ALLEGANY COUNTY PUBLIC SCHOOLS REGISTRATION AND INFORMATION FORMS

PMF - 1 (Revised 3/8/17)

Additional Information/Special Services AREA YES NO SPECIAL EDUCATION HOMELESS 504 IMMIGRANT MIGRANT FOREIGN EXCHANGE ENLGISH LANGUAGE LEARNER ELL ENTRY INTO THE US DATE MALE HEAD OF HOUSEHOLD Name Last First Father Yes No Other Citizen Employer Address Job Title Phone Years of Education Male Parent if Different From Head of Household Living Name Address Parent's Signature	Child Lives with: Both Pare Military Connected Indicator: Please list brothers a BROTHERS Name: Last, First Middle Name Name Middle Yes No Mother Employ Address Job Tit Years of	Phone Number (Area of the control o	Mother Other O Unknown th living in residence stated above. SISTERS Name: Last, First Middle EAD OF HOUSEHOLD First Middle Other Citizen Yes Middle	
Additional Information/Special Services AREA YES NO SPECIAL EDUCATION HOMELESS 504 IMMIGRANT MIGRANT FOREIGN EXCHANGE ENLGISH LANGUAGE LEARNER ELL ENTRY INTO THE US DATE MALE HEAD OF HOUSEHOLD Name Last First Father Yes No Other Citizen Employer Address Job Title Phone Years of Education Degree Male Parent if Different From Head of Household Living	Child Lives with: Military Connected Indicator: Please list brothers a BROTHERS Name: Last, First Middle Name Name Middle Yes No Mother Employ Address Job Tit Years of Deceased Female Name	Phone Number (Area of the control o	Mother Other O Unknown th living in residence stated above. SISTERS Name: Last, First Middle EAD OF HOUSEHOLD First Middle Other Citizen Yes Middle	Birth Dat
Additional Information/Special Services AREA YES NO SPECIAL EDUCATION HOMELESS 504 IMMIGRANT MIGRANT FOREIGN EXCHANGE ENLGISH LANGUAGE LEARNER ELL ENTRY INTO THE US DATE MALE HEAD OF HOUSEHOLD Name Last First Father Yes No Other Citizen Employer Address Job Title Phone Years of Education Degree Male Parent if Different From Head of Household Living	Child Lives with: Military Connected Indicator: Please list brothers a BROTHERS Name: Last, First Middle Name Name Middle Yes No Mother Employ Address Job Tit Years of Deceased Female Name	Phone Number (Area of the control o	Mother Other O Unknown th living in residence stated above. SISTERS Name: Last, First Middle EAD OF HOUSEHOLD First Middle Other Citizen Yes Middle	Birth Dat
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Contact Person Full Name Additional Information/Special Services AREA YES NO SPECIAL EDUCATION	Child Lives with: Both Pare Military Connected Indicator: Please list brothers a	Phone Number (Area) Code) X X X X - X X X Mother O Unknown th living in residence stated above.	
Contact Person Full Name Additional Information/Special Services	Child Lives with: Both Pare	Phone Number (Area Carea)	
Contact Person Full Name	_	Phone Number (Area ()	
Contact Person		Phone Number (
Contact		•	State Especi	ode
		City	State ZipCo	
Address		C.		
Attended		Previous County		
School Last	_			
 Native Hawaiian or Other Pacific Islander White 			f Yes, Grade When	
AsianBlack or African American	Has your child ever been			
1 American Indian or Alaskan Native			f Yes,	
RACE indicate the STUDENT's race	Did your child attend Kinde	ergarten?	Public Non-Public	;
Using RACE CODE numbers below	No If Yes,	S	CHOOL YEAR	
HISPANIC or LATINO Yes No	Dia jour Cina Ever	an rinegany Coun	, and benous	
GENDER DESIGNATION Female Male		attend an Allegany Coun		
	Primary La	anguage of Pupil	Primary Language of Home	
- OPT-IN	Yes No	City	State/Nation	
	MESSENGER Place of Birth	City	State/Nation	
- - M M D D		<u> </u>	of Birth	
PRIMARY PHONE NUMBER BIRTH DA			Verification	
RESIDENTIAL ADDRESS (IF DIFFERENT THAN N	MAILING ADDRESS) CITY		STATE ZIPCODE	<u>;</u>
MAILING ADDRESS	CITY		STATE ZIPCODE	;
				Ш
LASI NAME	FIRST NAME	MI	DDLE NAME	
LAST NAME	GRADE	HOMEROOM	BUS NO.	Ш
			Pupil's Social Security No.	
SCHOOL	PLEASE TYPE OR PRINT PLAIN	LY		

				Γ				7						-			
Pupil Number LAST NAME FII							RST NAM	E				MIDDLE N	AME				
						TRANSFEI	RRIN										
			7th/8th Grade						9th Grade								
SUBJECT		C	*School	**Course	Course Equivalent		School Final	Year	*Sch	iool	**Course	Course Equi		f	School Final	Year Course	
ENGL	icu	Gr	Code	Number	'	Course Name	Grade	Credit	Co	de	Number		Course N	ame	Grade	Credit	
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Total Cr	euns Earneu								<u> </u>								
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			RECON	MMENDED	COURSES		4	00	,	Out	of County (*SCHOOL		_	materia e		
SUBJECT	Course Numl	ber	COURSE NAME					os	OC Out of County (MD) HI Home Instruction OS Out of State/Private SS Summer School								
ENGLISH									**	Non-	ACPS Co	urse Electi	ves - Must i	include Course Descr	intion		
FINE ARTS								100	** Non-ACPS Course Electives - Must include Course Description 100 1 cr. Elective 050 1/2 cr. Elective								
MATH		_									ARCC/HSA	(High Schoo		ent) RESULTS	G		
PE]	HS	A/PARC	C	Date Take	n Scale Score	Pass / Fail	*OC/OS		inty licable)	
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D Co	ons. Svc, Hos	s. & To	ourism		I Manuf., Engin	eering & Tech.		Signa	acure					<u>D</u>	ate		
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