ALLEGANY COUNTY PUBLIC SCHOOLS
REGISTRATION AND INFORMATION FORMS
PMF - 1 (Revised 3/23/17)

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 ___ (M M D D Y Y Y Y)

Birth Date Verified by School Officials _____

Verification of Birth _____

ALTERNATE PHONE NUMBER ___ - ___ - ___

SCHOOL MESSENGER OPT-IN ___ Yes ___ No

Place of Birth _____ City _____ State/Nation

Primary Language of Pupil _____ Primary Language of Home _____

GENDER DESIGNATION ___ Female ___ Male

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

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

AREA	YES	NO
SPECIAL EDUCATION		
HOMELESS		
504		
IMMIGRANT		
MIGRANT		
FOREIGN EXCHANGE		
ENGLISH LANGUAGE LEARNER		
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

Please list brothers and sisters in order of their birth living in residence stated above.

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

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

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 _____

___

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)

Principal's Signature _____ Date _____

Pupil Number	LAST NAME	FIRST NAME	MIDDLE NAME

TRANSFERRING CREDITS

SUBJECT	7th/8th Grade Course Equivalent				School Year	
	Gr	*School Code	**Course Number	Course Name	Final Grade	Course Credit
ENGLISH						
FINE ARTS						
MATH						
PE						
HEALTH						
SOCIAL STUDIES						
SCIENCE						
TECH ED						
WORLD LANGUAGE						
ADVANCED TECH						
CAREER & TECH ED						
FINANCIAL LITERACY						
ELECTIVE						
ELECTIVE						
Total Credits Earned						

SERVICE LEARNING

VERIFIED: YES ☐ NO ☐ HOURS EARNED: ☐

9th Grade Course Equivalent			School Year	
*School Code	**Course Number	Course Name	Final Grade	Course Credit

SUBJECT	10th Grade Course Equivalent			School Year	
	*School Code	**Course Number	Course Name	Final Grade	Course Credit
ENGLISH					
FINE ARTS					
MATH					
PE					
HEALTH					
SOCIAL STUDIES					
SCIENCE					
TECH ED					
WORLD LANGUAGE					
ADVANCED TECH					
CAREER & TECH ED					
FINANCIAL LITERACY					
ELECTIVE					
ELECTIVE					
Total Credits Earned					

11th Grade Course Equivalent			School Year	
* School Code	**Course Number	Course Name	Final Grade	Course Credit

RECOMMENDED COURSES

SUBJECT	Course Number	COURSE NAME
ENGLISH		
FINE ARTS		
MATH		
PE		
HEALTH		
SOCIAL STUDIES		
SCIENCE		
TECH ED		
WORLD LANGUAGE		
ADVANCED TECH		
CAREER & TECH ED		
FINANCIAL LITERACY		

***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

PARCC/HSA (High School Assessment) RESULTS

HSA/PARCC	Date Taken	Scale Score	Pass / Fail	*OC/OS	County (if applicable)
ALGEBRA I PARCC					
GEOMETRY PARCC					
ALGEBRA II PARCC					
ENGLISH 10 PARCC					
ENGLISH 11 PARCC					
BIOLOGY HSA					
GOVERNMENT HSA					

CAREER CLUSTERS

Select One

- ☐ A Arts, Media & Commun.
- ☐ B Business Mgmt & Finance
- ☐ C Construction and Devel.
- ☐ D Cons. Svc, Hos. & Tourism
- ☐ E Enviro., Ag. & Nat.Res.Sys
- ☐ F Health and Biosciences
- ☐ G Human Resource Services
- ☐ H Information Technology
- ☐ I Manuf., Engineering & Tech.
- ☐ J Transportation Tech.

FIRST ENTRY INTO 9TH GRADE IN ANY SCHOOL/DISTRICT

FISCAL YEAR

PPW Signature **Date**

Guidance Signature **Date**

Principal's Signature **Date**