



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			Name Student goes by: _____
Last Name _____	First Name _____	Middle Name _____	
Date of Birth (mm/dd/yyyy) _____	Place of Birth _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	

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.)



Student Registration Form Part B

School Year: 20____ - 20____

Student's Legal Name: Last Name	First Name	Middle Name
<p>Military Information (select all that apply)</p> <p><input type="checkbox"/> Student is NOT MILITARY CONNECTED</p> <p><input type="checkbox"/> 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 Atmospheric Administration, or the Commissioned Corps of the US Public Health Services)</p> <p><input type="checkbox"/> Reserve student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, Coast Guard or Space Force)</p> <p><input type="checkbox"/> Active Service student is a dependent of a member of the full-time National Guard (and not of a member of the U.S. Armed Forces.)</p> <p><input type="checkbox"/> Reserve student is a dependent of a member of the National Guard</p>		
<p>Does the student have internet access at home? (select all that apply)</p> <p><input type="checkbox"/> Internet access at home allows for live streaming, classroom instruction, and real-time interactions with teachers and classmates</p> <p><input type="checkbox"/> Internet access at home is available but too slow for live streaming or real time interaction</p> <p><input type="checkbox"/> Public connection not at home (coffee shop, fast food restaurant, recreation center, etc.)</p> <p><input type="checkbox"/> No internet connection available for unknown reasons</p> <p><input type="checkbox"/> No internet connection at home due to cost of service</p>	<p>What device does the student have access to at home? (select all that apply)</p> <p><input type="checkbox"/> School provided (desktop, laptop, Chromebook, tablet)</p> <p><input type="checkbox"/> Personal (desktop, laptop, Chromebook, tablet)</p> <p><input type="checkbox"/> Shared with family members (desktop, laptop, Chromebook, tablet)</p> <p><input type="checkbox"/> Smartphone only</p> <p><input type="checkbox"/> Any public device (library, community center, etc.)</p> <p><input type="checkbox"/> No device access</p>	
<p>Student's Educational Background</p> <p>Has the student attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, answer all questions)</p> <p>Name of Last School Attended _____</p> <p>Last Grade Attended _____ Last Grade Completed _____</p> <p>Address _____</p> <p>Phone _____ Fax _____</p> <p>At the last school attended, did the student receive any of the following services? (Answer all questions)</p> <p>English Learners? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Gifted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>504 Accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Has the student ever attended Arlington Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list the student's APS ID _____</p> <p>School Year attended _____</p> <p>Name of last school attended in APS _____</p> <p>Has the student ever received Services from Arlington Public Schools or get evaluated for Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Original U.S. Entry Date (Students born outside the U.S. only)</p> <p>If the student was not born in the United States or Puerto Rico, when did they first enter the country? (mm/dd/yyyy) _____</p>	
<p>First School Entry Dates</p> <p>When did the student first enter a U.S. School (For Pre-kindergarten-12th grade. Not Daycare)? (mm/dd/yyyy) _____ Grade _____</p> <p>When did the student first enter a Virginia Public School (For Kindergarten-12th grade)? (mm/dd/yyyy) _____ Grade _____</p>		



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

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 _____



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.

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):
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 documents
Proof of Arlington Residency: [] Deed [] Lease Agreement [] Settlement Documents [] AB Forms [] Supporting Documents (2)
Proof of Health Requirements: [] TB Test Result or Screening [] Immunizations [] Physical Examination (Pk-5th grade students)
Other: [] Pre-Kindergarten Experience Form [] Foster Care [] McKinney-Vento [] Contact Restriction (Legal documentation required)
Original U.S. Public School Entry Date: Original VA Entry Date: U.S. Entry Date:
School Records Requested on: Previous Services Received: [] English Learner [] Gifted [] Special Education [] 504
School Registrar/Enrolling Staff Name: Signature: Date: