



STUDENT REGISTRATION FORM

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 Shared Housing Forms A and B must be notarized and submitted with a copy of the leaseholder's current lease agreement or homeowner's deed or settlement documents for a new home purchase. Documents which support proof of residency such as current federal, state and/or property tax returns, current payroll, one current utility bill, valid VA driver's license or government-issued ID with current address, current bank statement, U.S., local, or federal government-issued document, current homeowner or renter's insurance policy, voter registration, current income tax form 1099 or W2 showing parent's name must be submitted within thirty days of enrollment date. APS Policy J-5.3.30 Admissions. VA 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 and eligible adult students are required to present a valid government-issued photo identification. Parent name listed on the student's birth certificate must match the parent's picture ID submitting the registration documents, or court documents of legal custody must be presented.

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

I am requesting enrollment for: School Year _____ Grade _____ School _____

Residence of Student and Enrolling Parent/Legal Guardian

Enrolling parent/legal guardian and the above student must be physically residing in Arlington County.

Address _____ Apt No. _____

City _____ State _____ Zip _____

Parent/Legal Guardian or Eligible Adult Student Acknowledgment

I acknowledge that I am the parent or court-appointed legal guardian of the child for whom I am submitting information. I also confirm that the student resides in Arlington County because the student lives with or qualifies as one of the following: *A parent or court-appointed legal guardian who resides in Arlington County; a guardian ad litem (not solely for school purposes) who resides in Arlington County; a custodial parent while the child's parent or court-appointed legal guardian is deployed outside the United States as a member of the Virginia National Guard or as a member of the U.S. Armed Forces; a person in loco parentis who resides in Arlington County and the student's parents are deceased; an emancipated minor in Arlington County; or homelessness.*

Any person making a false statement concerning the residency of a child could be charged with a Class 4 misdemeanor in the Commonwealth of Virginia and be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges for the time the student was enrolled in such division as required by the Code of Virginia § 22.1-3.

- 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.

Parent/Legal Guardian or Eligible Adult Student Name	Signature	Date
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TO BE COMPLETED BY APS SCHOOL REGISTRAR OR DESIGNEE

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

Name of parent/legal guardian registering the 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 _____

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

Registration documentation received and reviewed by:
 APS staff name _____ Signature _____ Date _____



STUDENT REGISTRATION FORM

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

Last Name _____
 First Name _____ Middle Name _____ Suffix _____
 Date of Birth (mm/dd/yyyy) _____ Country of Birth _____
 Gender: Male Female Non-Binary

Name Student goes by (Nickname) If your student goes by another name such as a nickname, shortened name, or uses their middle name, etc., please add it here. Otherwise leave it blank.

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

List the student's APS ID _____

Name of last school attended in APS _____ School Year Attended _____

Has the student ever received Services or get evaluated for Special Education Services from Arlington Public Schools?

Yes No If yes, list the student's APS ID _____

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/Latino
- Yes, Hispanic/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/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/African-American** *(A person having origins in any of the black racial groups of Africa.)*
- Native Hawaiian/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.)*

TO BE COMPLETED BY APS SCHOOL REGISTRAR OR DESIGNEE

Enrolling School: _____

School Year: _____ **Grade:** _____

Proof of Age and Legal Name: Original Birth Certificate Original Birth Certificate w/official translation
 Identity Affidavit with supporting document _____

Primary Proof of Residency Document: Shared Housing Forms Deed Lease
 Settlement Documents (Expire 60 days from settlement date)

Supporting Residency Documents: Document 1 _____
 Document 2 _____
 Supporting Document Due Date _____

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



STUDENT REGISTRATION FORM

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

Student's Language Information

Every Student Succeeds Act of 2015 (ESSA) requires one answer per question:

What is the language that the student first acquired? _____ (One language only)

What is the language most often spoken by the student? _____ (One language only)

What is the primary language used in the home, regardless of the language spoken by the student? _____ (One language only)

Military Information

Is your student a dependent of a member of the military? (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, Space Force, the Commissioned Corps of the National Oceanic and Atmospheric 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*)
- Active Service:** student is a dependent of a member of the National Guard
- Reserve:** student is a dependent of a member of the National Guard

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
- 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 REGISTRATION FORM

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

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 must be submitted with this registration form.

Do you have any additional legal documentation as it relates to the custody of this student? Yes No

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 _____

In what language would you prefer to receive school communications? _____
 Would you need an interpreter for spoken conversations with the school? Yes No
 Would you need written documents translated into your preferred language? Yes No

Parent Accessibility:

APS is collecting the accessibility needs of parents to ensure that accommodations are available in our communication and buildings for those who need it. Check all that apply:
 Needs American Sign Language (ASL) Interpretation for school functions/meetings
 Needs Closed Captioning for any audio school presentations
 Meeting location near the main building entrance

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 _____

In what language would you prefer to receive school communications? _____
 Would this parent need an interpreter for spoken conversations with the school? Yes No
 Would this parent need written documents translated into their preferred language? Yes No

Parent Accessibility:

APS is collecting the accessibility needs of parents to ensure that accommodations are available in our communication and buildings for those who need it. Check all that apply:
 Needs American Sign Language (ASL) Interpretation for school functions/meetings
 Needs Closed Captioning for any audio school presentations
 Meeting location near the main building entrance

Address (if different from student's) _____ Apt No. _____
 City _____ State _____ Zip _____



STUDENT REGISTRATION FORM

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

APS Sibling Information

If the student has siblings attending Arlington Public Schools, complete the information below.

1. Full Name _____
 Date of Birth _____ Student ID _____ APS School _____
2. Full Name _____
 Date of Birth _____ Student ID _____ APS School _____
3. Full Name _____
 Date of Birth _____ Student ID _____ APS School _____
4. Full Name _____
 Date of Birth _____ Student ID _____ APS School _____

Emergency Contact

Must provide the name of at least one adult who the student can be released to in case of an emergency when the parents/guardians cannot be reached.

1. Local Emergency Contact: First and Last Name _____

Relationship to Student _____

Phone Numbers: Cell _____

Home _____

Work _____

Email _____

Does this emergency contact need an interpreter for spoken conversations with the school?

Yes No If yes, provide the language _____

2. Emergency Contact: First and Last Name _____

Relationship to Student _____

Phone Numbers: Cell _____

Home _____

Work _____

Email _____

Does this emergency contact need an interpreter for spoken conversations with the school?

Yes No If yes, provide the language _____

3. Emergency Contact: First and Last Name _____

Relationship to Student _____

Phone Numbers: Cell _____

Home _____

Work _____

Email _____

Does this emergency contact need an interpreter for spoken conversations with the school?

Yes No If yes, provide the language _____



STUDENT REGISTRATION FORM

Student's Legal Name: Last Name _____

First Name _____ Middle Name _____

Previous School(s) Attended

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

Name of Last School Attended _____

Last Grade Attended _____ Last Grade Completed _____ School Year _____

Address _____

City _____ State _____ Country _____

Phone _____ Fax _____ Email _____

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

English Learners? Yes No **Gifted?** Yes No **504 Accommodations?** Yes No
Special Education? Yes No If the student was receiving special education services, does the student have a current IEP? Yes No

If the student has a current IEP, what is the approximate date of signature? _____

What is the name of the school where the IEP was signed? _____

Has the student attended other schools? Yes (If yes, answer all questions) No

1. Name of School _____ **Grade(s) Attended** _____

School Year Attended _____ Phone (_____) _____

City _____ State _____ Country _____

2. Name of School _____ **Grade(s) Attended** _____

School Year Attended _____ Phone (_____) _____

City _____ State _____ Country _____

3. Name of School _____ **Grade(s) Attended** _____

School Year Attended _____ Phone (_____) _____

City _____ State _____ Country _____

Arlington Public Schools will request the student's academic records from previous school(s) attended.

First School Entry Dates

Has this student ever attended a U.S. School? Yes No

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

Has this student attended any Virginia Public School (Kindergarten-12th grade) Yes No

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

TO BE COMPLETED BY APS SCHOOL REGISTRAR OR DESIGNEE

APS Student ID _____ New Student Returning Student ID Previously Assigned

US School Enter Date: _____ **VA Original Enter Date:** _____ **APS Original Enter Date:** _____

School Records Requested on _____

Previous Services Received: English Learner Gifted Special Education 504

Students with Limited or Interrupted Formal Education (SLIFE) CRITERIA (for students who have experienced interrupted schooling.)

To meet the criteria for SLIFE, all three boxes must be checked: Age 8 or older by Aug. 1st of the school year for which they are registering
 Missed at least 2 years of school compared to similar-age peers
 EL 1 or EL 2 (Based on EL Assessment)

School: _____ **School Year:** _____ **Grade Placement:** _____

Registrar/Designee Name _____

Signature _____ **Date** _____



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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 or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories.

These offenses are:

- 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 street gang activity
- Recruitment of other juveniles for criminal gang activity

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 in the Commonwealth of Virginia.

Enrolling Parent/Legal Guardian or Eligible Adult Student Name

Enrolling Parent/Legal Guardian or Eligible Adult Student Signature

_____ Date _____

TO BE COMPLETED BY APS SCHOOL REGISTRAR OR DESIGNEE
<p>If parent/legal guardian or adult student has indicated the student has been expelled or found guilty/adjudicated delinquent for an offense, notify School Administration and the School Climate Office.</p> <p>Date of contact: _____</p>



PRE-KINDERGARTEN EXPERIENCE FORM

This form is only for students registering for kindergarten

Student's Legal Name: Last Name _____ First Name _____ Middle Name _____
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Arlington Public Schools is required by the Virginia Department of Education to report the pre-kindergarten experience for all kindergarten students and the amount of time spent weekly in the program.

Please answer the following questions about your child's pre-kindergarten experience for the year prior to the student beginning kindergarten. The school registrar can provide assistance in making your selection.

1. Is your child currently attending or did they attend as a 4-year old a pre-kindergarten, pre-school, childcare or daycare?

Yes No

If yes, what is/was the name and location of the program?

Name: _____

City: _____ State: _____

2. The average amount of time my child was in the program per week (check one):

- Less than 15 hours per week
- 15-29 hours per week
- 30+ hours per week

3. As a 4-year old pre-kindergarten student, my child participated in the following (check only one). If your child attended more than one program, select the primary program.

Head Start in a community based organization

A county or community Head Start Program, not through a public school system.

Example: Arlington County Head Start Program through Northern Virginia Family Services. (State code 1)

Public Preschool

Any preschool program offered through a public school system.

Examples: Virginia Pre-School Initiative (VPI), Arlington Public Schools Montessori Preschool Program, Arlington Public Schools Special Education Pre-K Programs, Title I Preschool program in Virginia Beach Public Schools, Head Start in Dale City Elementary School. (State code 2)

Private Preschool/Daycare

A preschool or daycare or other program operated by a private provider, such as a faith-based or commercial organization.

Examples: Faith Lutheran, Westover Baptist, Little Beginnings, Arlington Children's School. (State code 3)

Department of Defense Child Development Program

A Preschool Program located on a U.S. Department of Defense installation.

Example: Preschool Program at Fort Myer, VA. (State code 4)

Family Home Daycare Provider

Daycare in a private home.

Example: Student was in daycare at a private home with three other children. (State code 5)

No Formal or Institutional Prekindergarten Program

Did not participate in a formal/institutional program.

Example: Child stayed with parent, nanny, relative, friend or neighbor. (State code 6)

Parent or Legal Guardian Signature _____ Date _____

TO BE COMPLETED BY APS SCHOOL REGISTRAR OR DESIGNEE

Elementary Schools Pre-Kindergarten Activity

Pre-K experience code _____ Weekly time code _____

School Registrar/Enrolling Staff Name _____

Signature _____ **Date** _____