

Montgomery County Public Schools requires several documents upon registration of a new student. Below is a list of documents which may be downloaded and reviewed and/or completed by the parent or legal guardian prior to registration of the student:

FORMS REQUIRING PARENT/GUARDIAN SIGNATURE

Student Registration Form
Student Residency Questionnaire
Pre-K Experience Survey (Kindergarten students only)
Affirmation Relating to Expulsion
Acceptable Use and Internet Safety Policy
Directory Information Consent Form
Code of Conduct
Health Information Form
Medication Permission Form (if applicable)
Comprehensive Virginia Physical Examination Form including Immunization Certification*
**Physician signature required, must be submitted before student can attend school*

MISCELLANEOUS FORMS

Previous Schools Attended Attachment for Additional Information if Needed

Additionally, the parent or legal guardian must provide the following documents upon registration of a new student:

TWO Proofs of Residency (such as a utility bill or voter registration card) REQUIRED

Student's Birth Certificate
Student's Social Security Card
Custodial Documentation (if applicable)
If not a US citizen, student's passport
Parent or Guardian's Photo ID (so documents can be notarized)
Name, address and phone number of previous school attended



STUDENT REGISTRATION (rev. 10/18)

School Name: _____

Date: _____

Part I. General Demographics

_____, _____ Jr. Sr. II III IV _____
 Last Name First Name Middle Name Suffix Nickname

Date of Birth: _____ Gender: Male Female

Grade Level: _____

With whom does student reside? Parents Mother Father Other _____
(Please specify relationship)

Who has legal custody? Joint Mother Father Other _____
(Please specify relationship)

Home Address:

Street, Apt/Suite: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different than Home Address):

Street, Apt/Suite: _____ City: _____ State: _____ Zip: _____

Note: I understand that according to Virginia law, to knowingly make a false statement concerning the residency of a child in a particular school division or school attendance zone is a **Class 4-misdemeanor** (MCPS Policy 7-2.2, Virginia Code § 22.1-264.1).

Home Phone: _____ *

*The above number is used by your school in the automated call system, School Messenger.

Ethnicity

Hispanic or Latino? Y N

Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race (Choose one or more) **Definitions can be found on Page 7**

- (I) American Indian/Alaska Native (A) Asian (B) Black or African American
- (P) Native Hawaiian or Other Pacific Islander (W) White

Father (Last, First): _____

Father's Day Phone: _____

Father's Employer: _____

Father's Home Phone: _____

Mother (Last, First): _____

Mother's Day Phone: _____

Mother's Employer: _____

Mother's Home Phone: _____

Primary Email Contact: _____ * Circle One: Father Mother Other _____

*The above email is used by your school in the automated call system, School Messenger

Secondary Email Contact: _____ Circle One: Father Mother Other _____

Student's Email: _____

The following information is critical to assist us in maintaining accurate data regarding your child's transportation to and from school.

AM Bus Pickup Address: Specific Street Address: _____ City: _____

PM Bus Drop-off Address: Specific Street Address: _____ City: _____

Car-rider: ___AM ___PM Walk: ___AM ___PM

Special Pick-up Information: _____

Part II. Emergency Contact/Medical Information

Contact #1

Contact Name (Last, First): _____

Relationship: Aunt Friend Mother Sister
 Brother Grandfather Neighbor Uncle
 Father Grandmother Other

Phone: _____ Phone Type: Cell Home Work

Contact #2

Contact Name (Last, First): _____

Relationship: Aunt Friend Mother Sister
 Brother Grandfather Neighbor Uncle
 Father Grandmother Other

Phone: _____ Phone Type: Cell Home Work

Contact #3

Contact Name (Last, First): _____

Relationship: Aunt Friend Mother Sister
 Brother Grandfather Neighbor Uncle
 Father Grandmother Other

Phone: _____ Phone Type: Cell Home Work

***Attachment available for ONE additional contact information upon request.**

Doctor: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Special Medical Considerations: _____

Allergies: _____

Medical Alert Texts: _____

Part III. Additional Information

NOTE: All sections in this part of the registration form **MUST BE** completed for all incoming students

Birth Country: _____ US Citizen Y N

Birth Certificate Number _____ Birth Place _____

Required for all Students

Was the student born outside the United States? No Yes

- 1. What date did the student enter the United States? Month _____ Day _____ Year _____
- 2. What date did the student first enter a **US** school? Month _____ Day _____ Year _____
- 3. What date did the student first enter a **Virginia** school? Month _____ Day _____ Year _____

Required for all Students

Home Language Survey:

- 1. What is the primary language used in the home regardless of the language spoken by the student?

- 2. What is the language most often spoken by the student? _____
- 3. What is the language that the student first acquired? _____

In which language do you prefer to receive oral communication from the school?

English Español Other Language: _____
(Please specify language)

In which language do you prefer to receive written communication from the school?

English Español Other Language: _____
(Please specify language)

Has the student ever been provided any of the following services at previous schools:

Special Education Y N Gifted and Talented Y N 504 Y N
ESL/ESOL Y N Maybe

Required for all Students

Military Connected Students:

Please choose one of the following options:

- _____ Student is not military connected
- _____ Active duty; student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, or National Guard, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the Commissioned Corps of the U.S. Public Health Services
- _____ Reserve; student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, or National Guard)
- _____ National Guard, active or reserve duty; student is a dependent of a member of the National Guard (and **not** a dependent of a member of the U.S. Armed Forces.)

Please list the names and following information for other children in your household under the age of 21:

Name _____
 Gender _____
 Birth Date _____

Name _____
 Gender _____
 Birth Date _____

Name _____
 Gender _____
 Birth Date _____

Name _____
 Gender _____
 Birth Date _____

Please list the following information for all previous schools the student has attended:

1) School Name: _____ School Telephone: _____
 Street Address: _____ City: _____
 State: _____ Zip: _____ Province: _____ Country: _____
 Beginning Date of Attendance: _____ Grade Level: _____
 Ending Date of Attendance: _____ Grade Level: _____

2) School Name: _____ School Telephone: _____
 Street Address: _____ City: _____
 State: _____ Zip: _____ Province: _____ Country: _____
 Beginning Date of Attendance: _____ Grade Level: _____
 Ending Date of Attendance: _____ Grade Level: _____

3) School Name: _____ School Telephone: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Province: _____ Country: _____
Beginning Date of Attendance: _____ Grade Level: _____
Ending Date of Attendance: _____ Grade Level: _____

4) School Name: _____ School Telephone: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Province: _____ Country: _____
Beginning Date of Attendance: _____ Grade Level: _____
Ending Date of Attendance: _____ Grade Level: _____

***Attachment available for additional school information upon request.**

Parent/Guardian Signature: _____ **Date:** _____

If you are the parent/guardian of twins or multiples, you may write the school a letter regarding your preference for whether the students are placed in the same or separate classrooms.

DEFINITION OF RACE CATEGORIES

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

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, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

SCHOOL OFFICE USE ONLY

Completed by _____ Date: _____

1.	Out of Zone/District Transfer Student	Y	N/A	
	Out of Zone Transfer Approved	Y	N	
	Out of District Transfer Approved	Y	N	
	Transfer Approval Date	___/___/_____		
	Home School			
2.	Student ID Number:			
3.	Date of Registration:			
4.	Birth Document Verified by (Name):			
	Document Type:			
5.	Social Security Number Verified?	Y	N	
6.	Proof of Residency Provided?	Y	N	
	Document Types:	1. 2.		
7.	Birth Certificate Number provided?	Y	N	
8.	Immunization Record provided?	Y	N	
9.	Physical Exam Document provided?	Y	N	
10.	Signed <i>Release of Records</i> provided?	Y	N	
11.	Custodial documentation provided (if applicable)?	Y	N	N/A
	Document type:			
12.	Signed <i>Code of Conduct</i> provided?	Y	N	
13.	Signed <i>Acceptable Use Policy</i> provided?	Y	N	
14.	Signed <i>Affirmation Relating to Expulsion</i> provided?	Y	N	
15.	Signed <i>Student E-Mail Consent</i> provided?	Y	N	
16.	Signed <i>Directory Information Consent</i> form?	Y	N	
17.	Signed <i>Medication Permission</i> provided if applicable?	Y	N	
18.	LEP information provided if applicable?	Y	N	N/A
19.	LEP teacher contacted if applicable?	Y	N	N/A
20.	Special Education teacher contacted if applicable?	Y	N	N/A
21.	Gifted & Talented teacher contacted if applicable?	Y	N	N/A
22.	504 teacher contacted if applicable?	Y	N	N/A
23.	PK survey if applicable?	Y	N	N/A