

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 _____

Parent/Guardian Name(s): _____

Address _____

City _____ State _____ Zip _____ Phone _____

Current Building of Attendance _____

Building Requested - 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

Application forms must be completed by parent(s)/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 June 1, 2020, 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. Intra-district open enrollment applications will not be accepted after the June 1, 2020 deadline. The following priority criteria will be used to determine the status of the application:

- Priority I Students officially living in the school attendance (residence) area.
- Priority II Students previously accepted intra-district transfer to the school.
- Priority III Students involuntarily transferred to the school the previous year.
- Priority IV New intra-district transfer requests from school district employees.
- Priority V Intra-district transfer requests.

Please note that Priority II for KG students will be siblings of Priority II above (name / grade level):

1. _____ / _____ 2. _____ / _____
3. _____ / _____ 4. _____ / _____

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 _____

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