

Prince William County Public Schools Registration Form

STUDENT INFORMATION

(Please print)

PLEASE COMPLETE ALL BLANKS EXCEPT SHADED AREAS

School Number

Legal Last Name		First Name		Middle 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 Special Education Y / N	
Ethnicity – Please circle yes or no Hispanic or Latino Y / N		Race: Please circle all that apply		1. American Indian or Alaska Native		2. Asian	
		3. Black or African American		4. Native Hawaiian or other Pacific Islander		5. White	
Most Recent School Attended			City, State			From MM / YY	To 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

Father's 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	
Mother's 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 Give County and State of Foster Child

If Tuition Student, is Tuition Paid by Parent Yes _____ No _____ In-State _____ Out-of-State _____ Tuition Code _____

Medicaid Eligible Yes _____ No _____

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