



# 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
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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
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PROOF OF ADDRESS RECEIVED: Document Type(s) \_\_\_\_\_

CONTACT RESTRICTION <input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher Name _____	Counselor Name _____
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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"/> City of Fairfax <input type="checkbox"/> Town of Clifton <input checked="" type="checkbox"/> Fairfax County <input type="checkbox"/> Town of Herndon <input checked="" type="checkbox"/> Fort Belvoir <input type="checkbox"/> Town of Vienna <input checked="" type="checkbox"/> Other (not Fairfax County)
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"/> Foster Parent <input type="checkbox"/> Self	TELEPHONE (Include Area Code) HOME <input type="checkbox"/> Unlisted
E-MAIL ADDRESS _____		WORK _____	CELL _____

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"/> Foster Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather	TELEPHONE (Include Area Code) HOME <input type="checkbox"/> Unlisted
		WORK _____	CELL _____

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	TELEPHONE (Include Area Code) HOME <input type="checkbox"/> Unlisted
		WORK _____	CELL _____

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 \_\_\_\_\_