

## STUDENT REGISTRATION FORM PART A

**INSTRUCTIONS:** This form is to be completed by the parent/legal guardian or eligible adult student for all students new or reentering Arlington Public Schools (APS). Verification of Arlington County residency, (current lease agreement, deed or mortgage agreement showing parent's name) and an original birth certificate or certified copy must be presented at time of registration. Virginia Code § 22.1-4.1 and § 22.1-3.1 **NOTES:** Student registration must be done in person by the student's parent/legal guardian or eligible adult student. Parent name listed on the child's birth certificate must match the parent/legal guardian's picture ID submitting the registration documents, or court documents of legal custody must be presented. If parent/legal guardian or eligible adult student is residing with someone else, APS Residency Affidavits Form A and B must be notarized and submitted with a copy of the householder's current lease agreement, deed or mortgage agreement.

Student's Legal Information (as it appears on birth co	ertificate)			Name Student goes by:		
Last Name	First	Middle				
Date of Birth (mm/dd/yyyy)		Designated Gender:				
Residence of Student and Enrolling Parent or Lega	l Guardian (Enrolling parent or legal gu	uardian and the above student must be ph	ysically residing in Arlington C	ounty)		
House/Building Number Street		Apt No	City	State Zip		
Student's Language Information- Every Student Succeeding What is the primary language used in the home, regardly What is the language most often spoken by the stude What is the language that the student first acquired?	rdless of the language spoken by the s nt?	Student's Educational Background – (If applicable, answer all questions)  Last School Attended Fax  Address				
Ethnic Group and Race Categories- The federal government requires that both these questions be answered and provides the following categories for ethnic group and race. If both questions are not answered, school personnel are required to make selections for both.  1. Is student Hispanic or Latino? (choose only one)  No, not Hispanic or Latino  Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)  2. What is the student's race? (select all that apply)  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 affiliations or community attachment.)  Asian (a person having origins in any of the original peoples of China, India, Japan, Korea, Malaysia, Pakistan, the Philippin  Black or African-American (a person having origins in a Native Hawaiian or Other Pacific Islander (a person White (a person having origins in any of the original peoples of	e Islands, Thailand, and Vietnam.) any of the black racial groups of Africa.) n having origins in any of the original peoples of	Has the student ever attended Arlington Public Schools (APS)? If yes, list the student's APS ID # School Year Name of last school attended in APS Has the student ever received Services or been evaluated for Special Education Services from Arlington Public Schools? □ Yes □ No				
Military Information (select all that apply)  ☐ Student is not military connected  ☐ Active duty; student is a dependent of a member of the Active National Oceanic and Administration, or the commissioned ☐ Reserve; student is a dependent of a member of the Reserve ☐ National Guard, active or reserve duty; student is a dependent	Corps of the U.S. Public Health Services)  Forces (Army, Navy, Air Force, Marine Corps, o	or Coast Guard)	When did the student first e First entry date in a Virginia Number of years student I How many full academic y	Students entering grades K-12 only) enter a U.S. Public School?  a Public School?  Gr.  previously attended grades K-12?  rears has the student completed in the U.S.?  4 If 4 or more, how many?		
Sibling Information– If the student has siblings, com Name	Date of Birth	School	If the student was not born	Students born outside the U.S. only) in the United States or Puerto Rico, when did untry?		
Name of person (parent or legal guardian) registering the abo Relationship to student: ☐ Father ☐ Mother ☐ Legal Gua Type of photo identification parent or legal guardian registeri Registration documentation received by (APS staff name): _	ove student: Last Name ardian □ Foster Parent □ Self (adult stude		☐ Passport ☐ Other	iddle Name		



## STUDENT REGISTRATION FORM PART B

Last Name	Student's Legal Name: Last Name	First Name		Middle Name			
Contact Information (List phone numbers and check one box to indicate 'salf first' preference)   Cell   Can text messages be sent to this number?   Yes   No   No   Can text messages be sent to this number?   Yes   No   No   No   No   No   No   No   N	Enrolling Parent or Legal Guardian (Per Birth Certificate or Legal Documents)	Relationship to Student:	Father   Mother	□ Legal Guardian □ Fost	er Parent □ Self (	Adult Student)	
Contact Information (List phone numbers and check one box to indicate 'tail first' preference)   Cell   Can text messages be sent to this number?   Yes   No   Doy un preferred language of communication?   Do you need an interpreter?   Yes   No   Doy un end written documents translated?   Yes   No   Doy un preferred language of communication?   Relationship to Student:   Father   Mother   Legal Guardian   Foster Parent   Last Name   Contact Information (List phone numbers and check one box to indicate 'call first' preference)   Cell   Can text messages be sent to this number?   Yes   No   Contact Information (List phone numbers and check one box to indicate 'call first' preference)   Cell   Can text messages be sent to this number?   Yes   No   Contact Information (List phone numbers and check one box to indicate 'call first' preference)   Cell   Can text messages be sent to this number?   Yes   No   Contact Prefered language of communication?   Stept   Stept   Can text messages be sent to this number?   Yes   No   Contact Prefered language of communication?   Stept   Stept   Can text messages be sent to this number?   Yes   No   State   Can text messages be sent to this number?   Yes   No   Contact Prefered language of communication?   Yes   No   State   Can text messages to this parent language of communication?   Yes   No   Can the student be released to this parent?   Yes   No   State   Zip   No   No   No   No   No   No   No   N	Last Name First	Name		Middle Name	,	•	
Mork   Separate preferred language of communications   Do you need an interpreters   Visc   No   Do you need written documents translated?   Yes   No   No   Do you need written documents translated?   Yes   No   No   Contact Information (List phone numbers and check one box to indicate "call first" preference   Cell   Contact Information (List phone numbers and check one box to indicate "call first" preference   Cell   Contact Information (List phone numbers and check one box to indicate "call first" preference   Cell   Contact Information (List phone numbers and check one box to indicate "call first" preference   Cell   Contact Information (List phone numbers and check one box to indicate "call first" preference   Cell   Contact Information (List phone numbers and check one box to indicate "call first" preference   Cell   Contact Information (List phone numbers and check one box to indicate "call first" preference   Cell   Contact Information (List phone numbers and check one box to indicate "call first" preference   Cell   Contact Information (List phone numbers and check one box to indicate "call first" preference   Cell   Contact Information (List phone numbers and check one box to indicate "call first" preference   Cell   Contact Information (List phone numbers and check one has an analysis and che	Contact Information (List phone numbers and check one box to indicate "call first" pr	eference)   Cell		Can text messages be s			
Contact Information (List phone numbers and check one box to indicate "call first" preference   Cell   Can take the assages be sent to this number?   Yes   No							
Cantact Information (List phone numbers and check one box to indicate "call first" preference)   Cell	What is your preferred language of communication?	Do you need an in	<i>terpreter?</i> □ Yes □ No	Do you need written doo	uments translated?	☐ Yes ☐ No	
Contact Information (List phone numbers and check one bot to indicate 'call first' preference   Cell   Can text messages be sent to this number?   ve   No   What is this parent's preferred language of communication?   Does this parent need an interpreter?   vs   No   Does this parent need written documents translated?   vs   No   Address (if different from student's): House Bidg.   Steet   Can the student be released to this parent?"   ve   No   No   No   No   No   No   No   N	Other Parent or Legal Guardian (Per Birth Certificate or Legal Documents)	Relationship to Student:	Father   Mother	□ Legal Guardian □ Fost	er Parent		
Mork   Email   Work   Email   Work   Email   More   Does this parent need an interpreter?   Yes   No Does this parent need written documents translated?   Yes   No Address (if different from student's): House/Bidg.   Street   Can the student be parent need an interpreter?   Yes   No   City   State   Zip   Address (if different from student's): House/Bidg.   Street   Can the student be parent need an interpreter?   Yes   No   City   State   Zip   No   Can the student be parent nave rights to make Educational decisions?   Yes   No   No   Parents islated on the student with the student with the student of the same rights and responsibilities unless the permission has been legally restricted. If there is a restriction, legal documentation is required.   Emergency Contact - Provide the name of an adult who can assume temporary responsibilities unless the permission has been legally restricted. If there is a restriction, legal documentation is required.   Emergency Contact - Provide the name of an adult who can assume temporary responsibility of the student in case of an emergency when the parents or legal guardians cannot be reached.   Language of Communication   Student   Contact Information: Home   First Name   Relationship to Student   Language of Communication   St	Last Name First	Name		Middle Name			
What is this parent spreadray fraguage of communication? Street   Does this parent need an interpreter?   Yes   No Does this parent need an interpreter?   Yes   No City   State   Zip   Acre mailings to this parent allowed? Yes   No Does this parent allowed to have contact with the student? Yes   No Does this parent allowed to have contact with the student? Yes   No Does this parent allowed to have contact with the student? Yes   No Does this parent allowed to have contact with the student the student should be a parent allowed? Yes   No Does this parent allowed to have contact with the student with the student of the student should be a parent allowed? Yes   No Parents issed on the students with certificate are entitled to the same rights and responsibilities unless the permission has been legally restricted. If there is a restriction, legal documentation is required.  Emergency Contact - Provide the name of an adult who can assume temporary responsibility of the student in case of an emergency when the parents or legal guardians cannot be reached. Least Name Relationship to Student Contact Information: Home Work Relationship to Student Contact Information: Home Work Relationship to Student Contact Information: Home Work Relationship to Student Contact Information: Home York Yes   No Relationship to Student   Contact Information Indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful Infinition or july to another person. A sworn statement or affirmation indicating whether the student has period to provide a provide or many provides 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 infinition of injury to another person.  I further affirm that the above student   has not   has been expelled fr	Contact Information (List phone numbers and check one box to indicate "call first" pr	eference) 🗆 Cell		_ Can text messages be s	ent to this number?	☐ Yes ☐ No	
What is this parent agreed an interpretar?   Copes this parent need an interpretar?   City   State   Zip   Acted mailings to this parent allowed?   Yes   No   Acted mailings to this parent allowed with the parents of least to this parent allowed to this parent allowed to this parent will be parent to parent the limited to this parent allowed to parent the limited to this parent allowed to parent the limited to this parent allowed to parent the limited to parent the parent parent the parent parent the parent parent the wood parent parent the parent paren	□ Home □ Work	E	mail				
Can the student be released to this parent allowed?" I ve   No   Does this parent allowed to have contact with the student?" Ve no   No   Does this parent allowed to have contact with the student?" Ve no   No   Does this parent allowed to have contact with the student?" Ve no   No   Does this parent have rights to make Educational decisions?" Ye no   No   Parents isted on the student's birth certificate are entitled to the same rights and responsibilities unless the permission has been legally restricted. If there is a restriction, legal documentation is required.  Emergency Contact—Provide the name of an adult who can assume temporary responsibility of the student in case of an emergency when the parents or legal guardians cannot be reached.  Last Name   Relationship to Student   Relati	What is this parent's preferred language of communication?	Does this parent need an inter	preter? □ Yes □ No L	Does this parent need writte	n documents transla	ated? □ Yes □ No	
Can the student be released to this parent allowed?" I ve   No   Does this parent allowed to have contact with the student?" Ve no   No   Does this parent allowed to have contact with the student?" Ve no   No   Does this parent allowed to have contact with the student?" Ve no   No   Does this parent have rights to make Educational decisions?" Ye no   No   Parents isted on the student's birth certificate are entitled to the same rights and responsibilities unless the permission has been legally restricted. If there is a restriction, legal documentation is required.  Emergency Contact—Provide the name of an adult who can assume temporary responsibility of the student in case of an emergency when the parents or legal guardians cannot be reached.  Last Name   Relationship to Student   Relati	Address (if different from student's): House/Bldg Street			City	State	Zip	
Parents listed on the student's birth certificate are entitled to the same rights and responsibilities unless the permission has been legally restricted. If there is a restriction, legal documentation is required.  Emergency Contact – Provide the name of an adult who can assume temporary responsibility of the student in case of an emergency when the parents or legal guardians cannot be reached.    Settlement of Affirmation – Section 22.1-3.2 of the Code of Virginia requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration:    A seworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in 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. A sworn statement or affirmation indicating whether the student has been expelled from school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. A sworn statement or affirmation indicating whether the student has been found quilty of or and cultival providers by a moby or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories.    Please check the applicable boxes and sign, the statement below   affirm that the above student   has not   has been found quilty of or adjudicated delinquent for any offense listed in subseccing of § 16.1-260 or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories.    I writher affirm that the above student   has not   has been found quilty of or adjudicated delinquent for any offense listed in subseccing of § 16.1-260 or any substantially similar offe	Are mailings to this parent allowed?* ☐ Yes ☐ No Ca	an the student be released to this pare	nt?* □ Yes □ No				
Emergency Contact — Provide the name of an adult who can assume temporary responsibility of the student in case of an emergency when the parents or legal guardians cannot be reached.  Last Name	Is this parent allowed to have contact with the student?* ☐ Yes ☐ No ☐ Do	oes this parent have rights to make Ed	lucational decisions?*	□ Yes □ No			
Last Name	*Parents listed on the student's birth certificate are entitled to the same rights and resp	oonsibilities unless the permission has i	oeen legally restricted. I	f there is a restriction, legal	documentation is re	quired.	
Last Name	Emergency Contact— Provide the name of an adult who can assume temporary resu	onsibility of the student in case of an e	mergency when the par	ents or legal guardians canr	not be reached.		
Statement of Affirmation—Section 22.1-3.2 of the Code of Virginia requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration:  A sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in 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. A sworn statement or affirmation indicating whether the student has been found guilty of or adjudicated delinquent for any offense islated in subsection of Q § 16.1-260 (a fiream offense, hornicide, felonious assault and bodily wounding, criminal sexual assault, manufactures, sale, gift, distribution or possession of Schedule I or II controlled substances or marijuana, arson and related crimes, burglary and related offenses, robbery, prohibited criminal street gang activity, recruitment of other juve-nines for criminal gang activity or an act of violence by a mob) or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories.  Please check the applicable boxes and sign the statement below  I affirm that the above student □ has not □ has 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.  If urther affirm that the above student □ has not □ has been found guilty of or adjudicated delinquent for any offense listed in subsection G of § 16.1-260 or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories.  I am aware that making a false statement herein con	, , ,	•			<b>5 5</b>		
Statement of Affirmation—Section 22.1-3.2 of the Code of Virginia requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration:  A sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in 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. A sworn statement or affirmation indicating whether the student has been found guilty of or adjudicated delinquent for any offense islated in subsection of Q § 16.1-260 (a fiream offense, hornicide, felonious assault and bodily wounding, criminal sexual assault, manufactures, sale, gift, distribution or possession of Schedule I or II controlled substances or marijuana, arson and related crimes, burglary and related offenses, robbery, prohibited criminal street gang activity, recruitment of other juve-nines for criminal gang activity or an act of violence by a mob) or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories.  Please check the applicable boxes and sign the statement below  I affirm that the above student □ has not □ has 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.  If urther affirm that the above student □ has not □ has been found guilty of or adjudicated delinquent for any offense listed in subsection G of § 16.1-260 or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories.  I am aware that making a false statement herein con	Contact Information: Home Work	Cell	'	Language of Communication			
To Be Completed by APS Welcome Center Registrar  APS Student ID	found guilty of or adjudicated delinquent for any offense listed in subsection G of § 1 distribution or possession of Schedule I or II controlled substances or marijuana, arsor niles for criminal gang activity or an act of violence by a mob) or any substantially sim Please check the applicable boxes and sign the statement below  I affirm that the above student □ has not □ has been expelled from school attendar weapons, alcohol or drugs, or for the willful infliction of injury to another person.  I further affirm that the above student □ has not □ has been found guilty of or adjuding any state, the District of Columbia, or the United States or its territories.  I am aware that making a false statement herein constitutes a class 3 misdeme landlords or conducting a home visit to confirm Arlington County residency. I	6.1-260 (a firearm offense, homicide, to and related crimes, burglary and related arimes, burglary and related are under the laws of any stated are at any private or public school in Volicated delinquent for any offense listed anor. I am aware that Arlington Public understand that I must immediately	elonious assault and bo ed offenses, robbery, pr e, the District of Columb irginia or another state I in subsection G of § 1	dily wounding, criminal sexurchibited criminal street gangoia, or the United States or for an offense in violation of 6.1-260 or any substantially may verify residency doc	ual assault, manufac g activity, recruitmen its territories.  of school board polic y similar offense und	cture, sale, gift, nt of other juve- cies relating to der the laws of	
To Be Completed by APS Welcome Center Registrar  APS Student ID   New Student   ID Previously Assigned   Returning Student   Registration Type:   K-12th Grade   Montessori (Age:   3   4)   VPI   Adult Student   School Assignment:   Neighborhood School:   Option School   Primary Montessori Program   VPI Program   Other Program   Other Program   Attending School:   School Year:   Grade:   Welcome Center Registrar Name:   To Be Completed by APS School Registrar or Designee    Proof of Age and Evidence of Birth:   Birth Certificate   Identity Affidavit with supporting documents   Proof of Arlington Residency:   Deed/Mortgage Agreement   Lease Agreement   AB Forms   McKinney-Venton	<u> </u>	•	egal Guardian Signatui		Date		
APS Student ID New Student   ID Previously Assigned   Returning Student   Registration Type:   K-12th Grade   Montessori (Age:   3   4)   VPI   Adult Student   Proof of Age and Evidence of Birth:   Birth Certificate   Identity Affidavit with supporting documents   Foster Care   Proof of Arlington Residency:   Deed/Mortgage Agreement   Lease Agreement   AB Forms   McKinney-Vento   Primary Montessori Program   VPI Program   Other Program   Other Program   Other Program   Grade:   G				<u> </u>	Bate		
Registration Type:   K-12th Grade   Montessori (Age:   3   4)   VPI   Adult Student   School Assignment:   Neighborhood School:   Option School   Option School   Other Program   Other Progra	To Be Completed by APS Welcome Center Registrar		To Be Completed by APS School Registrar or Designee				
School Assignment: Neighborhood School: Option School Program Other Program Other Program Other Program Attending School: School Year: Grade: School Year: School		_		•	•		
□ Primary Montessori Program □ VPI Program □ Other Program  Attending School: □ School Year: □ Grade: □ School Year: □ Grade: □ Student's Original U.S. Public School Entry Date: □ Original VA Entry D	1 2 7	-		<u> </u>		•	
Attending School: School Year: Grade: Academic Records Requested from Previous U.S. School on: Contact Restriction (Custody Documents)  Welcome Center Registrar Name: Student's Original U.S. Public School Entry Date: Original VA Entry Date:							
Welcome Center Registrar Name: Original VA Entry Date: Original VA Entry Date:					•		
		School Registrar/Enrolling Staff Na	ıme:	Signature:	• -		