Arlington Public Schools

STUDENT REGISTRATION FORM
PART A

School Year: 20_____ - 20_____

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 signed by the lessor, deed or settlement documents for a new home purchase showing the parent/legal guardian name) and an original birth certificate must be presented at time of registration. If the parent/legal guardian or eligible adult student is residing in a shared housing situation, APS Proof of Arlington County Residency Affidavits Form A and B must be notarized and submitted with a copy of the leaseholder's current lease agreement or homeowner's deed. Documents which support proof of residency such as current federal, state and/or property tax returns, documentation of financial assistance from Arlington County, current payroll withholding statements, vehicle registration, or current utility bill showing parent's name must be submitted within thirty days of enrollment date. Arlington Public Schools Policy J-5.3.30 Admissions. Virginia Code §22.1-4.1 and §22.1-3.1

NOTES: Student registration must be done by the student's parent/legal guardian or eligible adult student. Parents/legal guardians are required to present a valid government-issued photo identification. Parent/guardian name listed on the student's birth certificate must match the parent/guardian's picture ID submitting the registration documents, or court documents of legal custody must be presented.

Student Legal Information
As it appears on birth certificate or legal documents

Last Name_____ **First Name**_____ **Middle Name**_____

Date of Birth (mm/dd/yyyy)_____ **Place of Birth**_____ **Gender** ☐ Male ☐ Female ☐ Non-Binary

Name Student goes by:

_____

Residence of Student and Enrolling Parent or Legal Guardian

Enrolling parent/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?_____

Ethnic Group and Race Categories
The federal government requires that both these questions be answered and provides only 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/Latino? (select 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.)

Arlington Public Schools

STUDENT REGISTRATION FORM
PART B

School Year: 20_____ - 20_____

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

Military Information (select all that apply)

- ☐ **Active duty** student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force, 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, Coast Guard or Space Force)
- ☐ **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.)
- ☐ **Student is not military connected**

Does the student have internet access at home? (select all that apply)

- ☐ Internet access at home allows for live streaming, classroom instruction, and real-time interactions with teachers and classmates
- ☐ Internet access at home is available but too slow for live streaming or real time interaction
- ☐ Public connection not at home (coffee shop, fast food restaurant, recreation center, etc.)
- ☐ No internet connection available for unknown reasons
- ☐ No internet connection at home due to cost of service
- ☐ No internet connection at home due to service availability

What device does the student have access to at home? (select all that apply)

- ☐ School provided (desktop, laptop, Chromebook, tablet)
- ☐ Personal (desktop, laptop, Chromebook, tablet)
- ☐ Shared with family members (desktop, laptop, Chromebook, tablet)
- ☐ Smartphone only
- ☐ Any public device (library, community center, etc.)
- ☐ No device access
- ☐ Unknown

Student's Educational Background

Has the student attended school? ☐ Yes ☐ No (If yes, answer all questions)

Name of Last School Attended_____ Last Grade Attended_____ Last Grade Completed_____

Address_____ Phone_____ Fax_____

At the last school attended, did the student receive any of the following services? (Answer all questions)

English Learners? ☐ Yes ☐ No Gifted? ☐ Yes ☐ No Special Education? ☐ Yes ☐ No 504 Accommodations? ☐ Yes ☐ No

Has the student ever attended Arlington Public Schools? ☐ Yes ☐ No (If yes, answer all questions)

List the student's APS ID_____ Name of last school attended in APS_____ School Year attended_____

Has the student ever received Services from Arlington Public Schools or get evaluated for Special Education Services? ☐ Yes ☐ No If yes, list the student's APS ID_____

First School Entry Dates

When did the student first enter a U.S. School (For Pre-kindergarten-12th grade. Not Daycare)? (mm/dd/yyyy)_____ Grade_____

When did the student first enter a Virginia Public School (For Kindergarten-12th grade)? (mm/dd/yyyy)_____ Grade_____

Arlington Public Schools

STUDENT REGISTRATION FORM
PART C

School Year: 20_____ - 20_____

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 Phone_____ Can text messages be sent to this number? ☐ Yes ☐ No ☐ Home Phone_____

☐ Work Phone_____ 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 Phone_____ Can text messages be sent to this number? ☐ Yes ☐ No ☐ Home Phone_____

☐ Work Phone_____ 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.*

Sibling Information If the student has siblings, complete the information below.

Name_____ Date of Birth_____ School (if applicable)_____

Name_____ Date of Birth_____ School (if applicable)_____

Name_____ Date of Birth_____ School (if applicable)_____

Name_____ Date of Birth_____ School (if applicable)_____

Emergency Contact– Provide the name of an adult who the student can be released to in case of an emergency when the parents/guardians cannot be reached.

Last Name _____ First Name_____ Middle Name_____

Relationship to Student _____ Email_____

Cell_____ Home Phone_____ Work Phone_____ Preferred language of communication_____

Arlington Public Schools

STUDENT REGISTRATION FORM
PART D

School Year: 20_____ - 20_____

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

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 listed in subsection G of § 16.1-260 (a firearm offense, homicide, felonious assault and bodily wounding, criminal sexual assault, manufacture, 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 juveniles 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.

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 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)* ☐ ORR Sponsor (*ORR Verification of Release must be attached)* ☐ 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 and reviewed by (APS staff name): _____ **Signature** _____ **Date Reviewed** _____

To Be Completed by APS Registrar or Designee

APS Student ID: _____ ☐ New Student ☐ Returning Student ☐ ID Previously Assigned

Registration Type: ☐ K-12 ☐ Pre-K ☐ Adult Student ☐ Child Find ☐ Other _____

Pre-K Type: ☐ VPI ☐ Montessori ☐ CPP ☐ Dual Enrollee Age: _____

School Type: ☐ Neighborhood ☐ Option ☐ Pre-K Location ☐ Other Program

School: _____ **School Year:** _____

Initial Grade Placement _____ *For LSRC registration purposes. To be reviewed by school administrator.*

Welcome Center Registrar Name_____

Welcome Center Registrar Signature_____ **Date**_____

To Be Completed by APS School Registrar or Designee

Enrolling School:_____ **School Year:**_____ **Grade:**_____

Proof of Age and Legal Name: ☐ Original Birth Certificate ☐ Identity Affidavit with supporting document

Primary Proof of Residency Document: ☐ AB Forms w/Lease ☐ AB Forms w/Deed ☐ Deed ☐ Lease ☐ Settlement Documents

Supporting Residency Documents: ☐ Document 1:_____ ☐ Document 2:_____ ☐ Will submit within 30 days

Special Circumstances: ☐ Foster Care ☐ Kinship Care *(approved)* ☐ McKinney-Vento ☐ Contact Restriction (*Legal documentation required)*

Health Entrance Requirements: ☐ TB Test Result or Screening ☐ Immunizations ☐ Physical Examination *(Pk-5th grade students)*

Original VA Enter Date:_____ **Original U.S. Public School Entry Date:**_____ ☐ Pre-K Experience Form *(For Kindergarten)*

School Records Requested on:_____ **Previous Services Received:** ☐ English Learner ☐ Gifted ☐ Special Education ☐ 504

School Registrar/Enrolling Staff Name_____ **Signature**_____ **Date**_____