

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**

Birth Certificate/Registration  Baptism/Church Certificate  Hospital Certificate  Passport/Visa  Parent's Affidavit  
 Physician's Certificate  Other \_\_\_\_\_

**Ethnicity**

1. **ETHNICITY DESIGNATION.** Read the definition below and check the box that indicates this student's heritage.  
**Is this student Hispanic or Latino?** (Select one answer.)  
Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic or Latino.**  Yes  No
2. **RACE DESIGNATION.** Read the descriptions below and check the boxes that indicate this student's race. You must select at least one race, regardless of ethnicity designation. More than one response can be selected.  
**Indicate this student's race.** (Select all that apply.)
- American Indian or Alaskan Native:** A person having origins in any of the original peoples of North or South America (including Central America), and who maintains a 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 Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or 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, the Middle East, or North Africa.

**Language for Written Communication**

Chinese  English  French  Korean  Spanish  Vietnamese

F-1/J-1 Immigration Status  Yes  N/A U.S. Citizen  Yes  No

**If No:** Date entered U.S. \_\_\_\_\_ Date of 1<sup>st</sup> entry into U.S. school \_\_\_\_\_

**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:  
\_\_\_\_\_

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*