



Student Registration Form

(Please Print Clearly)

This form must be completed for each child in the household that is enrolling.

OFFICE USE ONLY

School _____
Date Enrolled _____ Grade _____
Student ID _____
Homeroom _____
Bus # _____

SECTION 1: Student Information

Student's Legal Name _____ Gender: ☐ M ☐ F
(First Middle Last)
SSN _____ Date of Birth _____ Place of Birth _____ Grade _____
Street Address _____ Apt. # _____
City _____ Zip _____
Primary Phone Number _____ Text message number _____
(This can be landline or cell, but a number where automated messages/attendance calls can be left.)
Previous School Attended _____ City _____ State _____ Zip _____
Has student ever attended a homeschool program? Yes No Which School? _____
What kind of pre-school did the student attend (Pre-K): ☐ Home ☐ Private Day Care ☐ Pre-K Program
Name of Facility: _____ City _____ State _____
Country of Birth _____ Date first entered U.S. School, if born outside U.S. _____
If registering for grades 9-12, date student completed 8th grade _____

SECTION 2: Special Programs (Please initial in one of the spaces below)

_____ Initial here if student is CURRENTLY participating in any special program listed below
_____ Initial here if student PREVIOUSLY participated in any special program listed below
_____ Initial here if student HAS NEVER participated in any special program listed below

Please indicate which Special Programs student is/has been in:

☐ Special Education IEP ☐ Speech ☐ EL ☐ Gifted ☐ SST ☐ RTI ☐ 504 Plan

Has your student ever been retained? ☐ Yes ☐ No If so, what grade? _____

SECTION 3: Ethnicity/Race

Is this student of Hispanic/Latino Ethnicity?

☐ Yes ☐ No



*Race (Check all that apply): **You MUST check AT LEAST one option**

☐ American Indian or Alaska Native ☐ Black or African-American
☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White

SECTION 4: Language Survey

In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.

Which language does your child best understand and speak? _____

Which language does your child most frequently speak at home? _____

Which language do adults in your home most frequently use when speaking with your child? _____

If possible, would you prefer notice of school activities in a language other than English? ☐ Yes ☐ No

If yes, which language? _____

SECTION 5: Medical Information

List any medical conditions of the student _____

Does this student have any life-threatening food, nut, or insect allergies? _____

Does this student have any medically documented restrictions that would prevent participating in PE?

☐ Yes (must provide a doctor's statement) ☐ No

SECTION 6: Occupational Survey

Has your family moved in order to work in another city, county, state, or country in the last three years? ☐ Yes ☐ No

If so, what is the date your family arrived in Marietta? _____

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three years? (Check all that apply):

☐ Agriculture; planting/picking tomatoes, squash, peppers, etc.

☐ Processing/Packing agricultural products

☐ Planting, growing, or cutting trees (pulpwood)

☐ Dairy, Poultry, or Livestock

☐ Meatpacking / Poultry / Seafood

☐ Fishing or fish farms

Other (please specify) _____

(Office Staff, please note: If answered "Yes" and checked one of the 6 occupational areas, parent must complete additional Parent Occupational Survey)

SECTION 7: Custody and Parent/Guardian Information

Student lives with . . .

☐ Both Parents ☐ Father ☐ Mother ☐ Grandparent(s) ☐ Guardian(s) ☐ Foster Parent(s)

☐ Alone ☐ Other Relative(s) ☐ Other, please explain _____

Enrolling Parent/Guardian is: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

(Copy of court order or other legal documents may be required.)

Primary Household Parent/Guardian 1:

Name _____ Cell Phone _____
(First Middle Last)

Employer _____ Work Phone _____

Preferred Email Address _____ Landline Phone _____

Active member of military: ☐ Yes ☐ No **OR** Member of military reserves: ☐ Yes ☐ No

Primary Household Parent/Guardian 2:

Name _____ Cell Phone _____
(First Middle Last)

Employer _____ Work Phone _____

Preferred Email Address _____ Landline Phone _____

Active member of military: ☐ Yes ☐ No **OR** Member of military reserves: ☐ Yes ☐ No

Secondary Household Information, if applicable (Applies to parent(s) not living at the same residence as students)**Secondary Household Parent/Guardian 1:**

Name _____ Landline Phone _____
(First Middle Last)

Employer _____ Cell Phone _____

Preferred Email Address _____ Work Phone _____

This person is allowed to pick up student from school and can be contacted in the event of an emergency: ☐ Yes ☐ No

Active member of military: ☐ Yes ☐ No **OR** Member of military reserves: ☐ Yes ☐ No

Secondary Household Parent/Guardian 2:

Name _____ Landline Phone _____
(First Middle Last)

Employer _____ Cell Phone _____

Preferred Email Address _____ Work Phone _____

This person is allowed to pick up student from school and can be contacted in the event of an emergency: ☐ Yes ☐ No

Active member of military: ☐ Yes ☐ No **OR** Member of military reserves: ☐ Yes ☐ No

Street Address _____ Apartment # _____

City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

Primary Telephone Number _____ (If only cell phones are used, please provide primary number at which you wish to be contacted)

SECTION 8: Student Information (Include new students enrolling and currently enrolled students)

Please provide the names of all students residing in the primary household, along with the date of birth and relationship to each Parent/Guardian (that is, son, daughter, stepson, stepdaughter, grandchild, sister, brother, etc.).

First Name	Middle Name	Last Name	Date of Birth	Relationship to Primary Household Parent/Guardian 1	Relationship to Primary Household Parent/Guardian 2	Relationship to Secondary Household Parent/Guardian 1	Relationship to Secondary Household Parent/Guardian 2

If there are custody issues that prevent any of the previously indicated heads of household from having access to the students listed above, please provide details. If such restrictions apply to a natural parent or legal parent/guardian, court documentation must be provided. _____

SECTION 9: Additional Household Members (Please list any other adults living in the Primary Household)

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SECTION 10: Emergency Contacts

The following people have permission to pick up my child from school without further contact from me and in the event of an emergency when the Parent/Guardian cannot be reached.

	CONTACT ONE	CONTACT TWO	CONTACT THREE
Name			
Relationship			
Cell Phone			
Work Phone			
Landline Phone			

FOR SCHOOL USE ONLY**Enrollment Documents Received:**

☐ Birth Certificate
☐ Immunization Form 3231
☐ Hearing,Dental,Vision,Nutrition Form 3300
☐ Social Security Card
☐ SSN Card/Waiver
☐ Parent ID
☐ Discipline Record
☐ Custody Documentation
☐ Report Card
☐ Withdrawal Form
☐ Court Documentation of Guardianship
☐ Grandparent Power of Attorney
☐ Non-Parental Affidavit

Residency Proof: All items must have same address and show enrolling parent's name:

☐ Lease or Mortgage Statement
☐ Utility Bill

Affidavit of Residence:

☐ Owner Lease or Mortgage Statement
☐ Utility Bill
☐ Parent Proof of Address
Date Due _____

☐ Student Residency Statement
☐ Parent is MCS Employee
☐ Tuition Student

Additional Comments:

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