



STUDENT REGISTRATION FORM
PART A

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, deed or settlement documents for a new home purchase showing the parent/guardian name) and an original birth certificate must be presented at time of registration. Virginia Code §22.1-4.1 and §22.1-3.1
NOTES: Student registration must be done by the student's parent/guardian or eligible adult student. 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. If the parent/guardian or eligible adult student is residing in a shared housing situation, APS Proof of Arlington County Residency Affidavits Form A and B must be notarized and submitted with a copy of the leaseholder's current lease agreement or homeowner's deed and two proof of residency documents showing the parent/guardian or adult student name.

Student's Legal Information (as it appears on birth certificate or legal documents)
Last Name First Middle
Date of Birth (mm/dd/yyyy) Place of Birth Gender Male Female Non-Binary
Name Student goes by:

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?

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
Phone Fax
Address

Ethnic Group and Race Categories- The federal government requires that both these questions be answered and provides 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 or Latino? (choose only one)
No, not Hispanic or Latino
Yes, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race.)
2. What is the student's race? (select all that apply)
American Indian or Alaska Native (a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliations or community attachment.)
Asian (a person having origins in any of the original peoples of the far east, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
Black or African-American (a person having origins in any of the black racial groups of Africa.)
Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands.)
White (a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

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

Military Information (select all that apply)
Student is not military connected
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.)

Has the student ever attended Arlington Public Schools? Yes No
If yes, list the student's APS ID School Year
Name of last school attended in APS
Has the student ever received Services from Arlington Public Schools or get evaluated for Special Education Services? Yes No

Sibling Information- If the student has siblings, complete the information below.
Name Date of Birth School
Name Date of Birth School
Name Date of Birth School

First School Entry Dates
When did the student first enter a U.S. School (PK-12th grade Not Daycare)? (mm/dd/yyyy) Grade
When did the student first enter a Virginia Public School (K-12th grade)? (mm/dd/yyyy) Grade

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



STUDENT REGISTRATION FORM
PART B

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
Contact Information (List phone numbers and check one box to indicate "call first" preference) Cell Home Phone Work Phone Email
What is your preferred language of communication? Do you need an interpreter? Do you need written documents translated?

Other Parent or Legal Guardian (Per Birth Certificate or Legal Documents) Relationship to Student: Father Mother Legal Guardian Foster Parent
Contact Information (List phone numbers and check one box to indicate "call first" preference) Cell Home Phone Work Phone Email
What is this parent's preferred language of communication? Does this parent need an interpreter? Does this parent need written documents translated?
Address (if different from student's): House/Bldg. Street City State Zip
Are mailings to this parent allowed? Can the student be released to this parent? Is this parent allowed to have contact with the student? Does this parent have rights to make Educational decisions?
\*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.

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 Relationship to Student Language of Communication
Cell Home Phone Work Phone Email

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 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 documents
Proof of Arlington Residency: Deed Lease Agreement Settlement Documents AB Forms Supporting Documents (2)
Proof of Health Requirements: TB Test Result or Screening Immunizations Physical Examination (Pk-5th grade students)
Other: Pre-Kindergarten Experience Form Foster Care McKinney-Vento Contact Restriction (Legal documentation required)
Original U.S. Public School Entry Date: Original VA Entry Date: U.S. Entry Date:
School Records Requested on: Previous Services Received: English Learner Gifted Special Education 504
School Registrar/Enrolling Staff Name: Signature: Date: