



# New Student Information

Office of Shared Accountability, Records Unit  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**MCPS Form 560-24**  
**April 2017**

**INSTRUCTIONS:** This form is to be completed by parent/guardian or eligible student. 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.

## STUDENT INFORMATION

### Must match birth certificate or other evidence of birth

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Student's Preferred First Name \_\_\_\_\_

Social Security Number (*not required*) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

School Name \_\_\_\_\_ MCPS ID# \_\_\_\_\_ Grade \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_

## PROOF OF AGE—(evidence of birth) Indicate which document was provided

Birth Certificate  Passport/Visa  Physician's Certificate  Baptismal or Church Certification  Hospital Certificate  Parent's Affidavit  
 Birth Registration  Other (Specify) \_\_\_\_\_

## RESIDENCY

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

Primary Home or Cell Phone Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Circumstances (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](#))

## LANGUAGE FOR WRITTEN COMMUNICATION

Amharic  Chinese  English  French  Korean  Spanish  Vietnamese

For the purpose of determining eligibility for immigrant services and/or exemption from certain tests, please provide the following information:

Was the student born outside of the United States?  Yes  No **If Yes:** How many months has the student been in U.S. schools? \_\_\_\_\_

Date student entered a U.S. **school** for the first time \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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.)  Yes  No

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic or Latino**.

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:** Last Montgomery County Public School attended \_\_\_\_\_

Dates of attendance \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Grade \_\_\_\_\_

**NAME AND ADDRESS OF LAST SCHOOL ATTENDED**Date of withdrawal \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Grade \_\_\_\_\_  Public School  Private School**ADULT(S) RESPONSIBLE FOR STUDENT\***

Name of adult responsible for student living at current address: \_\_\_\_\_

Relationship:  Mother  Father  Guardian Other \_\_\_\_\_

Employer \_\_\_\_\_

Phone #1 \_\_\_\_-\_\_\_\_-\_\_\_\_ Phone #2 \_\_\_\_-\_\_\_\_-\_\_\_\_

Phone #3 \_\_\_\_-\_\_\_\_-\_\_\_\_

Name of adult responsible for student living at current address: \_\_\_\_\_

Relationship:  Mother  Father  Guardian Other \_\_\_\_\_

Employer \_\_\_\_\_

Phone #1 \_\_\_\_-\_\_\_\_-\_\_\_\_ Phone #2 \_\_\_\_-\_\_\_\_-\_\_\_\_

Phone #3 \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Relationship:  Mother  Father  Guardian Other \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Relationship:  Mother  Father  Guardian Other \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

\*  Responsible Adult(s) Legal Identification and proof of relationship to student verified (specify) \_\_\_\_\_Is the student a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or Reserve Forces (Army, Army National Guard of the U.S., Navy, Air Force, Marine Corps, Air National Guard of the U.S., or Coast Guard)?  Yes  No

Sibling's (name)

Birthdate

Current School

Sibling's (name)	Birthdate	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 an English learner receiving ESOL/ESL/ENL* services in a Language Instruction Educational Program (LIEP) in a U.S. school? <b>If Yes</b> , date first entered ESOL/ESL/ENL/LIEP in a U.S. school ____/____/____ If exited, what was the exit date? ____/____/____ <small>*ESOL—English for Speakers of Other Languages/ESL—English as a Second Language/ENL—English as a New Language</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student ever been suspended from school? <b>If Yes</b> , is the student currently suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Has the student ever been expelled from school? <b>If Yes</b> , is the student currently expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
If enrolling after start of school year, do you want directory information to be withheld? <b>If Yes</b> , complete <a href="#">MCPS Form 281-13, Parental Privacy Form</a> .	<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 student has an IEP, I understand that an IEP team must determine student's placement.

\_\_\_\_\_  
Signature, Parent/Legal Guardian or Eligible Student\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date