



STUDENT REGISTRATION FORM
PART A

School Year: 20__ - 20__

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 are required to present a valid government-issued photo identification. Parent/guardian name listed on the student's birth certificate must match the parent/guardian'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
Name Student goes by:
Last Name First Name Middle Name
Date of Birth (mm/dd/yyyy) Place of Birth Gender Male Female Non-Binary

Residence of Student and Enrolling Parent or Legal Guardian
Enrolling parent/legal guardian and the above student must be physically residing in Arlington County
House/Building Number Street Apt No. City State Zip

Student's Language Information
Every Student Succeeds Act of 2015 (ESSA) requires APS to ask the following three questions:
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?

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



STUDENT REGISTRATION FORM
PART B

School Year: 20__ - 20__

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

Military Information (select all that apply)

- 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 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, Coast Guard or Space Force)
National Guard active or reserve duty; student is a dependent of a member of the National Guard (and not of a member of the U.S. Armed Forces.)
Student is not military connected

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
Public connection not at home (coffee shop, fast food restaurant, recreation center, etc.)
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
Unknown

Student's Educational Background

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

Name of Last School Attended Last Grade Attended Last Grade Completed
Address 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 Special Education? Yes No 504 Accommodations? Yes No

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

First School Entry Dates

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



STUDENT REGISTRATION FORM
PART C

School Year: 20__ - 20__

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
What is your preferred language of communication? Do you need an interpreter? [] Yes [] No Do you need written documents translated? [] Yes [] No

Other Parent or Legal Guardian (Per Birth Certificate or Legal Documents)
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
What is this parent's preferred language of communication? Does this parent need an interpreter? [] Yes [] No Does this parent need written documents translated? [] Yes [] No

Address (if different from student's): House/Bldg. Street 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
*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.

Sibling Information If the student has siblings, complete the information below.
Name Date of Birth School (if applicable)
Name Date of Birth School (if applicable)
Name Date of Birth School (if applicable)
Name Date of Birth School (if applicable)

Emergency Contact- Provide the name of an adult who the student can be released to in case of an emergency when the parents/guardians cannot be reached.
Last Name First Name Middle Name
Relationship to Student Email
Cell Home Phone Work Phone Preferred language of communication



STUDENT REGISTRATION FORM
PART D

School Year: 20__ - 20__

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.

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. 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.
Enrolling Parent or Legal Guardian Name Enrolling Parent or Legal Guardian Signature Date

To Be Completed by APS Staff Receiving Registration Documentation
Name of person (parent or legal guardian) registering the above student: Last Name First Name Middle Name
Relationship to student: [] Father [] Mother [] Legal Guardian [] Foster Parent [] Self (adult student) [] 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 Reviewed

To Be Completed by APS Registrar or Designee
APS Student ID: [] New Student [] Returning Student [] ID Previously Assigned
Registration Type: [] K-12 [] Pre-K [] Adult Student [] Child Find [] Other
Pre-K Type: [] VPI [] Montessori [] CPP [] Dual Enrollee Age:
School Type: [] Neighborhood [] Option [] Pre-K Location [] Other Program
School: School Year:
Initial Grade Placement For LSRC registration purposes. To be reviewed by school administrator.
Welcome Center Registrar Name
Welcome Center Registrar 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 [] 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: [] Will submit within 30 days
Special Circumstances: [] Foster Care [] Kinship Care (approved) [] McKinney-Vento [] Contact Restriction (Legal documentation required)
Health Entrance Requirements: [] TB Test Result or Screening [] Immunizations [] Physical Examination (Pk-5th grade students)
Original VA Enter Date: Original U.S. Public School Entry Date: [] Pre-K Experience Form (For Kindergarten)
School Records Requested on: Previous Services Received: [] English Learner [] Gifted [] Special Education [] 504
School Registrar/Enrolling Staff Name Signature Date