

Student Registration Form Part B

Last

First

Middle

FCPS Student ID

Student Legal Name _____

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 _____ School Phone (ten digits) _____

School Name _____

Street _____ City _____ State _____ Zip Code _____ School Fax (ten digits) _____

Country of Birth	Original U.S. Entry Date	<input checked="" type="checkbox"/> 2 Refugee <input checked="" type="checkbox"/> 3 Non-Immigrant <input type="checkbox"/> F1 Student Visa Holder <input checked="" type="checkbox"/> 4 Asylee <input type="checkbox"/> J1 Foreign Exchange Student	Home Language (Complete SS/SE-82 Home Language Survey)	Parent Correspondence Language
Military Compact <input type="checkbox"/> Yes <input type="checkbox"/> No				

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 _____ Date _____ Print Name _____

To Be Completed by FCPS Staff (with input from parent or guardian)

Proof of Date of Birth		Date of Entry (current)		Original FCPS Entry Date	Original 9th Grade Entry Date	Student Assignment	
Birth Certificate Number _____		_____ E _____				Placement Code	Base School
Affidavit with Supporting Documentation Code _____		_____ R _____					
Transportation		Proof of Address Received			Homeless	Tuition Code	Contact Restriction
<input type="checkbox"/> Authorized to Ride Bus <input type="checkbox"/> Not Authorized to Ride Bus		Document Type(s) _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Education Program Code	AAP Status	ELP Level	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 or guardian or of the eligible student.