

Student Registration Form Part A

FCPS Student ID

To Be Completed by Parent or Guardian

Student Legal Name (as it appears on the birth certificate) Last First Middle			Student Previous Name (if any) Last First Middle		
Student Nickname	Date of Birth (mm/dd/yyyy)	Student Home Telephone (ten digits) <input type="checkbox"/> unlisted	Country of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non Binary (as it appears on the birth certificate)	Grade Level

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 this 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 American, 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 affiliation 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.)

Other Children in Family	
Name	Date of Birth

Residence Address of Student and Enrolling Parent Street Apt No. City State Zip Code/Suffix		Dwelling Location (select only one) <input type="checkbox"/> City of Fairfax <input type="checkbox"/> Fairfax County <input type="checkbox"/> Fort Belvoir <input type="checkbox"/> Other (not Fairfax County)	
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Enrolling Parent Last First Middle	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self	<input type="checkbox"/> Caretaker This box is only checked by the Department of Special Services Staff.

E-mail _____ Contact Numbers ten digits ☐ Unlisted Home _____ Work _____ Cell _____

Other Parent Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather
Last First Middle	Address (if different from above)

E-mail _____ Contact Numbers ten digits ☐ Unlisted Home _____ Work _____ Cell _____

Other Parent Resides With <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather
Last First Middle	Address (if different from above)

E-mail _____ Contact Numbers ten digits ☐ Unlisted Home _____ Work _____ Cell _____

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or guardian or of the eligible student.

Student Registration Form

Part B

Last

First

Middle

FCPS Student ID

Student Legal Name _____

Number of Full Academic Years Completed in the U.S. in grades K-12 <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4 or more <input type="checkbox"/> 1 <input type="checkbox"/> 3	When did your child begin school in the US? Includes public, private, or home school in grades K-12? _____ / _____ (month / year)	Has your child attended a public school in Virginia in grades K-12? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years? _____	Ever Received a Service from FCPS Before? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous ID _____
Ever Attended FCPS Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Last School Attended in FCPS _____ Last Year Attended _____	Home Language 1. What is the primary language used in the home, regardless of the language spoken by the student? _____ 2. What is the language most often spoken by the student? _____ 3. What is the language that the student first acquired? _____	
Last School Attended NOT in FCPS School Name _____ Street _____ City _____ State _____ Zip Code _____ School Phone (ten digits) _____ School Fax (ten digits) _____		Correspondence Language In which language do you prefer to receive communication from the school? _____	

- ☐ I affirm that the above registered student **has not 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 affirm that the above registered student **has been** expelled from school attendance at a 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 affirm that the above registered student is not a party in an ongoing Title IX Investigation.
- ☐ I affirm that the above registered student has not been found responsible in a Title IX Investigation.

I am aware that making a false statement herein constitutes a class 4 misdemeanor. I am aware that Fairfax County Public Schools (FCPS) staff may verify residency documentation to confirm Fairfax County residency. I am aware that if I move from Fairfax County that the above registered student may no longer be eligible to attend FCPS. I certify that all the information on this student registration form is true and correct to the best of my knowledge and belief.

Parent or Guardian Signature _____ Date _____ Print Name _____

To Be Completed by FCPS Staff (with input from parent or guardian)

Proof of Date of Birth		Date of Entry (current)		Original FCPS Entry Date	Original 9th Grade Entry Date	Student Assignment	
Birth Certificate Number _____		_____ E _____				Placement Code	Base School
Affidavit with Supporting Documentation Code _____		_____ R _____					
Transportation <input type="checkbox"/> Authorized to Ride Bus <input type="checkbox"/> Not Authorized to Ride Bus	Proof of Address Received				Homeless	Tuition Code	Contact Restriction
	Document Type(s) _____				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Education Program Code	AAP Status	Counselor	Homeroom	Teacher			
	<input type="checkbox"/> R <input type="checkbox"/> S						

Current Enrolling FCPS School _____

FCPS Staff Signature _____ Date _____ Print Name _____

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