

**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 (Check all that apply)**

Birth parents  Shared parenting – goes between homes  Birth mother only  Birth father only  
 Birth mother & step parent  Birth father & step parent  Legal Guardian (court order)  
 Grandparent Power of Attorney (filed in court)  Grandparent Affidavit (filed in court)  
 18yr student (dependent for basic needs)  18yr student (financially independent)

**PARENT/GUARDIAN CONTACT INFORMATION**

E-Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother/Legal Guardian Cell: \_\_\_\_\_

Mother/Legal Guardian Work: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_  
If different from student

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father/Legal Guardian Cell: \_\_\_\_\_

Father/Legal Guardian Work: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_  
If different from student

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

COMPLETE BOTH SIDES

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**MINORS IN HOME - List all additional minors (Birth – 18yrs) in the primary residence**

Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____
Name _____	Age _____	Name _____	Age _____

**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.

\_\_\_\_\_ I understand and agree that if the current residential address listed for enrollment ceases to be my legal residence and my new legal residence is located outside the boundaries of the Marietta City School District, I will withdraw my child (ren) from the Marietta City School District and will enroll them in the proper district of residence. I understand if I do not withdraw them, unless approved for Open Enrollment, I will be billed for tuition for any and all periods of time the child (ren) was/were illegally enrolled in the Marietta City School District.

**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: \_\_\_\_\_

MCS D Staff Initials: \_\_\_\_\_

COMPLETE BOTH SIDES