ALLEGANY COUNTY PUBLIC SCHOOLS
REGISTRATION AND INFORMATION FORMS
PMF - 1 (Revised 3/23/2022)

Entry Code & Date _____ Pupil Number _____

PLEASE TYPE OR PRINT PLAINLY

Pupil's Social Security No. _____

SCHOOL _____ GRADE ☐☐ HOMEROOM ☐☐☐☐ BUS NO. ☐☐☐

LAST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MIDDLE NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MAILING ADDRESS ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ CITY ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ STATE ☐☐ ZIPCODE ☐☐☐☐☐

RESIDENTIAL ADDRESS (IF DIFFERENT THAN MAILING ADDRESS) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ CITY ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ STATE ☐☐ ZIPCODE ☐☐☐☐☐

PRIMARY PHONE NUMBER ☐☐☐ - ☐☐☐ - ☐☐☐☐ BIRTH DATE ☐☐ ☐☐ ☐☐☐☐ Birth Date Verified by School Officials _____ Verification of Birth _____

ALTERNATE PHONE NUMBER ☐☐☐ - ☐☐☐ - ☐☐☐☐ MASS NOTIFICATION OPT-IN ☐ Yes ☐ No

Place of Birth _____ City _____ State/Nation

Primary Language of Pupil _____ Primary Language of Home _____

FEMALE ☐ MALE ☐ NON-BINARY ☐

HISPANIC or LATINO ☐ Yes ☐ No

RACE *Using RACE CODE numbers below indicate the STUDENT's race* ☐ ☐ ☐ ☐ ☐

1 American Indian or Alaskan Native
2 Asian
3 Black or African American
4 Native Hawaiian or Other Pacific Islander
5 White

Did your child EVER attend an Allegany County Public School? _____ No _____ If Yes, _____ SCHOOL _____ YEAR

Did your child attend Kindergarten? _____ No _____ If Yes, ☐ Public ☐ Non-Public

Has your child ever been retained? _____ No _____ If Yes, _____ Grade _____ When

For PreK Office Use Only Full Day ☐ Half Day ☐ AM ☐ PM ☐ Tier ☐

School Last Attended _____ Previous County _____

School Address _____ Street _____ City _____ State _____ ZipCode

Contact Person _____ Full Name Phone Number ( ) - (Area Code) X X X - X X X X

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	M M D D Y Y	

Child Lives with: ☐ Both Parents ☐ Father ☐ Mother ☐ Other _____

Military Connected Indicator: ☐ Yes ☐ No ☐ Unknown

BROTHERS		SISTERS	
Name: Last, First Middle	Birth Date	Name: Last, First Middle	Birth Date

MALE HEAD OF HOUSEHOLD

Name _____ Last First Middle

Father ☐ Yes ☐ No ☐ Other Citizen ☐ Yes ☐ No

Email _____

Employer _____

Address _____

Job Title _____ Phone _____

Years of Education _____ Degree _____

Male Parent if Different From Head of Household ☐ Living ☐ Deceased

Name _____

Address _____

FEMALE HEAD OF HOUSEHOLD

Name _____ Last First Middle

Mother ☐ Yes ☐ No ☐ Other Citizen ☐ Yes ☐ No

Email _____

Employer _____

Address _____

Job Title _____ Phone _____

Years of Education _____ Degree _____

Female Parent if Different From Head of Household ☐ Living ☐ Deceased

Name _____

Address _____

Parent's Signature _____ Date _____

PPW Signature _____ Date _____

Principal's Signature _____ Date _____

☐
Y - Release Directory Information
M - Release Directory Information to all but Military Recruiters (JR & SR only)
D - Do not release Directory Information to ACPS Directory (student will not be in yearbook or honor roll lists)

Pupil Number	LAST NAME	FIRST NAME	MIDDLE NAME

TRANSFERRING CREDITS

6th/7th/8th Grade
Course Equivalent - Record High School Credit

Gr	*School Code	**Course Number	Course Name	Final Grade	Course Credit

9th GradeCourse Equivalent — School Year

*School Code	**Course Number	Course Name	Final Grade	Course Credit

10th GradeCourse Equivalent — School Year

*School Code	**Course Number	Course Name	Final Grade	Course Credit

11th GradeCourse Equivalent — School Year

* School Code	**Course Number	Course Name	Final Grade	Course Credit

MCAP HIGH SCHOOL RESULTS

	Date Taken	Scale Score	Participation Only	Date Taken	Scale Score	Participation Only	*OC/OS	County
MCAP								
ALGEBRA I								
GEOMETRY								
ALGEBRA II								
ENGLISH 10								
BIOLOGY								
GOVERNMENT								
MISA								
SAT								
ACT								
ASVAB								

SERVICE LEARNING

VERIFIED: YES ☐ NO ☐ HOURS EARNED:

***SCHOOL CODES**

OC	Out of County (MD)	**HI**	Home Instruction
OS	Out of State/Private	**SS**	Summer School

**** Non-ACPS Course Electives - Must include Course Description**

100	1 cr. Elective	**050**	1/2 cr. Elective

PPW Signature _____ **Date** _____

Guidance Signature _____ **Date** _____

Principal's Signature _____ **Date** _____