



New Student Information

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

MCPS Form 560-24
February 2015

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. Social security number is not required for enrollment.

STUDENT INFORMATION

Must match birth certificate or other evidence of birth

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Social Security Number ____-____-____ Date of Birth ____/____/____ ☐ Male ☐ Female

School Name _____ ID# _____ Grade _____

Language Spoken at Home _____

PROOF OF AGE— Indicate which document was provided

☐ Birth Certificate/Registration ☐ Baptism/Church Certificate ☐ Hospital Certificate ☐ Passport/Visa ☐ Parent's Affidavit

☐ Physician's Certificate ☐ Other _____

RESIDENCY

Street Address _____ City _____

State _____ Zip _____ E-mail Address _____

Circumstances (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)

LANGUAGE FOR WRITTEN COMMUNICATION

☐ Amharic ☐ Chinese ☐ English ☐ French ☐ Korean ☐ Spanish ☐ Vietnamese

For the purpose of determining eligibility for immigrant services and/or exemption from certain tests, please provide the following information:

Was the student born outside of the United States? ☐ Yes ☐ No

If Yes: How many months has the student been in U.S. schools? _____ Date entered the U.S. for the first time ____/____/____

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 _____

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.) ☐ Yes ☐ No

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic or Latino**.

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

PRIOR SCHOOL EXPERIENCE		
Has student previously attended a Montgomery County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes: Last Montgomery County Public School attended _____		
Dates of attendance ____/____/____ Last Grade_____		
NAME AND ADDRESS OF LAST SCHOOL ATTENDED		

Date of withdrawal ____/____/____ Last Grade_____ <input type="checkbox"/> Public School <input type="checkbox"/> Private School		
ADULT(S) RESPONSIBLE FOR STUDENT		
Name of adult responsible for student living at current address:		Name of adult responsible for student living at current address:
_____		_____
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____
Employer _____		Employer _____
Phone #1 ____-____-____ Phone #2 ____-____-____		Phone #1 ____-____-____ Phone #2 ____-____-____
Phone #3 ____-____-____		Phone #3 ____-____-____
Name of parent/guardian (if other than responsible adult above:)		Name of parent/guardian (if other than responsible adult above:)
_____		_____
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____
Address _____		Address _____
Phone ____-____-____		Phone ____-____-____
Sibling's (name)	Birthdate	Current School
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
NON-CUSTODIAL PARENT (if applicable)		
Name _____		
Address _____		
Custody concerns? <input type="checkbox"/> Yes <input type="checkbox"/> 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, request form from school staff.		
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