



STUDENT REGISTRATION FORM
PART A

INSTRUCTIONS: This form is to be completed by the parent/legal guardian or eligible adult student for all students new or reentering Arlington Public Schools (APS). Verification of Arlington County residency, (current lease agreement signed by the lessor, deed or settlement documents for a new home purchase showing the parent/legal guardian name) and an original birth certificate must be presented at time of registration.

NOTES: Student registration must be done by the student's parent/legal guardian or eligible adult student. Parents/legal guardians and eligible adult students are required to present a valid government-issued photo identification. Parent name listed on the student's birth certificate must match the parent's picture ID submitting the registration documents, or court documents of legal custody must be presented.

Student Legal Information As it appears on birth certificate or legal documents

Last Name First Name Middle Name Suffix
Date of Birth (mm/dd/yyyy) Country of Birth Gender: Male Female Non-Binary

Name Student goes by (Nickname) If your student goes by another name such as a nickname, shortened name, or uses their middle name, etc., please add it here. Otherwise leave it blank.

Student's Language Information

Every Student Succeeds Act of 2015 (ESSA) requires one answer per question:

What is the primary language used in the home, regardless of the language spoken by the student?
What is the language most often spoken by the student?
What is the language that the student first acquired?

Residence of Student and Enrolling Parent/Legal Guardian- Enrolling parent/legal guardian and the above student must be physically residing in Arlington County

Address Apt No. City State Zip

Parent/Legal Guardian or Eligible Adult Student Acknowledgment

I acknowledge that I am the parent or court-appointed legal guardian of the child for whom I am submitting information. I also confirm that the student resides in Arlington County because the student lives with or qualifies as one of the following: A parent or court-appointed legal guardian who resides in Arlington County; a guardian ad litem (not solely for school purposes) who resides in Arlington County; a custodial parent while the child's parent or court-appointed legal guardian is deployed outside the United States as a member of the Virginia National Guard or as a member of the U.S. Armed Forces; a person in loco parentis who resides in Arlington County and the student's parents are deceased; an emancipated minor in Arlington County; a child or your experiencing homelessness.

Any person making a false statement concerning the residency of a child could be charged with a Class 4 misdemeanor in the Commonwealth of Virginia and be liable to the school division in which the child was enrolled as a result of such false statements for tuition charges for the time the student was enrolled in such division as required by the Code of Virginia § 22.1-3.

- I am aware that Arlington Public Schools (APS) staff may verify residency documentation, including contacting landlords or conducting a home visit to confirm Arlington County residency.
I understand that I must immediately report to the school if the student moves out of Arlington County. I certify that all the information on this student registration form is true and correct to the best of my knowledge and belief. My typed name serves as my signature.

I am requesting enrollment for: School Year Grade School

Parent/Legal Guardian or Eligible Adult Student Name Signature Date



STUDENT REGISTRATION FORM PART B

Student's Legal Name: Last Name	First Name	Middle Name
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Ethnic Group and Race Categories
 The federal government requires that both these questions be answered and provides only the following categories for ethnic group and race. If both questions are not answered, school personnel **are required** to make selections for both.

1. Is student Hispanic/Latino? (select only one)

No, not Hispanic/Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)

2. What is the student's race? (select all that apply)

American Indian/Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliations 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, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black/African-American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian/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, North Africa, or the Middle East.)

Military Information

Is your student a dependent of a member of the military? (select all that apply)

Student is not military connected

Active duty: student is a dependent of a member of the Active Duty Forces (Army, Navy, Air Force, Marine Corps, Coast Guard, Space Force, the Commissioned Corps of the National Oceanic and Atmospheric Administration, or the commissioned Corps of the U.S. Public Health Services)

Reserve: student is a dependent of a member of the Reserve Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard)

Active Service: student is a dependent of a member of the National Guard

Reserve: student is a dependent of a member of the National Guard

Does the student have internet access at home? (select all that apply)

Internet access at home allows for live streaming, classroom instruction, and real-time interactions with teachers and classmates

Internet access at home is available but too slow for live streaming or real time interaction

No internet connection available for unknown reasons

No internet connection at home due to cost of service

No internet connection at home due to service availability

What device does the student have access to at home? (select all that apply)

School provided (desktop, laptop, Chromebook, tablet)

Personal (desktop, laptop, Chromebook, tablet)

Shared with family members (desktop, laptop, Chromebook, tablet)

Smartphone only

Any public device (library, community center, etc.)

No device access



STUDENT REGISTRATION FORM
PART C

Student's Legal Name: Last Name First Name Middle Name

Previous School(s) Attended

Has the student attended school? Yes No (If yes, answer all questions)

Name of Last School Attended Last Grade Attended Last Grade Completed School Year
Address City State Country
Phone Fax

At the last school attended, did the student receive any of the following services? (Answer all questions)

English Learners? Yes No Gifted? Yes No 504 Accommodations? Yes No

Special Education? Yes No If the student was receiving special education services, does the student have a current IEP? Yes No

If the student has a current IEP, what is the approximate date of signature? What is the name of the school where the IEP was signed?

Has the student attended other schools? Yes No (If yes, answer all questions)

Name of School Grade(s) Attended School Year Attended
Phone City State Country

Name of School Grade(s) Attended School Year Attended
Phone City State Country

Name of School Grade(s) Attended School Year Attended
Phone City State Country

Arlington Public Schools will request the student's academic records from previous school(s) attended.

Has the student ever attended Arlington Public Schools? Yes No (If yes, answer all questions)

List the student's APS ID Name of last school attended in APS School Year Attended

Has the student ever received Services or get evaluated for Special Education Services from Arlington Public Schools? Yes No If yes, list the student's APS ID

First School Entry Dates

Has this student ever attended a U.S. School? Yes No

When did the student first enter a U.S. School (Pre-kindergarten-12th grade. Not Daycare)? (mm/dd/yyyy) Grade

Has this student attended any Virginia Public School (Kindergarten-12th grade) Yes No

When did the student first enter a Virginia Public School (Kindergarten-12th grade)? (mm/dd/yyyy) Grade



STUDENT REGISTRATION FORM
PART D

Student's Legal Name: Last Name First Name Middle Name

Enrolling Parent or Legal Guardian (Per Birth Certificate or Legal Documents)

Relationship to Student: [] Father [] Mother [] Legal Guardian [] Foster Parent [] Self (Adult Student) [] Other

Last Name First Name Middle Name

Contact Information:

(List phone numbers and check one box to indicate "call first" preference)

[] Cell Phone Can text messages be sent to this number? [] Yes [] No [] Home Phone

[] Work Phone Email

In what language would you prefer to receive school communications? Would you need an interpreter for spoken conversations with the school? [] Yes [] No

Would you need written documents translated into your preferred language? [] Yes [] No

Parent Accessibility:

APS is collecting the accessibility needs of parents to ensure that accommodations are available in our communication and buildings for those who need it. Check all that apply:

[] Needs American Sign Language (ASL) Interpretation for school functions/meetings [] Needs Closed Captioning for any audio school presentations [] Meeting location near the main building entrance

Other Parent or Legal Guardian (Per Birth Certificate or Legal Documents)

Parents listed on the student's birth certificate are entitled to the same rights and responsibilities unless the permission has been legally restricted. If there is a restriction, legal documentation is required.

Relationship to Student: [] Father [] Mother [] Legal Guardian [] Foster Parent

Last Name First Name Middle Name

Contact Information:

(List phone numbers and check one box to indicate "call first" preference)

[] Cell Phone Can text messages be sent to this number? [] Yes [] No [] Home Phone

[] Work Phone Email

In what language would this parent prefer to receive school communications?

Would this parent need an interpreter for spoken conversations with the school? [] Yes [] No Would this parent need written documents translated into their preferred language? [] Yes [] No

Parent Accessibility:

APS is collecting the accessibility needs of parents to ensure that accommodations are available in our communication and buildings for those who need it. Check all that apply:

[] Needs American Sign Language (ASL) Interpretation for school functions/meetings [] Needs Closed Captioning for any audio school presentations [] Meeting location near the main building entrance

Address (if different from student's) Apt No. City State Zip

Are mailings to this parent allowed?* [] Yes [] No Can the student be released to this parent?* [] Yes [] No

Is this parent allowed to have contact with the student?* [] Yes [] No Does this parent have rights to make Educational decisions?* [] Yes [] No



STUDENT REGISTRATION FORM PART E

Student's Legal Name: Last Name _____	First Name _____	Middle Name _____
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Stepparents
Under FERPA law, a stepparent may be considered a "parent" if the stepparent is present on a day-to-day basis with the natural parent and child and the other parent is absent from that home. Conversely, a stepparent who is not present on a day-to-day basis in the home of the child does not have rights under FERPA with respect to the child's education records. The enrolling parent **cannot** be the stepparent.

Documentation Required: The stepparent must provide a government-issued photo ID showing the same address as the student's natural parent. If the stepparent does not have a government-issued photo ID showing the same address as the student's natural parent, then they must provide a valid government-issued photo ID (to prove identity) and a valid proof of residency document that confirms that they live at the same address as the student's natural/enrolling parent (to prove residency).

Relationship to Student: Stepmother Stepfather

Last Name _____ First Name _____ Middle Name _____

Contact Information: (List phone numbers and check one box to indicate "call first" preference)

Cell Phone _____ Can text messages be sent to this number? Yes No Home Phone _____

Work Phone _____ Email _____

In what language would this stepparent prefer to receive school communications? _____

Would this stepparent need an interpreter for spoken conversations with the school? Yes No Would this stepparent need written documents translated into their preferred language? Yes No

APS Sibling Information
If the student has siblings attending Arlington Public Schools, complete the information below.

Name _____	Date of Birth _____	Student ID _____	APS School _____
Name _____	Date of Birth _____	Student ID _____	APS School _____
Name _____	Date of Birth _____	Student ID _____	APS School _____
Name _____	Date of Birth _____	Student ID _____	APS School _____

Emergency Contact
Provide the name of adults who the student can be released to in case of an emergency when the parents/guardians cannot be reached.

1. Local Emergency Contact: First and Last Name _____ Relationship to Student _____

Phone Numbers: Cell _____ Home _____ Work _____ Email _____

Does this emergency contact need an interpreter for spoken conversations with the school? Yes No If yes, provide the language _____

2. Emergency Contact: First and Last Name _____ Relationship to Student _____

Phone Numbers: Cell _____ Home _____ Work _____ Email _____

Does this emergency contact need an interpreter for spoken conversations with the school? Yes No If yes, provide the language _____

3. Emergency Contact: First and Last Name _____ Relationship to Student _____

Phone Numbers: Cell _____ Home _____ Work _____ Email _____

Does this emergency contact need an interpreter for spoken conversations with the school? Yes No If yes, provide the language _____



STUDENT REGISTRATION FORM
PART F

Student's Legal Name: Last Name First Name Middle Name

STATEMENT OF AFFIRMATION

Section 22.1-3.2 of the Code of Virginia requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration:

A sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

A sworn statement or affirmation indicating whether the student has been found guilty of or adjudicated delinquent for any offense listed in subsection G of § 16.1-260 or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories.

These offenses are:

- A firearm offense
Homicide
Felony assault and bodily wounding
Criminal sexual assault
Manufacture, sale, gift, distribution or possession of Schedule I or II controlled substances or marijuana
Arson and related crimes
Burglary and related offenses
Robbery
Prohibited street gang activity
Recruitment of other juveniles for criminal gang activity

Please check the applicable boxes and sign the statement below

I affirm that the above student [] has not [] has been expelled from school attendance at any private or public school in Virginia or another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

I further affirm that the above student [] has not [] has been found guilty of or adjudicated delinquent for any offense listed in subsection G of § 16.1-260 or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories.

I am aware that making a false statement herein constitutes a class 3 misdemeanor in the Commonwealth of Virginia.

Enrolling Parent/Legal Guardian or Eligible Adult Student Name

Enrolling Parent/Legal Guardian or Eligible Adult Student Signature Date



STUDENT REGISTRATION FORM
PART G

Student's Legal Name: Last Name First Name Middle Name

PRE-KINDERGARTEN EXPERIENCE

This section is only for students registering for Kindergarten.

Arlington Public Schools is required by the Virginia Department of Education to report the pre-kindergarten experience for all kindergarten students and the amount of time spent weekly in the program. Please answer the following questions about your child's pre-kindergarten experience for the year prior to the student beginning kindergarten.

1. Is your child currently attending or did they attend as a 4-year old a pre-kindergarten, pre-school, childcare or daycare? Yes No

If yes, what is/was the name and location of the program?

Name: City: State:

2. The average amount of time my child was in the program per week (check one):

- Less than 15 hours per week
15-29 hours per week
30+ hours per week

3. As a 4-year old pre-kindergarten student, my child participated in the following (check only one). If your child attended more than one program, select the primary program.

- Head Start in a community based organization: A county or community Head Start Program, not through a public school system. Example: Arlington County Head Start Program through Northern Virginia Family Services. (State code 1)
Public Preschool: Any preschool program offered through a public school system. Examples: Virginia Pre-School Initiative (VPI), Arlington Public Schools Montessori Preschool Program, Arlington Public Schools Special Education Pre-K Programs, Title I Preschool program in Virginia Beach Public Schools, Head Start in Dale City Elementary School. (State code 2)
Private Preschool/Daycare: A preschool or daycare or other program operated by a private provider, such as a faith-based or commercial organization. Examples: Faith Lutheran, Westover Baptist, Little Beginnings, Arlington Children's School. (State code 3)
Department of Defense Child Development Program: A Preschool Program located on a U.S. Department of Defense installation. Example: Preschool Program at Fort Myer, VA. (State code 4)
Family Home Daycare Provider: Daycare in a private home. Example: Student was in daycare at a private home with three other children. (State code 5)
No Formal or Institutional Prekindergarten Program: Did not participate in a formal/institutional program. Example: Child stayed with parent, nanny, relative, friend or neighbor. (State code 6)

Parent or Legal Guardian Signature Date



STUDENT REGISTRATION FORM
PART H

FOR APS STAFF USE ONLY

To Be Completed by APS Staff Receiving Registration Documentation

Student's Legal Name: Last Name First Name Middle Name

Name of parent/legal guardian registering the student:

Last Name First Name Middle Name

Relationship to student: Father Mother Legal Guardian Foster Parent Self ORR Sponsor ORR Verification of Release must be attached Other

Type of photo identification parent or legal guardian registering student presented at time of registration: Driver's License Government Photo ID Passport Other

Registration documentation received and reviewed by (APS staff name) Signature Date

To Be Completed by Initial APS Registrar or Designee

APS Student ID New Student Returning Student ID Previously Assigned

Registration Type: K-12 Pre-Kindergarten Adult Student Child Find Other

Pre-K Type: VPI Primary Montessori CPP Dual Enrollee Age

School Type: Neighborhood Option Pre-K Site Other Program

Students with Limited or Interrupted Formal Education (SLIFE) CRITERIA

- To meet the criteria for SLIFE, all three boxes must be checked:
Age 8 or older by Aug. 1st of the school year for which they are registering
Missed at least 2 years of school compared to similar-age peers
EL 1 or EL 2 (Based on EL Assessment)

School: School Year: Grade Placement:

Registrar/Designee Name Signature Date

To Be Completed by APS School Registrar or Designee

Enrolling School: School Year: Grade:

Proof of Age and Legal Name: Original Birth Certificate Original Birth Certificate w/official translation Identity Affidavit with supporting document

Primary Proof of Residency Document: AB Forms w/Lease AB Forms w/Deed Deed Lease Settlement Documents

Supporting Residency Documents: Document 1 Document 2 Supporting Document Due Date

Special Circumstances: Foster Care Kinship Care McKinney-Vento Contact Restriction

Health Entrance Requirements: TB Test Result or Screening Immunizations Physical Examination

US School Enter Date: VA Original Enter Date: APS Original Enter Date:

Elementary Schools Pre-Kindergarten Activity: Pre-K experience code Weekly time code

School Records Requested on Previous Services Received: English Learner Gifted Special Education 504

School Registrar/Enrolling Staff Name Signature Date