

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 #			
Social Security Number		Prince William County Public School last attended, if applicable			Virginia Public School last attended (if not in Prince William Co.)				
Student's Birth Date		Birthplace (city, state/country)			Birth Certificate Number		Please circle yes or no Special Education Y / N		
Ethnicity – Please circle yes or no Hispanic or Latino Y / N		Race: Please circle all that apply			1. American Indian or Alaska Native		2. Asian		
		3. Black or African American			4. Native Hawaiian or other Pacific Islander		5. White		
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	Email Address		
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	Email Address		
Verification of Residency in School Attendance Area:									
Deed or Contract _____		Lease _____		Affidavit _____		Other Documentation _____			
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 _____