



INSTRUCTIONS to Complete the School Enrollment-Attendance Form

***All children, between ages 5 years to 18 years, must be enrolled in and attending school in order to be eligible for the Children's Medical Services (CMS) Program.

Instructions for Applicant:

- Ask the school your child attends to complete this form and return it to you or send it directly to the CMS Program.
- Include this form with the completed application packet

Instructions for School Personnel:

- Print the completed form on the school letterhead.
- If the student does not live with the parent(s), please indicate the name of the legal guardian(s) from your records.
- Please ensure that all fields are completed correctly.
- Please email or fax the completed form to the CMS Program.

If you have any questions, please contact the CMS Program:

Telephone: (410) 767-5588

Email: mdh.childrensmedicalservices@maryland.gov

Fax: (443) 275-5434

You can download this form at the CMS website:

https://health.maryland.gov/phpa/cyshcn/Pages/CMS_Program.aspx

Thank you for your help assisting the family with this requirement.

**Children's Medical Services Program.
Office of Children and Youth with Specific Health Care Needs
Maryland Department of Health.
Prevention and Health Promotion Administration**

School Enrollment and Attendance Confirmation Form

To: Children's Medical Services (CMS) Program
Email: mdh.childrensmedicalservices@maryland.gov
Fax: (443) 275-5434

Student's Name: _____

Student's DOB: _____

Student's Address: _____

**Student's Parent(s)
or Legal Guardians:** _____

School Name: _____

School Year: _____

Today's Date: _____

Name of Person Completing the Form: _____

- The student, _____, is currently enrolled and in good attendance.
- The student, _____, is currently enrolled but is not currently attending due to an exception allowed by MD. Code, Education § 7-301 (Please submit supporting documents with this form)

If any of this information needs to be verified, you may contact me by telephone at _____
or by email _____.

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of person completing form	Position Title: