

# Prince William County Public Schools Registration Form

## STUDENT INFORMATION

(Please print)

PLEASE COMPLETE ALL BLANKS EXCEPT SHADED AREAS

School Number

Legal Last Name		First Name		Middle Name		Grade	Gender
House Type	Street Number	Street Name (also designate Court, Drive, Lane, etc.)		(Apt#)	City	State	Zip
Mailing Address (if different from above)						10-digit Phone Number	
Prince William County Public School last attended, if applicable				Virginia Public School last attended (if not in Prince William Co.)			
Student's Birth Date		Birthplace (city, state/country)		Birth Certificate Number		Please circle yes or no Special Education Y / N	
Ethnicity – Please circle yes or no Hispanic or Latino Y / N		Race: Please circle all that apply		1. American Indian or Alaska Native		2. Asian	
		3. Black or African American		4. Native Hawaiian or other Pacific Islander		5. White	
Most Recent School Attended			City, State			From MM / YY	To MM / YY
Perm. ID#	G/T	ESOL	Sp. Ed.	New/Reentry	Base School	Transfer Code	

## PARENT/GUARDIAN INFORMATION

PLEASE COMPLETE ALL APPLICABLE INFORMATION USING N/A WHEN NECESSARY

Father's Full Name				*Military Connected: YES NO			
<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent (check as applicable)				Anticipated PCS _____ *Member of the Armed Forces or a civilian employee of the DOD who is employed on Federal property			
Street Number	Street Name (also designate Court, Drive, Lane, etc.)		(Apt#)	City	State	Zip	
10-digit Home Phone #	Employed by		10-digit Work Phone #	Ext.	Cell phone		
Work Address			City	State	Zip	E-Mail Address	
Mother's Full Name				*Military Connected: YES NO			
<input type="checkbox"/> Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent (check as applicable)				Anticipated PCS _____ *Member of the Armed Forces or a civilian employee of the DOD who is employed on Federal property			
Street Number	Street Name (also designate Court, Drive, Lane, etc.)		(Apt#)	City	State	Zip	
10-digit Home Phone #	Employed by		10-digit Work Phone #	Ext.	Cell phone		
Work Address			City	State	Zip	E-Mail Address	

### Verification of Residency in School Attendance Area:

Deed or Contract \_\_\_\_\_ Lease \_\_\_\_\_ Affidavit \_\_\_\_\_ Other Documentation \_\_\_\_\_

Foster Child Yes No In-State Out-of-State Give County and State of Foster Child

If Tuition Student, is Tuition Paid by Parent Yes \_\_\_\_\_ No \_\_\_\_\_ In-State \_\_\_\_\_ Out-of-State \_\_\_\_\_ Tuition Code \_\_\_\_\_

Medicaid Eligible Yes \_\_\_\_\_ No \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

CONSENT FOR RELEASE OF INFORMATION

Please print

Full Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

I hereby authorize:

Previous School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

to release all educational records concerning my child including:

- an up-to-date transcript and/or report card
- grading scale
- test scores
- discipline records
- health and attendance records
- I.E.P., if applicable
- psychological and social history information, if applicable

To: Current School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Cell Phone