



Marietta
city schools
A Georgia Charter System

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 Marietta City Schools before? 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)

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

<p>Enrollment Documents Received:</p> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Immunization Form 3231 <input type="checkbox"/> Hearing, Dental, Vision, Nutrition Form 3300 <input type="checkbox"/> Social Security Card <input type="checkbox"/> SSN Card/Waiver <input type="checkbox"/> Parent ID <input type="checkbox"/> Discipline Record <input type="checkbox"/> Custody Documentation <input type="checkbox"/> Report Card <input type="checkbox"/> Withdrawal Form <input type="checkbox"/> Court Documentation of Guardianship <input type="checkbox"/> Grandparent Power of Attorney <input type="checkbox"/> Non-Parental Affidavit	<p>Residency Proof: All items must have same address and show enrolling parent's name:</p> <input type="checkbox"/> Lease or Mortgage Statement <input type="checkbox"/> Utility Bill <p>Affidavit of Residence:</p> <input type="checkbox"/> Owner Lease or Mortgage Statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Parent Proof of Address Date Due _____ <input type="checkbox"/> Student Residency Statement <input type="checkbox"/> Parent is MCS Employee <input type="checkbox"/> Tuition Student	<p>Conditional Enrollment:</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, until _____ <p>Transportation:</p> <input type="checkbox"/> Bus — Route # _____ <input type="checkbox"/> Walker <input type="checkbox"/> Car Rider <input type="checkbox"/> Day Care Bus <input type="checkbox"/> After-School Program <input type="checkbox"/> Boy's & Girl's Club <p>Previous MCS Student?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes Location _____ <p>Date Cum File Requested _____</p> <p>Transcript/Records Request Date _____</p> <p>Transcript/Records Received Date _____</p> <p>Verified 9th Grade Cohort _____</p>
<p>Aspen Information -- Does Student Household already exist?</p> <input type="checkbox"/> Yes (Enroll your new student only) <input type="checkbox"/> No—Enroll student and enter household information: Parents, Address, Contacts	<p>Occupational Survey (Section 6): Did parent answer "yes" to first question?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, Parent must complete Parent Occupational Survey, and send to Director of State/Federal Programs	

SECTION 11: Parent/Guardian Certifications

Please read and initial the following:

- _____ I am authorized to enroll the student, and I understand that I must give permission for anyone else to withdraw a student, except in circumstances permitted by State authority or by court order.
- _____ The address listed on this form is the physical location where the student actually resides.
- _____ I have provided the school with the required TWO Proofs of Residency to show evidence of my residency in the city of Marietta.
- _____ Residency Notice: To be enrolled in Marietta City Schools, students must reside full-time within the city limits of Marietta with their natural parent(s), legal guardian(s), or legal custodian(s). Students and their parent(s)/guardian(s)/custodian(s) must remain full-time City of Marietta residents for the entire period of enrollment in Marietta City Schools. For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in the City of Marietta, and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the City of Marietta, but does not reside in the City of Marietta, is not considered a resident for the purpose of this policy. (Exception: students who pay tuition or are the child of a school system employee)
- _____ I have provided the student's Georgia Certificate of Immunization (Form 3231). I have also provided the Hearing, Dental, Vision, and Nutrition Form 3300, required by the state of Georgia, a copy of the birth certificate, and social security card or waiver. For students enrolling from out of state, immunization records must be provided; however, a 30-day grace period is granted to submit Form #3231 and Form #3300.
- _____ This student is NOT currently suspended, expelled, or assigned to an alternative education program by any school or school system. Additionally, the student is NOT currently subject to a disciplinary order from any school or school system that requires suspension, expulsion, or assignment to an alternative education program.
- _____ I understand that this student's enrollment is contingent, pending receipt of all disciplinary records from any prior schools.
- _____ I understand that if this student is being provisionally enrolled in ____ grade without all required documentation, this student is being provided educational services based solely on the information I provide. I understand that changes may be made to the services being provided once records are received from previous schools and have been reviewed by appropriate school personnel. This may include, but is not limited to, grade placement, class placement, teacher(s) assigned, type of instructional setting, and any other changes that the school administration deems necessary.
- _____ I have received a copy of the Marietta City Schools' Parent Information Guide for the current school year. I understand that it is my responsibility to review this handbook with my student, including the code of conduct, attendance policy, and student dress code. After reviewing, I understand that I am required to return the Receipt of Parent Information Guide to the school.
- _____ False information may result in the loss of a student's athletic eligibility for one calendar year.
- _____ I understand that it is my responsibility as the Parent/Legal Guardian to immediately inform the school district of any changes in the information provided on this form, including, but not limited to, phone numbers, change in custody, etc.
- _____ I understand that a student admitted under false information is illegally enrolled and will be dismissed or reassigned from Marietta City Schools upon discovery. I also understand that a person who knowingly and willfully...makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement of entry, in any matter...shall upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both (OCGA 16-10-20).

SECTION 12: Parent/Guardian Signature

My relationship to the student is:

- | | |
|--|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Person having lawful Court Order (copy required) |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other (Non-Parental Affidavit required) |
| <input type="checkbox"/> Legal Guardian (documentation needed) | <input type="checkbox"/> Self/Student (must be 18 years or older) |

I hereby certify that I am either a full-time resident of the City of Marietta, pay tuition, or am an employee of Marietta City Schools and affirm that all the information contained in this form is true and accurate to the best of my knowledge.

Printed Name _____ Date _____

Signature _____

Communications Preference: _____ Electronically Email Address: _____
 _____ U.S. Postal Service