



**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*

**NAME AND ADDRESS OF LAST SCHOOL ATTENDED**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date of withdrawal* *Last Grade*

Public School  Private School

Name of adult responsible for student living at current address:

Relationship:  Mother  Father  Guardian  
 Other \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name of adult responsible for student living at current address:

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 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*