

Request for Entrance Information

Student Information

For School Personnel Only					
School:	_____		ID No.:	_____	
Grade Entering:	_____	Entry Code:	_____	Date of Entry:	_____

First	Middle	Last (as it appears on birth certificate)			Grade Level on Sept. 2017
Student's Home Address		Apt.	City	State	Zip
Place of Birth (City, State, Country)					Birth Date (Month/Day/Year)

Student's Language Information

What was the first language the student spoke? _____ Is there a language other than English spoken in the home? Yes No

If "yes," which language(s)? _____ Does the student speak a language other than English? Yes No

If "yes," which language(s)? _____

In which language do you prefer to receive communication from the school? _____

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.

- 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.)
- 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.)

Military Information

- 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, the Commissioned Corps of the National Oceanic and Atmospheric 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, or Coast Guard)
- National Guard, active or reserve duty; student is a dependent of a member of the National Guard (and not a dependent of a member of the U.S. Armed Forces.)

Siblings

Last Name	First Name	Date of Birth	School (if applicable)
Last Name	First Name	Date of Birth	School (if applicable)
Last Name	First Name	Date of Birth	School (if applicable)

Student has attended the following schools. Please include all schools previously attended (including APS):

Name of School	Location	Dates of attendance	Grades Completed
Name of School	Location	Dates of attendance	Grades Completed
Name of School	Location	Dates of attendance	Grades Completed

Primary Parent/Guardian Information (please select one parent, living with the student, as a "Primary" parent for purposes of registration):

First Name	Middle	Last	Email
------------	--------	------	-------

Primary Contact Number (please check "call first" preference): Home # _____ Work # _____ Cell # _____

Relationship:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Self | |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster Parent | | |
| <input type="checkbox"/> Contact with student allowed | <input type="checkbox"/> Ed rights to make educational decisions | <input type="checkbox"/> Has custody
<input type="checkbox"/> Lives with student
<input type="checkbox"/> Mailings allowed | <input type="checkbox"/> Enrolling parent
<input type="checkbox"/> Student may be released to |

Parent/Guardian Information:

First Name	Middle	Last	Email
------------	--------	------	-------

Primary Contact Number (please check "first call" preference): Home # _____ Work # _____ Cell # _____

Address if different from student's

Relationship:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Father | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Self | |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Foster Parent | | |
| <input type="checkbox"/> Contact with student allowed | <input type="checkbox"/> Ed rights to make educational decisions | <input type="checkbox"/> Has custody
<input type="checkbox"/> Lives with student
<input type="checkbox"/> Mailings allowed | <input type="checkbox"/> Enrolling parent
<input type="checkbox"/> Student may be released to |

Please provide the name of a friend or relative in your neighborhood who will assume responsibility in case of emergency when the parent(s)/guardian(s) cannot be reached:

Name	Address	Telephone Numbers	Email
------	---------	-------------------	-------

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

Signature of Parent/Guardian _____ Date _____