

Department of Policy, Records, and Reporting
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

NEW STUDENT INFORMATION

INSTRUCTIONS: This form is to be completed by parent or legal guardian. For all students new to or reentering MCPS, the verification of the following must be presented at the time of enrollment: Montgomery County residency, age and immunizations, unless homeless.

Must match birth certificate or other evidence of birth

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ Social Security Number _____
School Name _____ ID # _____ Date of Birth _____
Grade _____ Language Spoken at Home _____

Proof of Age

Birth Certificate/Registration Baptism/Church Certificate Hospital Certificate Passport/Visa Parent's Affidavit
 Physician's Certificate Other _____

Residency

Street Address _____ City _____
State _____ Zip _____ Home Phone _____ E-mail Address _____

Circumstance (if applicable)

Homeless (complete MCPS Form 335-77, *Homeless Status*)
 Informal Kinship Care (complete MCPS Form 334-16, *Informal Kinship Care Status* and MCPS Form 334-17, *Affidavit: Children in Informal Kinship Care*)
 Maryland State Supervised Care (complete MCPS Form 560-35, *Enrollment of Child in Maryland State-Supervised Care and Transfer of Educational Records*)

Proof of Residency—MCPS Regulation JEA-RB, Enrollment of Students, requires a copy of one of the following unless homeless:

Current property tax bill Current lease
 If lease is more than 1 year old, lease and current utility bill
 Shared Housing Disclosure Form (MCPS Form 335-74)
 Determination of Residency and Tuition Status Form (MCPS Form 335-73)

Language for Written Communication

Chinese English French Korean Spanish Vietnamese

F-1/J-1 Immigration Status Yes N/A U.S. Citizen Yes No

If No: Date entered U.S. _____ Date of 1st entry into U.S. school _____

Immunizations

Proof of immunization compliance—MCPS Regulation JEA-RB: *Enrollment of Students*, requires a copy of one of the following:

Maryland Department of Health and Mental Hygiene Immunization Certificate 896
 Computer-generated printout from doctor's office Other _____

Ethnicity

1. **ETHNICITY DESIGNATION.** Read the definition below and check the box that indicates this student's heritage.

Is this student Hispanic or Latino? (Select one answer.)

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic or Latino**. Yes No

2. **RACE DESIGNATION.** Read the descriptions below and check the boxes that indicate this student's race. You must select at least one race, regardless of ethnicity designation. More than one response can be selected.

Indicate this student's race. (Select all that apply.)

- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a 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 Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or 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

PRIOR SCHOOL EXPERIENCE

Has student previously attended a Montgomery County Public School? Yes No

If yes _____
Name of last Montgomery County Public School attended *Dates of attendance* *Last Grade*

NAME AND ADDRESS OF LAST SCHOOL ATTENDED

Date of withdrawal *Last Grade*

Public School Private School

Name of adult responsible for student living at current address:

Relationship: Parent Guardian

Other _____

Employer _____

Work Phone _____

Cell Phone _____

Name of adult responsible for student living at current address:

Relationship: Parent Guardian

Other _____

Employer _____

Work Phone _____

Cell Phone _____

Name of parent/guardian (if other than responsible adult above):

Relationship: Parent Guardian

Other _____

Address: _____

Phone _____

Name of parent/guardian (if other than responsible adult above):

Relationship: Parent Guardian

Other _____

Address: _____

Phone _____

Siblings (name)	Birth date	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Non-custodial parent (if applicable)

Name

Address

Custody concerns? Yes No If yes, contact school.

OTHER INFORMATION

Does the student have an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a 504 plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student been in an ESOL program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been suspended from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the student currently suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the student currently expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If enrolling after start of school year, do you want directory information to be withheld?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please request form from school staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No

The information as submitted on this form and on any attachments is accurate, complete and true to the best of my knowledge. I understand that falsification of any information submitted shall be cause for denial of enrollment. Furthermore, I understand I am responsible for reporting to the school principal if the student becomes a non-resident of this county and that I am liable for tuition for any periods that the student may be a non-resident, unless homeless. If my child has an IEP, I understand that an IEP team must determine his/her placement.

Signature, Parent/Legal Guardian

Date