



STUDENT REGISTRATION FORM

Part B

STUDENT LEGAL NAME _____ LAST _____ FIRST _____ MIDDLE _____

FCPS STUDENT ID#

TO BE COMPLETED BY PARENT/GUARDIAN (except shaded areas)

NUMBER OF YEARS PREVIOUSLY IN K-12	NUMBER OF FULL ACADEMIC YEARS COMPLETED IN U.S. <input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4 or more <input type="checkbox"/> 1 <input type="checkbox"/> 3	EVER RECEIVED A SERVICE FROM FCPS BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No PREVIOUS ID # _____	EVER ATTENDED FCPS BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF LAST SCHOOL ATTENDED IN FCPS	LAST YEAR ATTENDED
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LAST SCHOOL ATTENDED **NOT IN FCPS** (full address) **SCHOOL NAME:** _____ SCHOOL PHONE (include area code): () _____ - _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____ SCHOOL FAX (include area code): () _____ - _____

COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	NON U.S. CITIZENS ONLY ORIGINAL U.S. ENTRY DATE <input checked="" type="checkbox"/> 2 Refugee <input type="checkbox"/> F1 Student Visa Holder <input checked="" type="checkbox"/> 3 Non-Immigrant <input type="checkbox"/> J1 Foreign Exchange Student	HOME LANGUAGE (complete SS/SE-82 home language survey)	PARENT CORRESPONDENCE LANGUAGE
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I affirm that the above registered student **has not 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 affirm that the above registered student **has been** expelled from school attendance at a 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 am aware that making a false statement herein constitutes a Class 3 misdemeanor. I certify that all the information on this student registration form is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature: _____ Date: _____ Print Name: _____

TO BE COMPLETED BY FCPS STAFF (with input from parent/guardian)

PROOF OF DATE OF BIRTH Birth Certificate Number _____ Affidavit with Supporting Documentation Code # _____	DATE OF ENTRY (current) E _____ R _____	ORIGINAL FCPS ENTRY DATE	ORIGINAL 9TH GRADE ENTRY DATE	STUDENT ASSIGNMENT Placement Code _____ Base School _____
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TRANSPORTATION CODE <input type="checkbox"/> Authorized To Ride Bus <input type="checkbox"/> Not Authorized To Ride Bus	PROOF OF ADDRESS RECEIVED DOCUMENT TYPE(S): _____	HOMELESS <input type="checkbox"/> Yes <input type="checkbox"/> No	TUITION CODE	CONTACT RESTRICTION <input type="checkbox"/> Yes <input type="checkbox"/> No
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SPECIAL EDUCATION PROGRAM	CODE	GT STATUS	ENGLISH PROFICIENCY CODE	ESOL STATUS	LEP SEMESTERS IN VIRGINIA	COUNSELOR	HOMEROOM	TEACHER
	<input type="checkbox"/> 1 R <input type="checkbox"/> 2 S							

Current Enrolling FCPS School _____

FCPS Staff Signature: _____ Date: _____ Print Name: _____

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent/guardian or of the eligible student.