

**WELCOME TO MARIETTA CITY SCHOOLS
STUDENT ENROLLMENT FORM**

BUILDING: _____ **Grade:** ____ **DOB:** _____ **Age:** _____ **SEX:** M F **IEP** **504**

Student Full Name: _____ **Social Security #** _____

Student Address: _____

Mailing Address: _____
If different from street address

Birthplace (City/State or City/Country if outside of U.S.A.): _____

ALL STUDENTS: Home Primary Language: English Spanish Other: _____
Native Language: English Spanish Other: _____

ETHNICITY: Is the student Hispanic/Latino? Yes No **RACE:** Caucasian Black/African American Multi-racial
 Asian American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander

PREVIOUS ENROLLMENTS:

Student has previously attended Marietta City Schools
 Student has previously attended another school in Ohio _____

Previous School Districts: _____

STUDENTS WITH PASSPORTS (If not born in USA):

Entry Date into USA: _____ Entry Date into USA school: _____ Entry Date into State of Ohio School: _____

STUDENT LIVES WITH

Birth parent/parents Adoptive parent/parents Foster parent/parents Legal Guardian/Guardians
 Grandparent/Grandparents 18yr student (dependent for basic needs) 18yr student (financially independent)

PARENT/GUARDIAN CONTACT INFORMATION for PRIMARY RESIDENCE

E-Mail: _____

Parent/Guardian Name: _____

Home Phone: _____

Parent/Legal Guardian Cell: _____

Parent/Legal Guardian Work: _____

Street Address: _____
If different from student

Mailing Address: _____

City, State, Zip: _____

E-Mail: _____

Parent/Guardian Name: _____

Home Phone: _____

Parent/Legal Guardian Cell: _____

Parent/Legal Guardian Work: _____

Street Address: _____
If different from student

Mailing Address: _____

City, State, Zip: _____

Please Complete Both Sides

ADDITIONAL MINORS IN PRIMARY or SECONDARY HOME not currently enrolled in any school including: (Birth -3yrs, Preschool, Home Schooled, Christian or Private School and E-School up to age 18yrs).

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

PARENT/GUARDIAN CONTACT INFORMATION for SECONDARY RESIDENCE

E-Mail: _____

E-Mail: _____

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Home Phone: _____

Home Phone: _____

Parent/Legal Guardian Cell: _____

Parent/Legal Guardian Cell: _____

Parent/Legal Guardian Work: _____

Parent/Legal Guardian Work: _____

Street Address: _____
If different from student

Street Address: _____
If different from student

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

SCHOOL SAFETY

Marietta City Schools requires a parent or guardian of a child who has been adjudicated guilty or has been previously expelled for homicide, assault, or violation of state law or school policy relating to weapons, alcohol or drugs, to notify the school in which the student seeks enrollment of that fact by means of a sworn statement given at the time of enrollment. In compliance with this requirement, I am informing you of the fact my child/ward has been:

- Adjudicated guilty in court of one or more of the above mentioned actions
- Expelled from school
- Disciplined for a violation of state law or school policy relating to weapons, alcohol or drugs.
- None

The school(s) involved is/are: _____

The facts are as follows: _____

Under penalty of law, I certify that:

_____ The information provided in this document is true and accurate and not made for the purpose of circumventing the attendance laws of the State of Ohio or the policies of the Marietta City School District.

_____ If I change my present address to another address within the boundaries of the Marietta City School District, I will immediately provide the new residence information to my child's school building and will provide two (2) proofs of residency indicating the change of address. Documents may not be older than 30 days from the time they were processed.

Ohio Revised Code: 2151.422, 2901.30, 3109.043, 3109.52 – 3109.61, 3111.02, 3313.64, 3313.672, 3314.11, 3314.64, 3317.08

Parent/Guardian (Print) _____

Parent/Legal Guardian Signature: _____

Date: _____