

NEED TO APPLY ANNUALLY

Today's Date _____ Date moved to the following address _____

Student's full legal name _____
(first name) (middle name) (last name)

Date of Birth _____ Grade level for the 2020-2021 school year _____

Birth City: _____ County of Residence _____

Parent/Guardian Name(s): _____

Address _____

City _____ State _____ Zip _____ Phone _____

Present School District of Legal Residence: _____

District / Building of Current Enrollment: _____

Building Requested: **Grant Middle School** **Harding High School**

For elementary students, grades K-5, number in order of preference (1, 2, etc.):

Garfield Elementary **George Washington Elementary** **Harrison Elementary**

Hayes Elementary **McKinley Elementary** **Taft Elementary**

Has the student been suspended or expelled for ten (10) consecutive days or more at any time during the current school year? Yes / No, if yes, please explain _____

Is student currently enrolled in: Special Education Program - Disability Condition _____,

(Please Note: Special Education Students must be handled on an individual basis.)

Tutorial Programs, Reading Recovery, Reading Improvement Plan, Gifted, Advanced Placement, College Prep, College Credit Plus, Vocational, Other _____

Application forms must be completed by parents/guardians and submitted to the Marion City Schools Student Enrollment Center located at 100 Executive Drive, Marion, OH 43302, no earlier than April 1, 2020 and no later than 2 weeks (September 1, 2020) after the school year has started, during normal business hours. Applications will be considered on a first come, first serve basis determined by the date and time received by the Student Enrollment Center. Inter-district open enrollment applications will not be accepted after the September 1, 2020 deadline.

By signing below, I acknowledge the responsibility to transport my student to the requested school or to a designated drop-off/pick-up location.

Parent/Guardian Signature _____ Date _____

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(For Office Use Only)		<input type="checkbox"/> SWD	<input type="checkbox"/> SLC	<input type="checkbox"/> B
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Parent/Guardian Notified	<input type="checkbox"/> G	<input type="checkbox"/> GC
			<input type="checkbox"/> MV	
Approver: _____		Date: _____		