

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
Use of Social Security Number Permission
Affirmation Relating to Expulsion
Acceptable Use Policy for Grades KG – 5
Acceptable Use Policy for Grades 6 – 12
Student E-Mail Consent Form
Code of Conduct
Medication Permission Form (if applicable)
Comprehensive Physical Examination Form (Physician signature required)

INFORMATIONAL FORMS

Immunization Requirements
Health Information Form
Guidelines for Student E-Mail

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
Social Security Card
Immunization Record
Custodial Documentation (if applicable)



**MONTGOMERY COUNTY PUBLIC SCHOOLS
STUDENT REGISTRATION (rev. 7/09)**

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.

Select only one:

- American Indian/Alaskan Asian/Pacific Islander Black, Not of Hispanic Origin
- Hispanic White, Not of Hispanic Origin Unspecified

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

Part II. Contact Information

1. Person(s) with whom Student Resides

_____, _____, _____
Prefix Last Name First Name MI Suffix

_____, _____, _____
Prefix Last Name First Name MI Suffix

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: _____

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.

Home Language Survey		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> 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: _____

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 by (Name):			
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>Medication Permission</i> provided if applicable?	Y	N	
17.	LEP information provided if applicable?	Y	N	N/A
18.	LEP teacher contacted if applicable?	Y	N	N/A
19.	Special Education teacher contacted if applicable?	Y	N	N/A
20.	Gifted & Talented teacher contacted if applicable?	Y	N	N/A
21.	504 teacher contacted if applicable?	Y	N	N/A
22.	PK survey if applicable?	Y	N	N/A