



Marietta PreK Program

_____ Application of Intent
_____ (Date)
_____ Final Registration
_____ (Date)



(Please Print Clearly)

SECTION 1: Student Information

Student's Legal Name _____ Gender: M F
(First Middle Last Suffix)
SSN _____ Date of Birth _____ Place of Birth _____ Grade _____

As parent/legal guardian, I am not able/willing at this time to provide a Social Security number because:

- I need help obtaining an SSN
- I need help replacing a lost SSN
- I am awaiting a replacement SSN and will provide it when it arrives
- I forgot to bring the SSN and will provide within 30 days
- I choose not to provide the SSN (SSN Waiver must be completed)

Home Address _____ Apt. # _____
City _____ Zip _____

Primary Phone Number _____ Text Number: _____
(This can be landline or cell, but a number where automated messages/attendance calls can be left.)

Previous Daycare Center attended? Yes No

Name of Daycare: _____ City _____ State _____ Zip _____

Is student transferring from another GA PK? Yes No

Name of GA PK _____ Last Date in attendance _____

Country of Birth _____ Date first entered U.S. School, if born outside U.S. _____

Child born as a: Single birth Twin Triplet Quadruplet

SECTION 2: Special Programs

Does your child have a disability or special needs? Yes No If "yes", please give diagnosis, date, and source(s): _____

Does your child have an Individualized Education Plan? Yes No If "yes", please submit a copy of the IEP.

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

If your child does not have health insurance, is your child eligible for Medicaid? Yes No

Physician's Name _____ Physician's Phone Number: _____

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):

- | | |
|--|---|
| <input type="checkbox"/> Agriculture; planting/picking tomatoes, squash, peppers, etc. | <input type="checkbox"/> Processing/Packing agricultural products |
| <input type="checkbox"/> Planting, growing, or cutting trees (pulpwood) | <input type="checkbox"/> Dairy, Poultry, or Livestock |
| <input type="checkbox"/> Meatpacking / Poultry / Seafood | <input type="checkbox"/> 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 _____ Landline Phone _____
(First Middle Last)

Employer _____ Cell Phone _____

Preferred Email Address _____ Work Phone _____

Active member of military: Yes No OR Member of Military Reserves: Yes No

Primary Household Parent/Guardian 2:

Name _____ Landline Phone _____
(First Middle Last)

Employer _____ Cell Phone _____

Preferred Email Address _____ Work 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)**SECTION 10: Emergency Contacts**

The following people have permission to pick up my child(ren) from school without further contact from me and in the event of an emergency when the Parent/Guardian cannot be reached. (If registering more than one student and the emergency contacts differ, please see Registrar).

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

SECTION 11: Parent/Guardian Signature

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class. If my child is placed in the Georgia Prekindergarten Program, I agree that my child will attend the program for 6.5 hours each day, 5 days a week for the entire school year. I understand that failure to comply with these attendance requirements could result in withdrawal from the program. I understand that I cannot register my child without appropriate age documentation. I have submitted a copy of the appropriate age documentation to Marietta City Schools.

Signature (Parent/Guardian) _____

Date: _____

FOR OFFICE USE ONLY

Date Enrolled: _____

Student ID: _____

Class Assignment: _____

Enrollment Documents Received:

_____ Birth Certificate

_____ Form 3231

_____ Form 3300

_____ Social Security Card/Waiver

