



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 from Arlington Public Schools or get evaluated for Special Education Services? [] 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-12th grade 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 or more 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) [] Other _____
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) [] Other
Last Name First Name Middle Name
Contact Information (List phone numbers and check one box to indicate "call first" preference) [] Cell [] Home [] Work [] Email
What is your preferred language of communication? Do you need an interpreter? Do you need written documents translated?

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 [] Home [] Work [] Email
What is this parent's preferred language of communication? Does this parent need an interpreter? Does this parent need written documents translated?

Address (if different from student's): House/Bldg. Street City State Zip
Are mailings to this parent allowed? Can the student be released to this parent?
Is this parent allowed to have contact with the student? Does this parent have rights to make Educational decisions?
*Parents listed on the student's birth certificate are entitled to the same rights and responsibilities unless the permission has been legally restricted.

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 Middle Name Relationship to Student
Contact Information: Cell Home Work 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. My typed name serves as my signature.
Enrolling Parent or Legal Guardian Name Enrolling Parent or Legal Guardian Signature Date

To Be Completed by APS Welcome Center Registrar
APS Student ID: [] New Student [] Returning Student [] ID Previously Assigned
Registration Type: [] K-12th Grade [] Adult Student [] Child Find [] Other:
Pre-K Registration: [] VPI Program [] Montessori (Age: [] 3 [] 4) [] CPP (Age: [] Toddler [] 3 [] 4)
School Assignment: [] Neighborhood School [] Option School [] Pre-K Program Location [] Other Program
Attending School: School Year: Grade:
Welcome Center Registrar Name: Date:
Welcome Center Registrar Signature: Date:
To Be Completed by APS School Registrar or Designee
APS Student ID: [] New Student [] Returning Student Enrolling School:
Proof of Age and Legal Name: [] Original Birth Certificate [] Identity Affidavit with supporting documents
Proof of Arlington Residency: [] Deed [] Lease Agreement [] Mortgage Agreement [] AB Forms with supporting documents
Proof of Health Requirements: [] TB Test Result or Screening [] Immunizations [] Physical Examination (Pk-5th grade students)
Other: [] Pre-Kindergarten Experience Form (K students) [] Foster Care [] McKinney-Vento [] Contact Restriction (Legal documentation required)
School Records Requested on: Previous Services Received: [] English Learner [] Gifted [] Special Education [] 504
School Year: Grade: Original U.S. Public School Entry Date: Original VA Entry Date:
School Registrar/Enrolling Staff Name: Signature: Date: