MARYSVILLE PUBLIC SCHOOLS DISTRICT - ENROLLMENT FORM

School: _____

Student's Legal Name_____ Birth Date _____
(First/middle/last)

Last Grade Completed: _____ Sex: F_____ M_____

Birth Place: City_____ State_____

RACE & ETHNICITY

Note: Both Part A & Part B of the question MUST BE answered.

Part A:	**Is this student Hispanic/Latino?** (Chose only one) __**No**, not Hispanic/Latino __**Yes**, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.	
Part B:	**What is the student's race?** (Check one or more) __**American Indian or Alaska Native** (A person having origins in any of the original peoples of North & South America, including Central America). __**Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand & Vietnam). __**Black or African American** (A person having origins in any of the black racial groups of Africa). __**Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands). __**White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa).
NOTE: Both parts A & B **MUST** be completed. We encourage you to select an answer for **BOTH** parts. If either part A or B is not answered, the US Department of Education **REQUIRES** the District to supply an answer on your behalf.	

Language spoken in home:_____

Enrollment Date: _____ Last School Attended: _____

Female Parent/Stepparent/*Guardian (Circle One)

First & Last Name:_____

Home Phone (____)_____ Cell Phone(____)_____

Employer_____ Work Phone (____)_____

Male Parent/Stepparent/*Guardian (Circle One)

First & Last Name:_____

Home Phone (____)_____ Cell Phone(____)_____

Employer_____ Work Phone (____)_____

Does proof of guardianship exist? ___Yes ___No If not, you must have proof of guardianship before enrollment can take place. A copy of guardianship papers must be placed in the student's file.

1. What is the reasoning behind having guardianship arranged in order for this student to qualify as a Marysville School District resident? Check one or more if appropriate:
___Court Placed ___Better Educational Opportunities ___Other (Explain)
_____
_____

2. If problems in previous home was selected, please be more specific:
_____
_____

3. If problems in previous school was selected, please be more specific:
_____
_____

Address_____
City State Zip Code
Home Phone (___)_____ Cell or Other Phone (____)_____

Parent Email Address: _____

How long have you lived at the Marysville address (if applicable)? _____ _____
Have all driver licenses been changed to reflect your new Marysville address (if applicable)? ___Yes ___No
Are you purchasing the home? ___Yes ___No Have you closed on your new home? ___Yes ___No
If not, when is closing?_____
Renting? ___Yes ___No Name of Owner_____ Phone:_____

Student lives with: (Circle One): *Both Parents* *Mother* *Father* *Mother/Stepfather* *Father/Stepmother* **Guardian*

Send correspondence to (Circle One): *Both Parents* *Mother* *Father* *Mother/Stepfather* *Father/Stepmother* **Guardian*

List name & address of second mailing of school correspondences:_____
_____

Additional Information Needed

Emergency Contacts (<u>other than parents/guardians</u>)
Name_____ Relationship_____Phone(___)_____
Name _____Relationship_____ Phone (___)_____

Sibling Information:
Name:_____ Age:_____ School:_____
Name:_____ Age:_____ School:_____
Name:_____ Age:_____ School:_____
Name:_____ Age:_____ School:_____

Last School Attended_____
Last Grade Completed_____ Has child attended Special Education Programs? ___Yes ___No
Is child under long-term suspension or expulsion from his/her previous school? ___Yes at _____ ___No
Has your child attended a pre-K program (If applicable)? ___Yes at:_____ ___No
Has your child attended a previous school? ___Yes at _____ ___No
Please list any health conditions (handicaps, allergies, etc.):_____
_____
_____

I attest that the information contained herein is correct to the best of my knowledge. A birth certificate and immunization record must also accompany this profile.

Signature of Parent/Guardian_____ Date:_____