



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 certificate)
Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Gender  Male  Female Place of Birth \_\_\_\_\_
Name Student goes by: \_\_\_\_\_
Designated Gender: \_\_\_\_\_

Residence of Student and Enrolling Parent or Legal Guardian (Enrolling parent or legal guardian and the above student must be physically residing in Arlington County)
House/Building Number \_\_\_\_\_ Street \_\_\_\_\_ Apt No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Language Information- Every Student Succeeds Act of 2015 (ESSA) requires APS to ask the following three questions:
What is the primary language used in the home, regardless of the language spoken by the student? \_\_\_\_\_
What is the language most often spoken by the student? \_\_\_\_\_
What is the language that the student first acquired? \_\_\_\_\_

Student's Educational Background- (If applicable, answer all questions)
Last School Attended \_\_\_\_\_
Grade \_\_\_\_\_ Phone \_\_\_\_\_ 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 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.)
 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, North Africa, or the Middle East.)

At the last school attended, did the student receive any of the following services? (Answer all questions)
ESOL (English for Speakers of Other Languages) Services?  Yes  No
Gifted Services?  Yes  No
Special Education Services?  Yes  No
504 Accommodations?  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 Duty Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, the Commissioned Corps of the National Oceanic and Administration, or the commissioned Corps of the U.S. Public Health Services)
 Reserve; student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)
 National Guard, active or reserve duty; student is a dependent of a member of the National Guard (and not of a member of the U.S. Armed Forces.)

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

Sibling Information- If the student has siblings, complete the information below.
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

First School Entry Dates (Students entering grades K-12 only)
When did the student first enter a U.S. Public School? \_\_\_\_\_
First entry date in a Virginia Public School? \_\_\_\_\_ Gr. \_\_\_\_\_
Number of years student previously attended grades K-12? \_\_\_\_\_
How many full academic years has the student completed in the U.S.?
 0  1  2  3  4 If 4 or more, how many? \_\_\_\_\_

To Be Completed by APS Staff Receiving Registration Documentation
Name of person (parent or legal guardian) registering the above student: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_
Relationship to student:  Father  Mother  Legal Guardian  Foster Parent  Self (adult student)
Type of photo identification parent or legal guardian registering student presented at time of registration:  Driver's License  Government Photo ID  Passport  Other \_\_\_\_\_
Registration documentation received by (APS staff name): \_\_\_\_\_ Signature \_\_\_\_\_ Date Received \_\_\_\_\_



STUDENT REGISTRATION FORM
PART B

Student's Legal Name: Last Name First Name Middle Name

Enrolling Parent or Legal Guardian (Per Birth Certificate or Legal Documents) Relationship to Student: Father Mother Legal Guardian Foster Parent Self (Adult Student)
Last Name First Name Middle 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
Home Work Email
What is your preferred language of communication? Do you need an interpreter? Yes No Do you need written documents translated? Yes No

Other Parent or Legal Guardian (Per Birth Certificate or Legal Documents) Relationship to Student: Father Mother Legal Guardian Foster Parent
Last Name First Name Middle 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
Home Work Email
What is this parent's preferred language of communication? Does this parent need an interpreter? Yes No Does this parent need written documents translated? Yes No
Address (if different from student's): House/Bldg. Street City State Zip
Are mailings to this parent allowed?\* Yes No Can the student be released to this parent?\* Yes No
Is this parent allowed to have contact with the student?\* Yes No Does this parent have rights to make Educational decisions?\* Yes No
\*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.
Last Name First Name Relationship to Student
Contact Information: Home Work Cell Language of Communication

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.
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.
I further 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 constitutes a class 3 misdemeanor. I am aware that Arlington Public Schools (APS) staff may verify residency documentation, including contacting landlords or conducting a home visit to confirm Arlington County residency. I understand that I must immediately report to the school if the student moves out of Arlington County. I certify that all the information on this student registration form is true and correct to the best of my knowledge and belief.
Enrolling Parent or Legal Guardian Name Enrolling Parent or Legal Guardian Signature Date

To Be Completed by APS Welcome Center Registrar To Be Completed by APS School Registrar or Designee
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
Attending School: School Year: Grade:
Welcome Center Registrar Name:
Welcome Center Registrar Signature: Date:
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
Proof of Health Requirements: Immunizations TB Test Result/Screening Physical Examination (Pk-5th gr.)
Documentation of Previous Services: ESOL Services Gifted Services
Academic Records Requested from Previous U.S. School on: Contact Restriction (Custody Documents)
Student's Original U.S. Public School Entry Date: Original VA Entry Date:
School Registrar/Enrolling Staff Name: Signature: Date: