell Phone

Occupation Name of Employer

Occupation Name of Employer

Highest Educational Degree Completed

Highest Educational Degree Completed

With whom does the student live?

___ Mother

___ Father

___ Both

___ Other: _____

Circle if appropriate: Father Deceased Mother Deceased Parents Divorced
 Father Remarried Mother Remarried Single Parent
 Parents Separated

If the student does not live with both parents, who has legal custody of the student? At what date was guardianship granted?

Sibling(s) Name: Age Gender Hearing Status

Others living in the home: _____

What is the family's primary language? _____

Does the student have Medical Assistance? Yes / No

Medical Assistance Number: _____

Does the student have private Health Insurance? Yes / No

Insurance Company Name & Policy # _____

Name of person(s) completing this form: _____

Relationship to Student: _____

I VERIFY THE ABOVE INFORMATION TO BE CORRECT TO THE BEST OF MY KNOWLEDGE AND I AM REQUESTING THIS STUDENT BE CONSIDERED FOR ADMISSION TO THE MARYLAND SCHOOL FOR THE DEAF:

Signature(s): _____

****A COPY OF THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:**

- 1) Two Proofs of MD Residency (the address must match between documents)
 - a) Unexpired Driver's license, MD Identification Card, MD vehicle registration or title
 - b) Evidence of checking or savings account with Maryland address; copy of cancelled check
 - c) Proof of rental contract or mortgage account; property tax bill; utility bill statement; major credit card bill
 - d) Federal or State income tax return
- 2) Student's birth certificate, Birth Registration Notice, or Passport
- 3) Student's current IEP or IFSP and all supporting documentation, including evaluations and assessments

PLEASE SEND COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO EITHER:

Mr. Joshua Weinstein, Director of Admissions
 MSD, Frederick Campus
 101 Clarke Place
 Frederick, MD 21701
 240-575-2958 (VP)
Joshua.Weinstein@msd.edu
 301-360-1403 (fax)

-Or-

Dr. Joseph Smail, Director of Admissions
 MSD, Columbia Campus
 8169 Old Montgomery Road
 Ellicott City, MD 21043
 410-696-7445 (VP) or 410-696-3025 (Voice)
Joseph.Smail@msd.edu
 410-696-3080 (fax)

The Maryland School for the Deaf does not discriminate on the basis of race, color, sex, age, national origin, religion, or disability in matters affecting program, activities or employment practices. Inquiries regarding sex and race are made for reporting purposes only and the results of these inquiries are not used in making any admissions decisions. Answering these questions is voluntary.