MARYSVILLE PUBLIC SCHOOLS ENROLLMENT FORM

School:_____ **Enrollment Date:**_____

Student Information

Student's Full Legal Name (Last, First, Middle)			Gender	Grade
			M ☐ F ☐	

Student's Date of Birth	Student Order of Birth (if multiple)	Birth City/State (or Country if not in US)
	Please circle 1 2 3 4	

Home Street Address	Apt/Suite	City & Zip	State	Home Phone
				( ) -

Mailing Address (if different from Home)	Apt/Suite	City & Zip	State	Cell Phone
				( ) -

Student lives with:(circle one) Mother/Father Mother only Father only Joint Custody Mother/Stepfather Father/Stepmother Guardian

Race & Ethnicity

NOTE: Both Part A & Part MUST BE answered!

Part A : Is this student Hispanic/Latino? (Choose only one)

☐ **No, not Hispanic/Latino.**

☐ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, 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 what 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.

If unanswered, the US Department of Education REQUIRES the District to supply an answer on your behalf.

Part B: What is the student's race? (Choose one or more)

☐ **American Indian or Alaskan 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).

Home Language Survey:

1. What languages are spoken in your child's home? _____

2. Which language did your child first learn to speak? (Most often spoken by your child). _____

Services Received at Former School

☐ Speech/Language	☐ 504/IEP
☐ Social Work	☐ Other Services _____

Contact 1 Parent/Guardian ONLY

First & Last Name	Relationship to Student	Home Phone
		( ) -

Street Address	City, State & Zip	Cell Phone
		( ) -

Email	Employer	Work Phone
		( ) -

Preferred method for School Messenger Notifications (circle all that apply)

Phone Call Text Message Email

Contact 2 Parent/Guardian ONLY

First & Last Name	Relationship to Student	Home Phone
		( ) -

Street Address	City, State & Zip	Cell Phone
		( ) -

Email	Employer	Work Phone
		( ) -

Emergency Contacts other than Parents/Guardian		
Name	**Relationship**	**Phone**
		( ) -
		( ) -
		( ) -

Guardianship

**** Does proof of guardianship exist? ___ Yes ___ No If not, you must have proof of guardianship before enrollment can take place.***

A Copy of guardianship 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_____
2. If problems in previous home was selected, please be more specific:_____
   _____
3. If problems in previous school was selected, please be more specific:_____
   _____

Please list all other children living in the Household		
Last Name	**First Name**	**DOB**

Previous School Information			
School Name	**School District**	**School Phone**	**School Fax**
		( ) -	( ) -
Last Grade completed			

Is child under long-term suspension or expulsion from his/her previous school? ____ Yes ____ No , if Yes please explain_____

For Kindergarten ONLY: Did your child attend a pre-K program? ____ Yes at:_____ _____ No

Additional Information

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 re
must also accompany this profile.

Signature of Parent/Guardian_____ Date_____