

Marietta City Schools

Household Enrollment Form

School Year _____

HOUSEHOLD REGISTRATION

Household information will be collected at the first registration site and shall be filled out once by the parent/guardian.

Students in Same Household Attending School (Ages 3 and above)

1st Student's LEGAL Name: _____

Date of Birth _____ Grade _____ School (Check one) Harmar _____ Phillips _____ Putnam _____ Washington _____ Middle School _____ High School _____

2nd Student's LEGAL Name: _____

Date of Birth _____ Grade _____ School (Check one) Harmar _____ Phillips _____ Putnam _____ Washington _____ Middle School _____ High School _____

3rd Student's LEGAL Name: _____

Date of Birth _____ Grade _____ School (Check One) Harmar _____ Phillips _____ Putnam _____ Washington _____ Middle School _____ High School _____

4th Student's LEGAL Name: _____

Date of Birth _____ Grade _____ School (Check One) Harmar _____ Phillips _____ Putnam _____ Washington _____ Middle School _____ High School _____

Primary Household (This is the address where the students above reside.)

Physical Address _____
NUMBER STREET APT/LOT

CITY STATE ZIP

Mailing Address (if different) _____
NUMBER STREET APT/LOT

CITY STATE ZIP

Home Phone _____ unlisted? Yes ___ No ___ Years at this address _____

Parent or Guardian 1 (This is the primary parent/guardian for the students listed above.) (Residential parent)

Name _____

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

___ Parent/Guardian ___ Legal Guardian (by court) ___ Stepparent ___ Foster Parent ___ Other (specify) _____

Parent or Guardian 2 (This is either the second parent/guardian or a step-parent living in the household.)

Name _____

Employer _____ Work Phone _____

Cell Phone _____ Email Address _____

___ Parent/Guardian ___ Legal Guardian (by court) ___ Stepparent ___ Foster Parent ___ Other (specify) _____

Secondary Household *(This will generally be a parent who does NOT live in the Primary Household with students.)*

Physical Address _____

NUMBER

STREET

APT/LOT

CITY

STATE

ZIP

Mailing Address _____

(if different)

NUMBER

STREET

APT/LOT

CITY

STATE

ZIP

Home Phone _____

unlisted? Yes ___ No ___

Years at this address _____

Parent or Guardian 3

Name _____

FIRST

MIDDLE

LAST

Employer _____

Work Phone _____

Cell Phone _____

Email Address _____

Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

Parent or Guardian 4 *(This will generally be the individual living with a parent in a Secondary Household)*

Name _____

FIRST

MIDDLE

LAST

Employer _____

Work Phone _____

Cell Phone _____

Email Address _____

Parent/Guardian Legal Guardian (by court) Stepparent Foster Parent Other (specify) _____

NEXT – Please complete a Student Registration Form for each child

STUDENT REGISTRATION

Student information will be filled out for each child entering Marietta City Schools for both new students and transfers

Demographic Information

Student's Legal Name _____

FIRST MIDDLE LAST

Address _____

Home Phone _____ Cell Phone _____

Birth date ___/___/___ Birthplace City _____ Entry date to USA (if not born in USA) _____

Social Security # _____ Sex Male Female

Building _____ Grade _____

Race Ethnicity: Is the student Hispanic/Latino Yes No

Please check one or more that apply: White American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander

Relation to Parent/Guardian *(please circle appropriate situation) (refers back to primary household – see page 1):*

Parent/Guardian #1	Legal Guardian (by court)	Stepparent	Foster Parent	Other (specify) _____
Parent/Guardian #2	Legal Guardian (by court)	Stepparent	Foster Parent	Other (specify) _____
Parent/Guardian #3	Legal Guardian (by court)	Stepparent	Foster Parent	Other (specify) _____
Parent/Guardian #4	Legal Guardian (by court)	Stepparent	Foster Parent	Other (specify) _____

Last School Attended *(Out of District Transfers Only)*

Has the student attended in Ohio before? Y N Marietta City School District? Y N

Previous District _____ Previous School _____ Withdrawal Date _____

Physical Address _____

NUMBER STREET APT/LOT)

CITY STATE ZIP School Phone Number _____

School Safety

Marietta City Schools requires that a parent or guardian of a child who has been adjudicated guilty or previously expelled for homicide, assault, or violation of State law or school regulations relating to weapons, alcohol or drugs notify a new school of that fact by a sworn statement given to the school at the time of registration. In compliance with this requirement, please check any of the following that apply to this student:

- adjudicated guilty
- expelled from school (If applicable, please list the name of the school: _____)
- disciplined for a violation of state law or school regulation relating to weapons, alcohol, or drugs

The facts are as follows: _____

Transportation

Will this student ride a bus? Yes No

If YES: both ways only TO school only FROM school Bus Number (if known) _____

If a car rider, who will pick the student up? _____

The following individuals (other than parents) may check the student out of school or pick up the student on early dismissal days:

District Services Survey (The following will help determine if you are eligible for additional services.)

Employment Survey

During the last three years, were any of these moves made with the intent to find temporary or seasonal work in farming/agricultural work?

Yes No

Check all that apply:

- Working on a farm
- Working in a plant nursery/greenhouse
- Picking fruits or vegetables
- Tree growing or harvesting
- Working in tobacco
- Other, explain _____

Student Residency Survey

Do your children live with friends or family members in a home in which their parents/guardians don't live? Yes No

Do your children live with more than one family in a house or apartment? Yes No

Do your children live in a motel, car, or campsite? Yes No

Do your children live in a shelter? Yes No

Home Language Survey

Country of Origin _____ Language most frequently spoken at home _____

First language this child began to speak _____

Primary language spoken to your children _____

How long has your son or daughter attended school in the United States _____

Participation in Programs

Does this child have an ETR/MFE Y N

Does this child have an IEP Y N

If yes, please circle category:

- Specific Learning Disability
- Speech/Language Impairment
- Multiple Disabilities
- Orthopedic Impairment
- Deaf-Blindness
- Deafness
- Developmentally Handicapped
- Traumatic Brain Injury
- Emotional Disturbance
- Cognitive Disability
- Visual Impairment
- Autism

Circle any services your child received at previous school: Reading Center Talented and Gifted 504 Plan Free/Reduced Meal

Individual Testing/Special Help (explain) _____

What brings you to Marietta? _____

Parent/Legal Guardian Signature _____

Date _____

FOR OFFICE USE ONLY: Student # _____ Birth Certificate Immunizations Social Security Card Records Release Records Requested