

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					Parent, Step, Guardian, or Foster (circle as applicable)				
*Military Connected: YES <input type="checkbox"/> NO <input type="checkbox"/> 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 Number		Employed by			10-digit Work Phone Number		Ext.	Cell Phone Number	
Work Address			City		State	Zip	E-Mail Address		
Mother's Full Name					Parent, Step, Guardian, or Foster (circle as applicable)				
*Military Connected: YES <input type="checkbox"/> NO <input type="checkbox"/> 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 Number		Employed by			10-digit Work Phone Number		Ext.	Cell Phone Number	
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 Number

City State Zip

Cell Phone Number