

## MONTGOMERY COUNTY PUBLIC SCHOOLS

## New Student Information

Office of Shared Accountability, Records Unit  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850**INSTRUCTIONS:** This form is to be completed by parent/guardian or eligible student. 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.**STUDENT INFORMATION****Must match birth certificate or other evidence of birth**

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Student's Identified First Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  M (Male)  F (Female)  X (unspecified/non-binary)

School Name \_\_\_\_\_ MCPS ID# \_\_\_\_\_ Grade \_\_\_\_\_

**MARYLAND HOME LANGUAGE SURVEY**In accordance with federal and state requirements, the Home Language Survey will be administered to all students and **used only for determining whether a student needs English language support services** and will not be used for immigration matters or reported to immigration authorities. If a language other than English is indicated on two of the three questions below, the student will be assessed for English language support services. Additional criteria for testing may be considered.What language(s) did the **student** first learn to speak? \_\_\_\_\_What language does the **student** use most often to communicate? \_\_\_\_\_

What language(s) are spoken in your home? \_\_\_\_\_

**PROOF OF AGE—(evidence of birth) Indicate which document was provided** Birth Certificate  Passport/Visa  Physician's Certificate  Baptismal or Church Certification  Hospital Certificate  Parent's Notarized Affidavit  
 Birth Registration  Other Legal or Notarized Identification (Specify) \_\_\_\_\_**RESIDENCY**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Primary Home or Cell Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Circumstances (if applicable)**

- 
- Homeless Child/Unaccompanied Youth (complete
- [MCPS Form 335-77, Homeless Status](#)
- )
- 
- 
- Informal Kinship Care (complete
- [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, lists the following acceptable documents for evidence of residency that should be provided (unless homeless):**

- 
- Current property tax bill
- 
- Current rental lease
- 
- If original term of the lease is expired, a copy of a current utility bill or a lease extension
- 
- 
- [Shared Housing Disclosure Form \(MCPS Form 335-74\)](#)

**IMMIGRANT SERVICES AND EXEMPTIONS FROM CERTAIN TESTS**

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. K-12 schools? \_\_\_\_\_Date student entered a U.S. K-12 **school** for the first time \_\_\_\_/\_\_\_\_/\_\_\_\_**IMMUNIZATIONS**Proof of immunization compliance—MCPS Regulation JEA-RB, [Enrollment of Students](#), lists the following acceptable documents:

- 
- [Maryland Department of Health Immunization Certificate 896](#)
- 
- 
- Computer form generated by a physician or health clinic
- 
- 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  NoPersons 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.** 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
- 
- Asian
- 
- Black or African American
- 
- Native Hawaiian or Other Pacific Islander
- 
- White

**PRIOR SCHOOL EXPERIENCE**Has student previously attended a Montgomery County Public School?  Yes  No**If Yes:** Last Montgomery County Public School attended \_\_\_\_\_

Dates of attendance \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Grade \_\_\_\_\_

**NAME AND ADDRESS OF LAST SCHOOL ATTENDED**Date of withdrawal \_\_\_\_/\_\_\_\_/\_\_\_\_ Last Grade \_\_\_\_\_  Public School  Private School**PARENTS/GUARDIANS RESPONSIBLE FOR STUDENT\***

Primary parent/guardian responsible for student living at student's address:

**Relationship:**  Mother  Father  Guardian

Employer \_\_\_\_\_

Phone #1 \_\_\_\_-\_\_\_\_-\_\_\_\_ Phone #2 \_\_\_\_-\_\_\_\_-\_\_\_\_

Email \_\_\_\_\_

Parent Preferred Language:  Amh  Chi  Fre  Kor  Por  Spa  Viet**Name of parent/guardian** (if other than parent/guardian above:)**Relationship:**  Mother  Father  Guardian Other \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Parent/guardian responsible for student living at student's address:

**Relationship:**  Mother  Father  Guardian

Employer \_\_\_\_\_

Phone #1 \_\_\_\_-\_\_\_\_-\_\_\_\_ Phone #2 \_\_\_\_-\_\_\_\_-\_\_\_\_

Email \_\_\_\_\_

Parent Preferred Language:  Amh  Chi  Fre  Kor  Por  Spa  Viet**Name of parent/guardian** (if other than parent/guardian above:)**Relationship:**  Mother  Father  Guardian Other \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

\*  Parent(s)/Guardian(s) Legal Identification (including photograph) and proof of relationship to student verified (specify)Is the student a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Space Force, Marine Corps, Coast Guard, National Guard, or Reserve Forces (Army, Army National Guard of the U.S., Navy, Air Force, Space Force, Marine Corps, Air National Guard of the U.S., or Coast Guard)?  Yes  No**Sibling's (name)****Birthdate****Current School**

Sibling's (name)	Birthdate	Current School
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

**NON-CUSTODIAL PARENT (if applicable)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Custody concerns?  Yes  No If yes, contact school.**OTHER INFORMATION**

Does the student have an Individualized Education Program (IEP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have a Section 504 plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student been an Emergent Multilingual Learner (EML) receiving ELD* services in a Language Instruction Educational Program (LIEP) in a U.S. school? <b>If Yes</b> , date first entered ELD* in a U.S. school ____/____/____ If exited, what was the exit date? ____/____/____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*ELD–English Language Development/ESOL–English for Speakers of Other Languages/ESL–English as a Second Language/ENL–English as a New Language		
Has the student ever been suspended from school? <b>If Yes</b> , is the student currently suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Has the student ever been expelled from school? <b>If Yes</b> , is the student currently expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
If enrolling after start of school year, do you want directory information to be withheld? <b>If Yes</b> , complete MCPS Form 281-13, <i>Annual Notice for Directory Information and Student Privacy</i> .	<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 student has an IEP, I understand that an IEP team must determine student's placement.

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

\_\_\_\_\_  
Signature, Parent/Guardian or Eligible Student\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date