

MARYSVILLE PUBLIC SCHOOLS ENROLLMENT FORM

School: _____ Enrollment Date: _____

Student Information

Student's Full Legal Name (Last, First, Middle)			Gender M <input type="checkbox"/> F <input type="checkbox"/>	Grade
Student's Date of Birth	Student Order of Birth (if multiple) Please circle 1 2 3 4		Birth City/State (or Country if not in US)	
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

<input type="checkbox"/> Speech/Language	<input type="checkbox"/> 504/IEP
<input type="checkbox"/> Social Work	<input type="checkbox"/> 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 record must also accompany this profile.

Signature of Parent/Guardian _____ **Date** _____