

**Department of Policy, Records, and Reporting
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**

NEW STUDENT INFORMATION

INSTRUCTIONS: This form is to be completed by parent or legal guardian. For all students new to or reentering MCPS, the verification of the following must be presented at the time of enrollment: Montgomery County residency, age and immunizations, unless homeless.

_____ *Legal Last Name* _____ *Legal first name* _____ *Middle Name* _____ *Social Security Number*

_____ *School Name* _____ *ID #* Date of Birth ____/____/____

Male Female Grade _____ Language Spoken at Home _____

Proof of Age	Ethnicity	Language for Written Communication		
<input type="checkbox"/> Birth Certificate/Registration	PLEASE NOTE: The federal government provides only these categories and requires this information. If not filled out, school personnel are required to make a selection.	<input type="checkbox"/> Chinese	<input type="checkbox"/> English	
<input type="checkbox"/> Baptism/Church Certificate		<input type="checkbox"/> French		
<input type="checkbox"/> Hospital Certificate		<input type="checkbox"/> American Indian (1)	<input type="checkbox"/> Korean	
<input type="checkbox"/> Passport/Visa		<input type="checkbox"/> Asian or Pacific Islander (2)	<input type="checkbox"/> Spanish	
<input type="checkbox"/> Parent's Affidavit		<input type="checkbox"/> African American (3)	<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Physician's Certificate		<input type="checkbox"/> White (4)	F-1/J-1 Immigration Status <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Hispanic (5)	Born in U.S. or Puerto Rico? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If no, date entered U.S. ____/____/____		

IMMUNIZATIONS

Proof of immunization compliance – MCPS Regulation JEA-RB: *Enrollment of Students*, requires a copy of one of the following:

- Maryland Department of Health and Mental Hygiene Immunization Certificate 896
- Computer-generated printout from doctor's office
- Other _____

RESIDENCY

_____ *Street Address* _____ *City*

_____ *State* _____ *Zip* _____ *Home Phone*

Circumstance (if applicable)

- Homeless (complete MCPS Form 335-77, *Homeless Status*)
- Informal Kinship Care (complete MCPS Form 334-16, *Informal Kinship Care Status* and MCPS Form 334-17, *Affidavit: Children in Informal Kinship Care*)
- Maryland State Supervised Care (complete MCPS Form 560-35, *Enrollment of Child in Maryland State-Supervised Care and Transfer of Educational Records*)

Proof of Residency—MCPS Regulation JEA-RB, Enrollment of Students, requires a copy of one of the following unless homeless:

- Current property tax bill
- Current lease
- If lease is more than 1 year old, lease and current utility bill
- Shared Housing Disclosure Form (MCPS Form 335-74)
- Determination of Residency and Tuition Status Form (MCPS Form 335-73)

PRIOR SCHOOL EXPERIENCE

Has student previously attended a Montgomery County Public School? Yes No

If yes _____
Name of last Montgomery County Public School attended *Dates of attendance* *Last Grade*

If no _____
Name of last school attended *Dates of attendance* *Last Grade*

Address of last school attended

Name of adult responsible for student living at current address:

Name _____

Relationship: Mother Father Guardian

Other _____

Employer _____

Work Phone _____-_____-_____

Cell Phone _____-_____-_____

Name of parent/guardian (if other than responsible adult above)

Relationship: Mother Father Guardian

Other _____

Address: _____

Phone _____-_____-_____

Name of adult responsible for student living at current address:

Name _____

Relationship: Mother Father Guardian

Other _____

Employer _____

Work Phone _____-_____-_____

Cell Phone _____-_____-_____

Name of parent/guardian (if other than responsible adult above)

Relationship: Mother Father Guardian

Other _____

Address: _____

Phone _____-_____-_____

Sibling's (name)	Birth date	Current School
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Non-custodial parent (if applicable)

Name *Address*

Custody concerns? Yes No If yes, contact school.

OTHER INFORMATION

Does the student have an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the student have a 504 plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student been in an ESOL program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been suspended from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the student currently suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the student ever been expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the student currently expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If enrolling after start of school year, do you want directory information to be withheld?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please request form from school staff.	<input type="checkbox"/> Yes <input type="checkbox"/> No

The information as submitted on this form and on any attachments is accurate, complete and true to the best of my knowledge. I understand that falsification of any information submitted shall be cause for denial of enrollment. Furthermore, I understand I am responsible for reporting to the school principal if the student becomes a non-resident of this county and that I am liable for tuition for any periods that the student may be a non-resident, unless homeless. If my child has an IEP, I understand that an IEP team must determine his/her placement.

Signature, Parent/Legal Guardian *Date*