Click here to reset the student specific fields on these forms. Parent/Guardian information will not be affected by this RESET function.

Student Registration Form
Part A

SHOW Instruction box

CPS Student ID

To Be Completed by Parent or Guardian

Student Legal Name (as it appears on the birth certificate) Last	First	Middle	Student Previous Name (if any) Last	First	Middle

Student Nickname	Date of Birth (mm/dd/yyyy)	Student Home Telephone (ten digits) ☐ unlisted	Student Married ☐ Yes ☐ No	Gender ☐ Male ☐ Female	Grade Level

Ethnic Group and I
categories for ethnic

1. Is this student H
   - ☐ No, not His
   - ☐ Yes, Hispa regardless
2. What is the stu
   - ☐ **American** America, a
   - ☐ **Asian** (A p for example
   - ☐ **Black or A** ng origins in any of the Black racial groups of Africa.)
   - ☐ **Native Ha** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Isla
   - ☐ **White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

Clicking on the reset button will clear out the student specific information and leave the Parent/Guardian, address telephone, etc. to facilitate creating a form for a different student. Click the HIDE button to remove this message before printing. To see this message again, click the SHOW button.

HIDE Instruction box

Other Children in Family

Name	Date of Birth

Type 10 digit phone number

Residence Address of Student and Enrolling Parent
Street Apt No. City State Zip Code/Suffix

Dwelling Location (select only one)
☐ 5 City of Fairfax ☐ 9 Fairfax County ☐ 4 Fort Belvoir ☐ 6 Other (not Fairfax County)
☐ 1 Town of Clifton ☐ 2 Town of Herndon ☐ 3 Town of Vienna

Enrolling Parent Last
Relationship ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Legal Guardian ☐ Other (specify)

You can only save the EMPTY form (unless you have purchased and installed the Adobe Acrobat software).

E-mail Cell

REMEMBER: Print the pages you need and check them before using the RESET button.

Other Parent Last First Resides With ☐ Yes ☐ No
Relationship ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Legal Guardian ☐ Other (specify)

Contact Numbers ten digits ☐ Unlisted Home Work Cell

Other Parent Last First Middle Resides With ☐ Yes ☐ No
Relationship ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Legal Guardian ☐ Other (specify)
Address (if different from above)

Contact Numbers ten digits ☐ Unlisted Home Work Cell

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 or guardian or of the eligible student.

Click here to reset the student specific fields on these forms. Parent/Guardian information will not be affected by this RESET function.

Student Registration Form
Part B

SHOW Instruction box

FCPS Student ID

Type 10 digit phone number

Last First Middle

Student Legal Name ______________________________

To Be Completed by Parent or Guardian

Number of Years Previously in K-12	N… Y… ☐ 0 ☐ 1			Last Year Attended

Last School Attended NOT in FCP… … digits)

School Name

Street … gits)

Clicking on the reset button will clear out the student specific information and leave the Parent/Guardian, address telephone, etc. to facilitate creating a form for a different student. Click the HIDE button to remove this message before printing. To see this message again, click the SHOW button.

HIDE Instruction box

Country of Bi…

Country of Citize…

…al U.S. … Date

Non-U.S. Citizens only

2 Refugee

3 Non-Immigrant

☐ F1 Student Visa Holder

☐ J1 Foreign Exchange Student

Home Language (Complete SS/SE-82 Home Language Survey)

Parent Correspondence Language

☐ 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 am aware that if I move from Fairfax County that the above registered student may no longer be eligible to attend Fairfax County Public Schools. I certify that all the information on this student registration form is true and correct to the best of my knowledge and belief.

Parent or Guardian Signature ______________________________

REMEMBER: Print the pages you need and check them before using the RESET button.

To Be Completed by FCPS Staff (with input from p…

Proof of Date of Birth

Birth Certificate Number ______________________________

E ____________

Affidavit with Supporting Docu…

…rade …e

Student Assignment

Placement Code

Base School

You can only save the EMPTY form (unless you have purchased and installed the Adobe Acrobat software).

Transportation

☐ Authorized to Ride Bus

☐ Not Authorized to Ride Bus

Document Type(s) ______________________________

…ode

Contact Restriction

☐ Yes ☐ No

Special Education Program Code	GT Status	English Proficiency Code	ESOL Status	LEP Semesters in Virginia	Counselor	Homeroom	Teacher
1 R 2 S							

Current Enrolling FCPS School ______________________________

FCPS Staff Signature ______________________________ Date ____________ Print Name ______________________________

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