

**2012-2013 MARION SCHOOL DISTRICT ENROLLMENT FORM**  
**MARION MIDDLE SCHOOL – Grades 6-7**

**WARNING: Any person who knowingly gives a false residential address for the purpose of public school enrollment is guilty of a misdemeanor and subject to a fine not to exceed \$1000. (A.C.A. 6-18-202) The Marion School District will prosecute those who present false addresses.**

**GENERAL STUDENT INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M or F Curriculum: \_\_\_\_\_

<b>Ethnicity (check one):</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Primary Race (check only one):</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	<b>Additional Race (check all that apply):</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White
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**Primary Language spoken in home:**

English \_\_\_\_\_ Spanish \_\_\_\_\_  
 Other \_\_\_\_\_

**Primary Method of Transportation**

Bus  Parent/Guardian (includes walkers, child care vans, etc.)  Drives Self  District Paid Transportation

• My child will ride the bus to school in the morning from: \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_

Bus # to School: \_\_\_\_\_ Distance/Miles One Way: \_\_\_\_\_

• My child will ride the bus from school in the afternoon to: \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_

Bus # from School: \_\_\_\_\_ Distance/Miles One Way: \_\_\_\_\_

Birth Certificate #: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Birth Country: \_\_\_\_\_ State of Birth: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Pre-School Participation: (check one)**

A – ARKANSAS BETTER CHANCE  
 E – EVEN START  
 EC – EARLY CHILDHOOD

**Name of Preschool your child attended:**

H – HEADSTART  
 NA – NOT APPLICABLE  
 C – 21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTER

O – OTHER  
 P – PRIVATE PRE-SCHOOL  
 PS – PUBLIC SCHOOL PRE-SCHOOL

**PARENT/GUARDIAN INFORMATION**

**Living With: (check one)**

<input type="checkbox"/> A – ALONE	<input type="checkbox"/> F – FATHER ONLY	<input type="checkbox"/> I – INSTITUTION	<input type="checkbox"/> P – BOTH PARENTS
<input type="checkbox"/> D – FATHER & STEPMOTHER	<input type="checkbox"/> G – GRANDPARENTS	<input type="checkbox"/> L – LEGAL GUARDIAN	<input type="checkbox"/> S – SPOUSE
<input type="checkbox"/> E – MOTHER & STEPFATHER	<input type="checkbox"/> H – HOMELESS	<input type="checkbox"/> M – MOTHER ONLY	<input type="checkbox"/> T – FOSTER PARENT

Parent/Guardian Name: \_\_\_\_\_

**Parent/Guardian Address Information:**

**MAILING ADDRESS**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Workplace 1: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent/Guardian E-mail Address1: \_\_\_\_\_

Parent/Guardian E-mail Address2: \_\_\_\_\_

**911 ADDRESS**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian Workplace 2: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Emergency Contact Information:**

Contact 1 Name: \_\_\_\_\_ Contact 2 Name: \_\_\_\_\_

Contact 1 Phone: \_\_\_\_\_ Contact 2 Phone: \_\_\_\_\_

Contact 3 Name: \_\_\_\_\_ Contact 4 Name: \_\_\_\_\_

Contact 3 Phone: \_\_\_\_\_ Contact 4 Phone: \_\_\_\_\_

Has this child been expelled from school in any other school district or is the child a party to an expulsion proceeding:  Yes  No

- Has this child been involved in a divorce in any way?  Yes  No  
 \*\*If yes, we must have certified copies of the most current court order (with judges signature) in our school files.
- Are custody procedures now in progress?  Yes  No  
 \*\*If yes, we must have a copy of the current temporary orders and a certified copy of the final custody papers when custody is determined by the court.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**GENERAL MEDICAL INFORMATION**

Preferred Doctor: \_\_\_\_\_ Doctor's Phone# \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_ Medicaid # \_\_\_\_\_  
Health Insurance Co. \_\_\_\_\_ Group# \_\_\_\_\_ ID# \_\_\_\_\_

Does your child have one or more of the following disabilities? (please check any that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Autism              | <input type="checkbox"/> Down Syndrome    | <input type="checkbox"/> Mental Retardation |
| <input type="checkbox"/> Crutches            | <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Visually Impaired  |
| <input type="checkbox"/> Deaf                | <input type="checkbox"/> Implant – Head   | <input type="checkbox"/> Wheelchair         |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Implant – Spine  | <input type="checkbox"/> Other _____        |

**Medical History:** Does your child have now or ever had any of the following: (please check any that apply)

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> * Allergies  | <input type="checkbox"/> Eye Problems   | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Fainting       | <input type="checkbox"/> Seizures            |
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Headaches      | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Heart Problems |  |

\*Please identify any allergies or chronic illnesses. \_\_\_\_\_

There is a physician's care plan on file with the school for the condition listed above. \_\_\_\_\_Yes \_\_\_\_\_No

Please list any other medical concern for this child: \_\_\_\_\_

**Medications that your child takes regularly:**

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**NOTE: If your child will take medicine at school, you must complete a medication administration release form in the office. All medications must be administered through the office.**

**ADDITIONAL INFORMATION**

Names and ages of brothers and sisters in the home:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PARENT PERMISSIONS**

**Authorization for Medical Treatment:**

If parent, guardian, or person designated cannot be reached, Marion School District has authority to give consent for emergency medical treatment. The school district is in no way financially responsible for medical treatment. Parent's or guardian's signature indicates permission for the school nurse or principal of the school to follow the directions above. Permission is also given for any child to take acetaminophen (Tylenol) in case of fever, headache, etc. Tylenol will only be given if the child's temp is 101 degrees and parent cannot be reached.

**Field Trip Permission:**

I give my permission for my child to go on any field trip related to school activities. I hereby waive and release the school from any and all possible claims for injury to person or property which might arise in connection with my child's participation in these activities.

My child is in good physical condition and has had no serious illness or operation since his/her last health examination. I will notify my child's teacher of any health condition that might need to be monitored on any field trip.

**Permission to use name/picture:**

I give permission for my child's name and/or picture (either as an individual or as part of a group) to appear in articles relating to school in school newsletters, on the school website, and/or in area newspapers.

**Authorization to pick up child from school:**

The following people have permission to pick up my child from school. I will call or write a note if one of these persons will pick up my child, or if there is any change in the usual way he/she goes home from school. I understand that only the people listed below will be allowed to pick up my child.

Name	Relationship to Child (if any)	Phone#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date