

IT-22 (1/12)

## STUDENT INFORMATION UPDATE

FCPS STUDENT ID#

TO BE COMPLETED BY P	ARENT/GU	ARDIAN (except s	shaded areas)								
STUDENT LEGAL NAME (	MIDDLE		TE OF BIRTH (mm	OF BIRTH (mm/dd/yy)			Gender				
										☐ Male ☐ Female	
CURRENT ENROLLING SCHOOL DATE OF E			ENTRY E	RY E		BASE SCHOOL HOM		LESS TRANSPORT BY FCPS BUS			
			R					☐ No	☐ Yes ☐ No		
PROOF OF ADDRESS RE	CEIVED:	Document Typ	pe(s)								
CONTACT RESTRICTION											
☐ Yes ☐ No ☐ Teac		Teacher Name				Counselor Name	e				
RESIDENCE ADDRESS OF STUDENT AND ENROLLING PARENT							DWELLING LOCATION (select only one)				
House No. Street Name Apt No. City				State Zip	5 C	5 City of Fairfax 1 Town of Clifton					
						9 F	airfax Coun	ity	2 7	own of Herndon	
STUDENT HOME TELEPHONE (Include Area Code)					4 For			ort Belvoir 3 Town of Vienna			
			Unlisted	Unlisted			6 Other (not Fairfax County)				
ENROLLING PARENT	Resides Does no	with ot reside with	Relationship	Mother	☐ Fath	er Legal G	Guardian	Foster Pa	arent	Self	
LAST	FI	RST	MIDDLE								
TELEPHONE (Include A						(Include Area Code)	) HOME	Ē		Unlisted	
E-MAIL ADDRESS					WORK		CELL				
OTHER PARENT	Resides Does no	with ot reside with	Relationship	☐ Mother☐ Stepmot	☐ Fathe		☐ Legal Guardian ☐ Foster Parent ☐ Spouse her				
LAST	FI	FIRST MIDDLE					Unlisted				
	TELEPHONE (Include Area Code) HOME Units							Offilisted			
					WORK		CELL				
OTHER PARENT	☐ Resides	with ot reside with	Relationship	☐ Mother☐ Stepmot	☐ Fathe	_ •	Guardian				
LAST	FI	RST	MIDDLE							☐ Unlisted	
					TELEPHONE (	(Include Area Code)	) HOME			Offisted	
					WORK		CELL				
I am aware that making a false s	tatement hereir	n constitutes a Class 3	3 misdemeanor. I certify that	t all the informatio	n on this studen	t information update fo	orm is true ar	nd correct to the	e best of	my knowledge and belief.	
Parent/Guardian Signature				Date			Print Name				
FCPS Staff Signature				Date			Print Na	ıme			