



New Student Information

Office of Shared Accountability, Records Unit
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

MCPS Form 560-24
July 2017

INSTRUCTIONS: This form is to be completed by parent/guardian or eligible student. For all students new to or reentering MCPS, the verification of the following must be presented at the time of enrollment: Montgomery County residency, age and immunizations, unless homeless.

STUDENT INFORMATION

Must match birth certificate or other evidence of birth

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Student's Preferred First Name _____

Social Security Number (not required) ____ - ____ - ____ Date of Birth ____/____/____ Male Female

School Name _____ MCPS ID# _____ Grade _____

MARYLAND HOME LANGUAGE SURVEY

In accordance with federal and state requirements, the Home Language Survey will be administered to all students and **used only for determining whether a student needs English language support services** and will not be used for immigration matters or reported to immigration authorities.

If a language other than English is indicated on two or more of the three questions below, the student will be assessed for English language support services. Additional criteria for testing may be considered.

What language(s) did the **student** first learn to speak? _____

What language does the **student** use most often to communicate? _____

What language(s) are spoken in your home? _____

PROOF OF AGE—(evidence of birth) Indicate which document was provided

Birth Certificate Passport/Visa Physician's Certificate Baptismal or Church Certification Hospital Certificate Parent's Affidavit
 Birth Registration Other (Specify) _____

RESIDENCY

Street Address _____ City _____

State _____ Zip _____ E-mail Address _____

Primary Home or Cell Phone Number ____ - ____ - ____

Circumstances (if applicable)

- Homeless Child/Unaccompanied Youth (complete [MCPS Form 335-77, Homeless Status](#))
- Informal Kinship Care (complete [MCPS Form 334-17, Affidavit: Children in Informal Kinship Care](#))
- Maryland State Supervised Care (complete [MCPS Form 560-35, Enrollment of Child in Maryland State-Supervised Care and Transfer of Educational Records](#))

Proof of Residency—MCPS Regulation JEA-RB, Enrollment of Students, requires a copy of one of the following unless homeless:

- Current property tax bill Current lease If lease is more than 1 year old, lease and current utility bill
- Shared Housing Disclosure Form (MCPS Form 335-74)

LANGUAGE FOR WRITTEN COMMUNICATION

Amharic Chinese English French Korean Spanish Vietnamese

For the purpose of determining eligibility for immigrant services and/or exemption from certain tests, please provide the following information:

Was the student born outside of the United States? Yes No **If Yes:** How many months has the student been in U.S. schools? _____

Date student entered a U.S. **school** for the first time ____/____/____

IMMUNIZATIONS

Proof of immunization compliance—MCPS Regulation JEA-RB, Enrollment of Students, requires a copy of one of the following:

- Maryland Department of Health Immunization Certificate 896
- Computer-generated printout from doctor's office Other _____

ETHNICITY

1. **ETHNICITY DESIGNATION.** Read the definition below and check the box that indicates this student's heritage.

Is this student Hispanic or Latino? (Select one answer.) Yes No

Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race, are considered **Hispanic or Latino**.

2. **RACE DESIGNATION.** Check the boxes that indicate this student's race. **You must select at least one race, regardless of ethnicity designation. More than one response can be selected. Indicate this student's race.** (Select all that apply.)

- American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

PRIOR SCHOOL EXPERIENCEHas student previously attended a Montgomery County Public School? Yes No**If Yes:** Last Montgomery County Public School attended _____

Dates of attendance ____/____/____ to ____/____/____ Last Grade _____

NAME AND ADDRESS OF LAST SCHOOL ATTENDEDDate of withdrawal ____/____/____ Last Grade _____ Public School Private School**ADULT(S) RESPONSIBLE FOR STUDENT***

Name of adult responsible for student living at current address: _____

Relationship: Mother Father Guardian Other _____

Employer _____

Phone #1 ____-____-____ Phone #2 ____-____-____

Phone #3 ____-____-____

Name of adult responsible for student living at current address: _____

Relationship: Mother Father Guardian Other _____

Employer _____

Phone #1 ____-____-____ Phone #2 ____-____-____

Phone #3 ____-____-____

Name of parent/guardian (if other than responsible adult above): _____

Relationship: Mother Father Guardian Other _____

Address _____

Phone ____-____-____

Name of parent/guardian (if other than responsible adult above): _____

Relationship: Mother Father Guardian Other _____

Address _____

Phone ____-____-____

* Responsible Adult(s) Legal Identification and proof of relationship to student verified (specify) _____Is the student a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard, or Reserve Forces (Army, Army National Guard of the U.S., Navy, Air Force, Marine Corps, Air National Guard of the U.S., or Coast Guard)? Yes No

Sibling's (name)

Birthdate

Current School

Sibling's (name)	Birthdate	Current School
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

NON-CUSTODIAL PARENT (if applicable)

Name _____

Address _____

Custody concerns? Yes No If yes, contact school.**OTHER INFORMATION**

Does the student have an IEP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have a 504 plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student been an English learner receiving ESOL/ESL/ENL* services in a Language Instruction Educational Program (LIEP) in a U.S. school? If Yes , date first entered ESOL/ESL/ENL/LIEP in a U.S. school ____/____/____ If exited, what was the exit date? ____/____/____ <small>*ESOL—English for Speakers of Other Languages/ESL—English as a Second Language/ENL—English as a New Language</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student ever been suspended from school? If Yes , is the student currently suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Has the student ever been expelled from school? If Yes , is the student currently expelled from school?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
If enrolling after start of school year, do you want directory information to be withheld? If Yes , complete MCPS Form 281-13, Parental Privacy Form .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The information as submitted on this form and on any attachments is accurate, complete and true to the best of my knowledge. I understand that falsification of any information submitted shall be cause for denial of enrollment. Furthermore, I understand I am responsible for reporting to the school principal if the student becomes a non-resident of this county and that I am liable for tuition for any periods that the student may be a non-resident, unless homeless. If student has an IEP, I understand that an IEP team must determine student's placement.

Signature, Parent/Legal Guardian or Eligible Student_____/____/____
Date