Montgomery County Public Schools
UNLEASHING POTENTIAL

MCPS Form 560-24
April 2025

MONTGOMERY COUNTY PUBLIC SCHOOLS Maryland

CLEAR FORM

New Student Information

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

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 Identified First Name _____

Birthdate _____/_____/_____ Gender ❑ M (Male) ❑ F (Female) ❑ X (unspecified/non-binary)

School Name -- Choose One -- _____ 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 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 Notarized Affidavit
❑ Birth Registration ❑ Other Legal or Notarized Identification (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)
The student lacks a fixed, regular, and/or adequate nighttime residence. ❑ Yes ❑ No ❑ Unsure

❑ 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, lists the following acceptable documents for evidence of residency that should be provided (unless homeless):

❑ Current property tax bill ❑ Current rental lease ❑ If original term of the lease is expired, a copy of a current utility bill or a lease extension
❑ Shared Housing Disclosure Form (MCPS Form 335-74)

IMMIGRANT SERVICES AND EXEMPTIONS FROM CERTAIN TESTS

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. K–12 schools?____

Date student entered a U.S. K–12 **school** for the first time_____/_____/_____

IMMUNIZATIONS

Proof of immunization compliance—MCPS Regulation JEA-RB, *Enrollment of Students*, lists the following acceptable documents:

❑ Maryland Department of Health Immunization Certificate 896
❑ Computer form generated by a physician or health clinic ❑ 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 EXPERIENCE

Has 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 ATTENDED

_____

Date of withdrawal _____/_____/_____ Last Grade_____ ❑ Public School ❑ Private School

PARENTS/GUARDIANS RESPONSIBLE FOR STUDENT*

Primary parent/guardian responsible for student living at student's address:

_____

Relationship: ❑ Mother ❑ Father ❑ Guardian

Employer _____

Phone #1 _____-_____-_____ Phone #2 _____-_____-_____

Email _____

Parent Preferred Language: ❑ Amh ❑ Chi ❑ Fre ❑ Kor ❑ Por ❑ Spa ❑ Viet

Parent/guardian responsible for student living at student's address:

_____

Relationship: ❑ Mother ❑ Father ❑ Guardian

Employer _____

Phone #1 _____-_____-_____ Phone #2 _____-_____-_____

Email _____

Parent Preferred Language: ❑ Amh ❑ Chi ❑ Fre ❑ Kor ❑ Por ❑ Spa ❑ Viet

Name of parent/guardian *(if other than parent/guardian above:)*

_____

Relationship: ❑ Mother ❑ Father ❑ Guardian ❑ Other _____

Address_____

Phone _____-_____-_____

Name of parent/guardian *(if other than parent/guardian above:)*

_____

Relationship: ❑ Mother ❑ Father ❑ Guardian ❑ Other _____

Address_____

Phone _____-_____-_____

* ❑ Parent(s)/Guardian(s) Legal Identification (including photograph) 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, Space Force, Marine Corps, Coast Guard, National Guard, or Reserve Forces (Army, Army National Guard of the U.S., Navy, Air Force, Space Force, Marine Corps, Air National Guard of the U.S., or Coast Guard)? ❑ Yes ❑ No

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 Individualized Education Program (IEP)?	❑ Yes	❑ No
Does the student have a Section 504 plan?	❑ Yes	❑ No
Has the student been an Emergent Multilingual Learner (EML) receiving ELD* services in a Language Instruction Educational Program (LIEP) in a U.S. school? ***If Yes***, date first entered ELD* in a U.S. school _____/_____/_____ If exited, what was the exit date? _____/_____/_____ **ELD–English Language Development/ESOL–English for Speakers of Other Languages/ESL–English as a Second Language/ENL–English as a New Language*	❑ Yes	❑ No
Has the student ever been suspended from school? ***If Yes***, is the student currently suspended?	❑ Yes ❑ Yes	❑ No ❑ No
Has the student ever been expelled from school? ***If Yes***, is the student currently expelled from school?	❑ Yes ❑ Yes	❑ No ❑ No
If enrolling after start of school year, do you want directory information to be withheld? ***If Yes***, complete MCPS Form 281-13, *Annual Notice for Directory Information and Student Privacy*.	❑ Yes	❑ 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.

I understand that my electronic submission of this form and my electronic signature are intended to be, constitute, and are equivalent to my personal signature.

_____ _____/_____/_____

Signature, Parent/Guardian or Eligible Student *Date*