

Student Registration Form Part A

FCPS Student ID

To Be Completed by Parent or Guardian

Student Legal Name (as it appears on the birth certificate)			Student Previous Name (if any)		
Last	First	Middle	Last	First	Middle

Student Nickname	Date of Birth (mm/dd/yyyy)	Student Home Telephone (ten digits)	Country of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non Binary <small>(as it appears on the birth certificate)</small>	Grade Level
		<input type="checkbox"/> unlisted			

<p>Ethnic Group and Race Categories The federal government requires that both these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel are required to make selections for both.</p> <p>1. Is this student Hispanic or Latino? (<i>choose only one</i>)</p> <p><input type="checkbox"/> No, not Hispanic or Latino</p> <p><input type="checkbox"/> Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)</p> <p>2. What is the student's race? (<i>select all that apply</i>)</p> <p><input type="checkbox"/> 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.)</p> <p><input type="checkbox"/> 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.)</p> <p><input type="checkbox"/> Black or African American (A person having origins in any of the Black racial groups of Africa.)</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</p> <p><input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Other Children in Family</th> </tr> <tr> <th style="width: 70%;">Name</th> <th style="width: 30%;">Date of Birth</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Other Children in Family		Name	Date of Birth								
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Name	Date of Birth												

Residence Address of Student and Enrolling Parent	Dwelling Location (select only one)
Street _____ Apt No. _____ City _____ State _____ Zip Code/Suffix _____	<input checked="" type="checkbox"/> City of Fairfax <input checked="" type="checkbox"/> Fairfax County <input type="checkbox"/> Fort Belvoir <input type="checkbox"/> Other (not Fairfax County)

Enrolling Parent	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self	<input type="checkbox"/> Caretaker
Last _____ First _____ Middle _____	This box is only checked by Student Registration Staff.	

E-mail _____ Contact Numbers ten digits Unlisted Home _____ Work _____ Cell _____

In the event of an emergency, school staff members shall attempt to contact the enrolling parent first, and then the other custodial parent, if any. Under certain conditions, the enrolling parent/caregiver can be changed. Please review Regulation 2240, V., B. for more information and work with your school should this be necessary.

Other Parent Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather
Last _____ First _____ Middle _____	Address (if different from above) _____

E-mail _____ Contact Numbers ten digits Unlisted Home _____ Work _____ Cell _____

Other Parent Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather
Last _____ First _____ Middle _____	Address (if different from above) _____

E-mail _____ Contact Numbers ten digits Unlisted Home _____ Work _____ Cell _____

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or guardian or of the eligible student.



Student Registration Form

Part B

Last

First

Middle

FCPS Student ID

Student Legal Name _____

Number of Full Academic Years Completed in the U.S. in grades K-12 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4 or more <input type="checkbox"/> 1 <input type="checkbox"/> 3	When did your child begin school in the US? Includes public, private, or home school in grades K-12? _____ / _____ (month / year)	Has your child attended a public school in Virginia in grades K-12? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years? _____	Ever Received a Service from FCPS Before? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous ID _____
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Ever Attended FCPS Before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name of Last School Attended in FCPS _____ Last Year Attended _____	Home Language 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? _____	Correspondence Language 1. In what language do you wish to receive written communication? _____ 2. In what language do you wish to receive oral communication? _____
Last School Attended NOT in FCPS School Name _____ Street _____ City _____ State _____ Zip Code _____ School Phone (ten digits) _____ School Fax (ten digits) _____		

I affirm that the above registered student **has not been** expelled from school attendance at any private or public school in Virginia or another state for an offense in violation of School Board policies relating to weapons, alcohol, or drugs, or for the willful infliction of injury to another person.

I affirm that the above registered student **has been** expelled from school attendance at a private or public school in Virginia or another state for an offense in violation of School Board policies relating to weapons, alcohol, or drugs, or for the willful infliction of injury to another person.

I affirm that the above registered student is not a party in an ongoing Title IX Investigation.

I affirm that the above registered student has not been found responsible in a Title IX Investigation.

I am aware that making a false statement herein constitutes a class 4 misdemeanor. I am aware that Fairfax County Public Schools (FCPS) staff may verify residency documentation to confirm Fairfax County residency. I am aware that if I move from Fairfax County that the above registered student may no longer be eligible to attend FCPS. I certify that all the information on this student registration form is true and correct to the best of my knowledge and belief.

Parent or Guardian Signature _____ Date _____ Print Name _____

To Be Completed by FCPS Staff (with input from parent or guardian)

Proof of Date of Birth Birth Certificate Number _____ Affidavit with Supporting Documentation Code _____		Date of Entry (current) _____ E _____ _____ R _____		Original FCPS Entry Date _____	Original 9th Grade Entry Date _____	Student Assignment Placement Code _____ Base School _____	
Transportation <input type="checkbox"/> Authorized to Ride Bus <input type="checkbox"/> Not Authorized to Ride Bus	Proof of Address Received Document Type(s) _____				Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuition Code _____	Contact Restriction <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Education Program Code _____	AAP Status _____	Counselor _____	Homeroom _____	Teacher _____			
[1]R [2]S							

Current Enrolling FCPS School _____

FCPS Staff Signature _____ Date _____ Print Name _____

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