

Anne Arundel County Public Schools | LEA 02 **Personal & Family Information/Student Registration**School of Enrollment: _____ School Year: _____ Is this move due to a loss of permanent housing? Yes No**STUDENT INFORMATION**

Student Legal Name (Last, First, Middle)		Preferred Name	Suffix	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	Grade	Birthdate (mm/dd/yyyy)
Birthplace	Secondary only: F-1 or J1 Visa status	Transportation <input type="checkbox"/> Car <input type="checkbox"/> Walker <input type="checkbox"/> Bus # _____		Special Education Services <input type="checkbox"/> IEP <input type="checkbox"/> 504		
Has your child attended any schools(s) in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year(s) Attended	Most Recently Attended School				
Previously attended Anne Arundel County Public Schools? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year(s) Attended	Student ID	School/Program			
Student Currently Suspended/Expelled <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason	Emergency Dismissal Plan (choose one) <input type="checkbox"/> Bus Rider <input type="checkbox"/> Car Rider <input type="checkbox"/> Picked up at School <input type="checkbox"/> Walk Home				
Race/Ethnicity: (choose all that apply)	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White
<small>In accordance with federal and state requirements, the following information will be collected from all students and used only to assess for English language support services and will not be used for immigration matters or reported to immigration authorities.</small>		What language(s) did the student first learn to speak?	What language does the student use most often to communicate?	What language(s) are spoken in your home?		

PARENT/GUARDIAN INFORMATION (custody paperwork, if applicable)

Primary Contact	Relationship to Student	Preferred Language	Secondary Contact	Relationship to Student	Preferred Language
Name of Responsible Adult at Student's Address (Last, First, Middle)			Name of Responsible Adult (Last, First, Middle)		
Physical Address (Street)			Physical Address (Street)		
City	State	Zip	City	State	Zip
Check ONE Preferred Communication method for receiving automated attendance phone calls	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	Check ONE Preferred Communication method for receiving automated attendance phone calls	<input type="checkbox"/> Home	<input type="checkbox"/> Cell
	<input type="checkbox"/> Work	<input type="checkbox"/> Other _____		<input type="checkbox"/> Work	<input type="checkbox"/> Other _____
Email			Email		
Employer <input type="checkbox"/> Active Duty Military <input type="checkbox"/> Federal Employee			Employer <input type="checkbox"/> Active Duty Military <input type="checkbox"/> Federal Employee		
Contact has the following rights. (Please check ALL that apply) <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with Student <input type="checkbox"/> Receives Mailings <input type="checkbox"/> Pickup from School <input type="checkbox"/> Emergency Contact			Contact has the following rights. (Please check ALL that apply) <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with Student <input type="checkbox"/> Receives Mailings <input type="checkbox"/> Pickup from School <input type="checkbox"/> Emergency Contact		

MEDICAL/EMERGENCY INFORMATION In case of emergency, if neither parent/guardian can be reached, call:

Emergency Contact #1	Relationship to Student	Emergency Contact #2	Relationship to Student
Contact Name (Last, First, Middle)		Contact Name (Last, First, Middle)	
Home Phone	Cell Phone	Home Phone	Cell Phone
Work Phone	Other Phone _____	Work Phone	Other Phone _____
Email		Email	
Contact has the following rights. (Please check ALL that apply) <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with Student <input type="checkbox"/> Receives Mailings <input type="checkbox"/> Pickup from School <input type="checkbox"/> Emergency Contact		Contact has the following rights. (Please check ALL that apply) <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives with Student <input type="checkbox"/> Receives Mailings <input type="checkbox"/> Pickup from School <input type="checkbox"/> Emergency Contact	
Medical Concerns (Allergies, Asthma, Diabetes, etc.)		Medication(s)	

SIBLING INFORMATION (BROTHERS/SISTERS)

Name (Last, First, Middle)	AACPS Student ID	School	Grade
Name (Last, First, Middle)	AACPS Student ID	School	Grade
Name (Last, First, Middle)	AACPS Student ID	School	Grade

I hereby declare and affirm under penalties of perjury that the foregoing information is true and correct to the best of my knowledge, information and belief.

Parent/Guardian Signature _____ Date _____

Completed by AACPS Employee on behalf of parent/guardian.

For School Use Only

Entry Date	Entry Code	SIF#	SASID#	MD Transfer Form <input type="checkbox"/> Yes <input type="checkbox"/> No	Records Requested <input type="checkbox"/> Yes <input type="checkbox"/> No
School Official Signature _____			Title _____	Date _____	