



REQUEST FOR ENTRANCE INFORMATION

OFFICE USE:

- Birth Certificate
- Notarized Affidavit
- Social Security Card
- SS Status Form

STUDENT INFORMATION

School _____

	<input type="checkbox"/> Male <input type="checkbox"/> Female		If no Social Security #: <input type="checkbox"/> Waiver <input type="checkbox"/> Application pending <input type="checkbox"/> Will file application
First _____	Middle _____	Last (As it appears on birth certificate) _____	Grade Level _____ Social Security # _____
Student's Home Address _____		Apt. # _____	Zip Code _____ Home Telephone # _____
Place of Birth (City/State/Country) _____		Birth Date (Month/Day/Year) _____	Child's First Language(s) _____ Nickname _____

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 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.)

BROTHERS & SISTERS WHO ATTEND APS

1.	_____	Last Name	_____	First Name
	_____	DOB	_____	School
2.	_____	Last Name	_____	First Name
	_____	DOB	_____	School
3.	_____	Last Name	_____	First Name
	_____	DOB	_____	School

PARENT/LEGAL GUARDIAN INFORMATION

First Name _____	Middle _____	Last _____	Home Telephone <input type="checkbox"/> Primary _____	Work Telephone <input type="checkbox"/> Primary _____	Cell phone <input type="checkbox"/> Primary <input type="checkbox"/> No Texts _____	Email _____
Address if different from student _____			Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self			
<input type="checkbox"/> Contact allowed <input type="checkbox"/> Ed rights <input type="checkbox"/> Has custody <input type="checkbox"/> Lives with <input type="checkbox"/> Mailings allowed <input type="checkbox"/> Enrolling parent <input type="checkbox"/> Release to <input type="checkbox"/> Active U.S. Military _____			Home language _____ Parent correspondence language _____			
First Name _____	Middle _____	Last _____	Home Telephone <input type="checkbox"/> Primary _____	Work Telephone <input type="checkbox"/> Primary _____	Cell phone <input type="checkbox"/> Primary <input type="checkbox"/> No Texts _____	Email _____
Address if different from student _____			Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Self			
<input type="checkbox"/> Contact allowed <input type="checkbox"/> Ed rights <input type="checkbox"/> Has custody <input type="checkbox"/> Lives with <input type="checkbox"/> Mailings allowed <input type="checkbox"/> Enrolling parent <input type="checkbox"/> Release to <input type="checkbox"/> Active U.S. Military _____			Home language _____ Parent correspondence language _____			

I certify that all information on this form is true and accurate to the best of my knowledge. I understand that I must immediately report to the school if the student moves out of Arlington County.

Signature of Parent/Guardian: _____

Date: _____