ALLEGANY COUNTY PUBLIC SCHOOLS REGISTRATION AND INFORMATION FORMS

PMF - 1 (Revised 3/25/2021)

Entry Code & Date	11111 1 (110111000 012012021)	Pupil Number
	PLEASE TYPE OR PRINT PLAINLY	
		Pupil's Social Security No.
CHOOL	GRADE HOMERO	OOM BUS NO.
LAST NAME FI	IRST NAME	MIDDLE NAME
MAILING ADDRESS	CITY	STATE ZIPCODE
RESIDENTIAL ADDRESS (IF DIFFERENT THAN MA	ILING ADDRESS) CITY	STATE ZIPCODE
PRIMARY PHONE NUMBER BIRTH DATE	E Birth Date Verified	Verification
	by School Officials	of Birth
AT TERMATE DISONE NUMBER MACC NOTH	ELCA THON	
ALTERNATE PHONE NUMBER MASS NOTIF	Place of Birth	City State/Nation
OPT-IN	Yes No	
	Primary Language of Pupil	Primary Language of Home
FEMALE NON-BINARY	Did your child EVER attend an Alleg	
HISPANIC or LATINO Yes No	214 your came 2 / 214 400000 um 12110g	any county rushe sensor.
Using RACE CODE numbers below	No If Yes,	SCHOOL YEAR
RACE indicate the STUDENT's race	Did your child attend Kindergarten?	Public Non-Public
1 American Indian or Alaskan Native	No	If Yes,
2 Asian 3 Black or African American	Has your child ever been retained?	
4 Native Hawaiian or Other Pacific Islander5 White	No	If Yes, Grade When
e white		
School Last	_	
	Previous Count	y
AttendedSchool	Previous Count	у
Attended School Address Street	Previous Count	yState ZipCode
Attended United Street Contact Person		State ZipCode
Attended School Address Street	City Phone Number	State ZipCode ((Area Code) X X X X - X X X X
Attended School Address Street Contact Person Full Name Additional Information/Special Services (Check all tha	City Phone Number Child Lives with: Both Parents	State ZipCode
Attended School Address Street Contact Person Full Name	City Phone Number Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their birth living in residence stated above. Yes	State ZipCode
Attended School Address Contact Person Full Name Additional Information/Special Services (Check all the AREA YES NO SPECIAL EDUCATION HOMELESS	City Phone Number Child Lives with: Both Parents Military Connected Indicator:	State
Attended School Address Contact Person Additional Information/Special Services (Check all the AREA YES NO SPECIAL EDUCATION HOMELESS 504	City Phone Number Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their birth living in residence stated above. Yes BROTHERS	State
Attended School Address Street Contact Person Full Name Additional Information/Special Services (Check all the AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE	City Phone Number Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their birth living in residence stated above. Yes BROTHERS	State
Attended School Address Contact Person Full Name Additional Information/Special Services (Check all the AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE ENGLISH LANGUAGE LEARNERS	City Phone Number Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their birth living in residence stated above. Yes BROTHERS	State
Attended School Address Street Contact Person Full Name Additional Information/Special Services (Check all the AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE	City Phone Number Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their birth living in residence stated above. Yes BROTHERS	State
Additional Information/Special Services (Check all the AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE ENGLISH LANGUAGE LEARNERS ELL ENTRY INTO THE US DATE MM M D D Y Y MALE HEAD OF HOUSEHOLD	Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their birth living in residence stated above. BROTHERS Name: Last, First Middle Birth Date FIG.	State
Additional Information/Special Services (Check all that AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE ENGLISH LANGUAGE LEARNERS ELL ENTRY INTO THE US DATE MM M D D Y Y MALE HEAD OF HOUSEHOLD Name	Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their birth living in residence stated above. BROTHERS Name: Last, First Middle Birth Date	State ZipCode (
Attended School Address Street Contact Person Additional Information/Special Services (Check all the AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE ENGLISH LANGUAGE LEARNERS ELL ENTRY INTO THE US DATE MM M D D Y Y MALE HEAD OF HOUSEHOLD Name Last First Mic	Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their birth living in residence stated above. BROTHERS Name: Last, First Middle Birth Date Name Last	State ZipCode ((Area Code) X X X - X X X X Father Mother Other No Unknown SISTERS Name: Last, First Middle Birth Date CMALE HEAD OF HOUSEHOLD
Additional Information/Special Services (Check all the AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE ENGLISH LANGUAGE LEARNERS ELL ENTRY INTO THE US DATE MM M D D Y Y MALE HEAD OF HOUSEHOLD Name MALE HEAD OF HOUSEHOLD Migran M	Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their birth living in residence stated above. BROTHERS Name: Last, First Middle Birth Date Name Last Last	State ZipCode (
Additional Information/Special Services (Check all that AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE ENGLISH LANGUAGE LEARNERS ELL ENTRY INTO THE US DATE MM M D D V Y MALE HEAD OF HOUSEHOLD Name MALE HEAD OF HOUSEHOLD Migrant	Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their birth living in residence stated above. BROTHERS Name: Last, First Middle Birth Date Mame Last Name Last Mother Yes	State ZipCode (
Additional Information/Special Services (Check all the AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE ENGLISH LANGUAGE LEARNERS ELL ENTRY INTO THE US DATE MM M D D Y Y MALE HEAD OF HOUSEHOLD Name Last First Mickey Cathery Contact of Citizen Yes Mo Other Citizen Yes Employer Yes No Other Citizen Yes Contact of Ci	City Phone Number Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their birth living in residence stated above. BROTHERS Name: Last, First Middle Birth Date Burth Date Last Last Mother Yes Email	State ZipCode (
Additional Information/Special Services (Check all the AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE ENGLISH LANGUAGE LEARNERS ELL ENTRY INTO THE US DATE MM M D D D Y Y Y MALE HEAD OF HOUSEHOLD MALE MALE MEAD OF HOUSEHOLD MALE MALE MEAD OF HOUSEHOLD MALE MALE MEAD OF HOUSEHOLD MALE MEAD MALE MEAD OF HOUSEHOLD MALE MEAD M	Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their birth thiving in residence stated above. Yes BROTHERS Name: Last, First Middle Birth Date Brothers Name Last Name Last Mother Yes Email Employer	State ZipCode (
Attended School Address Contact Person Full Name Additional Information/Special Services (Check all the AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE ENGLISH LANGUAGE LEARNERS ELL ENTRY INTO THE US DATE MM D D Y Y MALE HEAD OF HOUSEHOLD Name Last First Mic Email Employer Address Job Title Phone	Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their bith living in residence stated above. Yes BROTHERS Name: Last, First Middle Birth Date Mother Yes Email Employer Address	State ZipCode (
Additional Information/Special Services (Cheek all that AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE ELL ENTRY INTO THE US DATE MM M D D Y Y Y MALE HEAD OF HOUSEHOLD Name Last First Mice Employer Address Job Title Phone	Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sisters in order of their birth living in residence stated above. BROTHERS Name: Last, First Middle Birth Date Name: Last Name Last Employer Address Job Title Years of Education	State ZipCode (
Attended School Address Contact Person Full Name Additional Information/Special Services (Cheek all that AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE ENGLISH LANGUAGE LEARNERS ELL ENTRY INTO THE US DATE MMM DD DY Y MALE HEAD OF HOUSEHOLD Name MALE HEAD OF HOUSEHOLD Email Employer Address Job Title Phone Vears of Education Degree Male Parent if Different From Head of Household Living Name	Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sixters in order of their birth living in residence stated above. BROTHERS Name: Last, First Middle Birth Date Brothers Burch Date Burch Date	State ZipCode (
Additional Information/Special Services (Check all the AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE ENGLISH LANGUAGE LEARNERS ELL ENTRY INTO THE US DATE MALE HEAD OF HOUSEHOLD NAME AND MALE HEAD OF HOUSEHOLD STATE OF THE MALE HEAD OF THE MALE HEAD OF HOUSEHOLD STATE OF THE MALE HEAD OF HOUSEHOLD STATE OF THE MALE HEAD OF	Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sinters in order of their birth living in residence stated above. Section	State ZipCode (
Attended School Address Contact Person Full Name Additional Information/Special Services (Cheek all that AREA YES NO SPECIAL EDUCATION HOMELESS 504 MIGRANT FOREIGN EXCHANGE ENGLISH LANGUAGE LEARNERS ELL ENTRY INTO THE US DATE M M D D Y Y MALE HEAD OF HOUSEHOLD Name MALE HEAD OF HOUSEHOLD Name Last First Mice Email Employer Address Job Title Phone Wears of Education Degree	Child Lives with: Both Parents Military Connected Indicator: Please list brothers and sixters in order of their birth living in residence stated above. BROTHERS Name: Last, First Middle Birth Date Brothers Burch Date Burch Date	State ZipCode (

						·]		
	Pupil l	Numbe	er]	LAST NA	ME	7	PD A N	JOHET	DIN		FIRST N	
			6th	/7th/8t	th Gr	ade			IKAI	SFE	CKIN	IG C	KEDI	115
6th/7th/8th Grade Course Equivalent - Record High School Credit								Course	4	*School			GradeCourse Equivalent School Year Course Name Course	
		mber		Co	ourse N	lame		Final Grade		4	F	Code	**Course Number	Course Name Final Grade Course Credit
										1	-			
											-			
-										-	-			
										-	-			+ + + + + + + + + + + + + + + + + + + +
											f			
										4	F			
+										1	F			
]	f			
]				
	1	04L C	See de Co	E.		.14		6.1	1 37				1141	Cuada Canara Faninalant
	chool **C	ourse	GradeCo		urse N				Course	1	-	* School	**Course	
	ode Nu	mber						Final Grade	Credit	1	f	Code	Number	Final Grade Credit
										4	L			
-										1	-			
										1				
										-	F			
										1	F			
										4	-			
										1	F			+ + + + + + + + + + + + + + + + + + + +
										1	F			
	•			МС	лр ні	IGH SCH	OOL RE	27 1112					—	SERVICE LEARNING
			Date Take	_		Participation Onl		_	Score Pa	articipation Only	*OC/O	S Cou	nty	VERIFIED: YES NO HOURS EARNED:
	MCAP GEBRA I				4								┦゚	
GE	OMETRY													
	GEBRA II GLISH 10			+	-							+	г	*SCHOOL CODES
BI	IOLOGY						1						╡┞	OC Out of County (MD) HI Home Instruction OS Out of State/Private SS Summer School
	ERNMEN MISA	1												** Non-ACPS Course Electives - Must include Course Description
	SAT ACT							-					□ L	100 1 cr. Elective 050 1/2 cr. Elect
I	ASVAB													
							PPV							
						_	Signati	ıre						Date
							Guida	nce						
						_	Signat							Date
							Princip	al's						
							Signati							Date