



STUDENT INFORMATION UPDATE

FCPS STUDENT ID# _____

TO BE COMPLETED BY PARENT/GUARDIAN (except shaded areas)

| | | | | | |
|--|--|--|--------------------------|-------|---|
| STUDENT LEGAL NAME (as it appears on the birth certificate) LAST FIRST MIDDLE | | | DATE OF BIRTH (mm/dd/yy) | Grade | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
|--|--|--|--------------------------|-------|---|

| | | | | | |
|--------------------------|---------------|--------------------|-------------|--|---|
| CURRENT ENROLLING SCHOOL | DATE OF ENTRY | E _____ R _____ | BASE SCHOOL | HOMELESS <input type="checkbox"/> Yes <input type="checkbox"/> No | TRANSPORT BY FCPS BUS <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------|---------------|--------------------|-------------|--|---|

PROOF OF ADDRESS RECEIVED: Document Type(s) _____

| | | |
|---|--------------------|----------------------|
| CONTACT RESTRICTION <input type="checkbox"/> Yes <input type="checkbox"/> No | Teacher Name _____ | Counselor Name _____ |
|---|--------------------|----------------------|

| | |
|---|---|
| RESIDENCE ADDRESS OF STUDENT AND ENROLLING PARENT House No. Street Name Apt No. City State Zip Code/Suffix | DWELLING LOCATION (select only one) <input checked="" type="checkbox"/> 5 City of Fairfax <input checked="" type="checkbox"/> 4 Fort Belvoir <input checked="" type="checkbox"/> 1 Town of Clifton <input checked="" type="checkbox"/> 3 Town of Vienna <input checked="" type="checkbox"/> 9 Fairfax County <input checked="" type="checkbox"/> 6 Other (Not Fairfax County) <input checked="" type="checkbox"/> 2 Town of Herndon |
| STUDENT HOME TELEPHONE (Include Area Code) () _____ <input type="checkbox"/> Unlisted | |

| | | | |
|---------------------------------------|--|---|--|
| ENROLLING PARENT LAST FIRST MIDDLE | <input type="checkbox"/> Resides with <input type="checkbox"/> Does not reside with | Relationship <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> legal guardian <input type="checkbox"/> stepmother <input type="checkbox"/> stepfather <input type="checkbox"/> other (specify) _____ | TELEPHONE (Include Area Code) HOME _____ <input type="checkbox"/> Unlisted |
| E-MAIL ADDRESS _____ | WORK _____ | OTHER _____ | |

| | | | |
|-----------------------------------|--|---|--|
| OTHER PARENT LAST FIRST MIDDLE | <input type="checkbox"/> Resides with <input type="checkbox"/> Does not reside with | Relationship <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> legal guardian <input type="checkbox"/> stepmother <input type="checkbox"/> stepfather <input type="checkbox"/> other (specify) _____ | TELEPHONE (Include Area Code) HOME _____ <input type="checkbox"/> Unlisted |
| | WORK _____ | OTHER _____ | |

| | | | |
|-----------------------------------|--|---|--|
| OTHER PARENT LAST FIRST MIDDLE | <input type="checkbox"/> Resides with <input type="checkbox"/> Does not reside with | Relationship <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> legal guardian <input type="checkbox"/> stepmother <input type="checkbox"/> stepfather <input type="checkbox"/> other (specify) _____ | TELEPHONE (Include Area Code) HOME _____ <input type="checkbox"/> Unlisted |
| | WORK _____ | OTHER _____ | |

I am aware that making a false statement herein constitutes a Class 3 misdemeanor. I certify that all the information on this student information update form is true and correct to the best of my knowledge and belief.

Parent/Guardian Signature _____ Date _____ Print Name _____

FCPS Staff Signature _____ Date _____ Print Name _____