



Personal & Family Information/Student Registration

Is this move due to a loss of permanent housing? Yes No

Student's Name (Last, First, Middle)			Suffix	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade	School Year
Residence Address (Street, City, State, Zip) (Provide 2 forms of proof)				Transportation <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Walker	Home Phone	
Birthdate	Birthplace	Race/Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No			Special Education	Subject(s)
Previously attended Anne Arundel County Public Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year(s) Attended	Name of School	Secondary only: F-1 or J1 immigration status	Student Currently Suspended/Expelled	Reason
Name of Responsible Adult at Student's Address (Last, First, Middle)				Student Resides with:	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother	<input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Mother/Partner <input type="checkbox"/> Other

PARENT/GUARDIAN INFORMATION (custody paperwork, if applicable)	
Parent/Guardian Name (if other than responsible adult above)	Relationship
Parent/Guardian Address (if different than above)	e-mail
Head of Household (Last, First, Middle) <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Other	Head of Household (Last, First, Middle) <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Other
Employer	Employer Address
Work Phone	Cell Phone

SIBLING INFORMATION (BROTHERS/SISTERS)				
Name (Last, First, Middle)	Birthdate	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	School	Grade
Name (Last, First, Middle)	Birthdate	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	School	Grade
Name (Last, First, Middle)	Birthdate	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	School	Grade

MEDICAL/EMERGENCY INFORMATION In case of emergency, if neither parent/guardian can be reached, call:		
Name	Relationship	Phone
Name	Relationship	Phone
Medical Concerns (Asthma, Diabetes)	Medication	Allergies

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

School Official Signature

Title

Date