



# Student's Personal Data

MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MCPS Form SR-1  
May 2017  
SIDE 1

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

MCPS I.D. \_\_\_\_\_ SASID \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Social Security # \_\_\_\_\_  
*(Optional: if provided by parent/guardian)*

Proof of Residency (include a copy of documents)

List languages spoken in the home: \_\_\_\_\_  
\_\_\_\_\_

### Evidence of Birth Verified

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Evidence of Birth Verification (check all that apply)

- Birth Certificate  Passport/Visa  Physician's Certificate
- Baptismal or Church Certification  Hospital Certificate  Parent's Affidavit
- Birth Registration  Other (specify) \_\_\_\_\_

**Ethnicity** Hispanic/Latino  Yes  No

### Race—Check all that apply

- American Indian or Alaskan Native  Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander  White

**For applicable secondary students only:** F-1/J-1 Visa:

### STUDENT'S PRESENT ADDRESS (Proof of residency verified and documentation included in student's record folder)

Date	Street Address & Apt. #	City	State	ZIP Code
1. ____/____/____	_____	_____	_____	_____
2. ____/____/____	_____	_____	_____	_____
3. ____/____/____	_____	_____	_____	_____
4. ____/____/____	_____	_____	_____	_____

**1** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #1 \_\_\_\_-\_\_\_\_-\_\_\_\_ #2 \_\_\_\_-\_\_\_\_-\_\_\_\_

**Name of adult responsible for student at address** \_\_\_\_\_

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

**Parent/Guardian** (if other than responsible adult listed above)

Name \_\_\_\_\_

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

Address \_\_\_\_\_

**2** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #1 \_\_\_\_-\_\_\_\_-\_\_\_\_ #2 \_\_\_\_-\_\_\_\_-\_\_\_\_

**Name of adult responsible for student at address** \_\_\_\_\_

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

**Parent/Guardian** (if other than responsible adult listed above)

Name \_\_\_\_\_

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

Address \_\_\_\_\_

**3** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #1 \_\_\_\_-\_\_\_\_-\_\_\_\_ #2 \_\_\_\_-\_\_\_\_-\_\_\_\_

**Name of adult responsible for student at address** \_\_\_\_\_

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

**Parent/Guardian** (if other than responsible adult listed above)

Name \_\_\_\_\_

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

Address \_\_\_\_\_

**4** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #1 \_\_\_\_-\_\_\_\_-\_\_\_\_ #2 \_\_\_\_-\_\_\_\_-\_\_\_\_

**Name of adult responsible for student at address** \_\_\_\_\_

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

**Parent/Guardian** (if other than responsible adult listed above)

Name \_\_\_\_\_

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

Address \_\_\_\_\_

If applicable, name and address of **NONCUSTODIAL** parent/guardian (if other than responsible adult listed above):

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

**SIBLINGS**

Name	Birth date	Current School
1. _____	____/____/____	_____
2. _____	____/____/____	_____
3. _____	____/____/____	_____
4. _____	____/____/____	_____
5. _____	____/____/____	_____
6. _____	____/____/____	_____