

Prince William County Public Schools Registration Form

STUDENT INFORMATION (Please print) PLEASE COMPLETE ALL BLANKS EXCEPT SHADED AREAS

School Number

Legal Last Name		First Name		Middle Name		Grade	Gender
House Type	Street Number	Street Name (also designate Court, Drive, Lane, etc.)		(Apt#)	City	State	Zip
Mailing Address (if different from above)				10-digit Phone Number		E-Mail Address	
Social Security Number		Pr. Wm. Co. School last attended, if applicable			Virginia Public School last attended (if not in Pr. Wm. Co.)		
Student's Birth Date		Birth Place (city, state/country)			Birth Certificate Number		
Ethnic Code – Please circle one - 1. Indian/Alaskan 2. Asian/Pacific Islander 3. Black 4. Hispanic 5. White 6. Native Hawaiian 7. Unspecified						Special Education Student? Please circle one – Yes No	
Most Recent School Attended			City, State			From MM / YY	To MM / YY
Perm. ID#	G/T	ESOL	Sp. Ed.	New/Reentry	Base School	Transfer Code	

PARENT/GUARDIAN INFORMATION PLEASE COMPLETE ALL APPLICABLE INFORMATION USING N/A WHEN NECESSARY.

Father's Full Name				Parent, Step, Guardian, or Foster (circle as applicable)			
Street Number	Street Name (also designate Court, Drive, Lane, etc.)		(Apt#)	City	State	Zip	
10-digit Home Phone #		Employed by		10-digit Work Phone #		Ext.	Cell phone/pager #
Work Address			City	State	Zip	E-Mail	
Mother's Full Name				Parent, Step, Guardian, or Foster (circle as applicable)			
Street Number	Street Name (also designate Court, Drive, Lane, etc.)		(Apt#)	City	State	Zip	
10-digit Home Phone #		Employed by		10-digit Work Phone #		Ext.	Cell phone/pager #
Work Address			City	State	Zip	E-Mail	

Foster Child Yes _____ No _____		In-State _____ Out-of-State _____		Give County and State of Foster Child _____	
If Tuition Student, is Tuition Paid by Parent Yes _____ No _____		In-State _____ Out-of-State _____		Tuition Code _____	
Medicaid Eligible Yes _____ No _____					

PARENT OR GUARDIAN SIGNATURE _____

Date _____
MM / DD / YY

CONSENT FOR RELEASE OF INFORMATION

Please print

Full Name of Student _____

Date of Birth _____

I hereby authorize:

Previous School _____

Address _____

to release all educational records concerning my child including:

- an up-to-date transcript and /or report card
- grading scale
- test scores
- discipline records
- health and attendance records
- IEP, if applicable
- psychological and social history information

To: Current School _____

Address _____

Signature of Parent or Guardian

Date

Street Address

Daytime Telephone

City State Zip