

**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)  
Use of Social Security Number Permission  
Affirmation Relating to Expulsion  
Acceptable Use and Internet Safety Policy  
Student E-Mail Consent Form  
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**

Parent/Guardian Attachment for Additional Information if Needed  
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. 9/11)**

School Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Part I. Student Information**

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

Social Security Number: \_\_\_\_\_ Permission to use Social Security Number:  Yes  No

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Grade Level \_\_\_\_\_

**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 8***

- American Indian/Alaska Native       Asian       Black or African American  
 Native Hawaiian or Other Pacific Islander       White, Not of Hispanic Origin

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

Who has legal custody?  Parents  Mother  Father  Other \_\_\_\_\_  
 (Please specify relationship)

Special Pick-up Information: \_\_\_\_\_

Special Medical Information: \_\_\_\_\_

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





Select one of the following relationship definitions for each contact:

- |               |               |                |             |             |              |
|---------------|---------------|----------------|-------------|-------------|--------------|
| Mother        | Father        | Parents        | Step-Mother | Step-Father | Step-Parents |
| Foster Mother | Foster Father | Foster Parents | Grandmother | Grandfather | Grandparents |
| Aunt          | Uncle         | Sister         | Brother     | Guardian    | Caseworker   |
| Spouse        | Neighbor      | Friend         | Self        | Other       |              |

**2. Additional Contact Person(s)**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Prefix Last Name First Name MI Suffix

Relationship: \_\_\_\_\_

Has permission to pick up student? Y N Notes: \_\_\_\_\_

Contact should receive information about the following:

- Attendance Scheduling Grading Discipline Mailings Testing Medical

Highest Level of Education Completed: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Phone Information:

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Unlisted Description: \_\_\_\_\_  
 (Home, Dad's Cell, Mom's Work, etc)

Emergency Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Unlisted Description: \_\_\_\_\_

Work1 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Unlisted Employer: \_\_\_\_\_

Work2 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Unlisted Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Unlisted Description: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Select one of the following relationship definitions for each contact:

- |               |               |                |             |             |              |
|---------------|---------------|----------------|-------------|-------------|--------------|
| Mother        | Father        | Parents        | Step-Mother | Step-Father | Step-Parents |
| Foster Mother | Foster Father | Foster Parents | Grandmother | Grandfather | Grandparents |
| Aunt          | Uncle         | Sister         | Brother     | Guardian    | Caseworker   |
| Spouse        | Neighbor      | Friend         | Self        | Other       |              |

3. Additional Contact Person(s)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Prefix Last Name First Name MI Suffix

Relationship: \_\_\_\_\_

Has permission to pick up student? Y N Notes: \_\_\_\_\_

Contact should receive information about the following:

- Attendance Scheduling Grading Discipline Mailings Testing Medical

Highest Level of Education Completed: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Phone Information:

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Unlisted Description: \_\_\_\_\_  
 (Home, Dad's Cell, Mom's Work, etc)

Emergency Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Unlisted Description: \_\_\_\_\_

Work1 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Unlisted Employer: \_\_\_\_\_

Work2 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Unlisted Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Unlisted Description: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Attachment available for additional contact information upon request.

**Part III. Medical Information**

Medical Alert 1: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Medical Alert 2: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

**Part IV. Additional Information**

Birth Country: \_\_\_\_\_ US Citizen  Y  N

Birth Certificate Number \_\_\_\_\_ Birth Place \_\_\_\_\_

Was the student born outside the United States?  No

Yes: Complete the Home Language Survey box below.

Is English the only language spoken in the home?  Yes

No: Complete the Home Language Survey box below.

<b>Home Language Survey</b>	
What date did the student enter the United States? Month _____ Day _____ Year _____	
What date did the student first enter a US school? Month _____ Day _____ Year _____	
What was the first language the student spoke? _____	
What language(s) does the student speak at home? _____	_____
What language(s) do adults speak at home? _____	_____
Has the student ever received ESL or ESOL services? _____ Yes _____ No _____ Maybe	

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

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Gender \_\_\_\_\_ Gender \_\_\_\_\_ Gender \_\_\_\_\_ Gender \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

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

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: \_\_\_\_\_

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