

Prince William County Public Schools Registration Form

STUDENT INFORMATION

(Please print)

PLEASE COMPLETE ALL BLANKS EXCEPT SHADED AREAS

School Number

Legal Last Name		Legal First Name		Legal Middle Name		Preferred First 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		
Ethnicity – Please circle yes or no		Race: Please circle all that apply							
Hispanic or Latino Y / N		3. Black or African American		4. Native Hawaiian or other Pacific Islander		5. White		Special Education Y / N	
Most Recent School Attended			City, State			From		To	
						MM / YY		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

Parent/Guardian 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	
Parent/Guardian 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		County and State of Foster Child: _____					
If the student is a tuition Student is tuition paid by parent Yes _____ No _____		In-State _____ Out-of-State _____		Tuition Code _____					
Medicaid Eligible Yes _____ No _____									

I hereby affirm that the information provided on this document is true and accurate to the best of my knowledge. I understand that under § 22.1-264.1 of the Virginia Code, any person who knowingly makes a false statement concerning the residency of a child for the purpose of avoiding tuition, shall be guilty of a Class 4 misdemeanor.

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