



New Student Information

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

MCPS Form 560-24
February 2016

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. 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—(evidence of birth) Indicate which document was provided

Birth Certificate Passport/Visa Physician's Certificate Baptismal or Church Certification Hospital Certificate Parent's Affidavit

Birth Registration Other (Specify) _____

RESIDENCY

Street Address _____ City _____

State _____ Zip _____ E-mail Address _____

Primary Home or Cell Phone Number ____ - ____ - ____

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 EXPERIENCEHas 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 ATTENDEDDate of withdrawal ____/____/____ Last Grade ____ Public School Private School**ADULT(S) RESPONSIBLE FOR STUDENT**

Name of adult responsible for student living at current address:

_____Relationship: Mother Father Guardian Other _____

Employer _____

Phone #1 ____-____-____ Phone #2 ____-____-____

Phone #3 ____-____-____

Name of adult responsible for student living at current address:

_____Relationship: Mother Father Guardian Other _____

Employer _____

Phone #1 ____-____-____ Phone #2 ____-____-____

Phone #3 ____-____-____

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)

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 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? If Yes , 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? If Yes , 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? If Yes , complete MCPS Form 281-13 , Parental Privacy Form .	<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.

Signature, Parent/Legal Guardian or Eligible Student_____/____/____
Date