Student's Personal Data

MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

Legal Name: Last _____ First _____ Middle _____

MCPS I.D. _____ SASID _____ Birthdate _____/_____/_____ Gender: ☐ Male ☐ Female ☐ X (unspecified/non-binary)

Social Security # ___ ___ ___ - ___ ___ - ___ ___ ___ ___
(Optional: *if provided by parent/guardian*)

☐ Proof of Residency (include a copy of documents)

List languages spoken in the home: _____

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

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 Legal or Notarized Identification (specify) _____

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.	____/____/____				

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❶ **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_____

❷ **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_____

❸ **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_____

❹ **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 _____ Phone _____-_____-_____

Address_____

STUDENT'S PERSONAL DATA

SIBLINGS

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