

NEED TO APPLY ANNUALLY

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

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

Date of Birth _____ Grade level for the 2021-2022 school year _____

Parent/Guardian Name(s): _____

Address _____

City _____ State _____ Zip _____ Phone _____

Parent/Guardian Email Address _____

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, 2021 and no later than June 1, 2021, during normal business hours. Applications can also be emailed to enrollment@mcspresidents.org between April 1st & June 1st. 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, 2021 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)		New <input type="checkbox"/>	Renew <input type="checkbox"/>
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied / Reason _____		
Superintendent: _____	Date: _____	MV <input type="checkbox"/>	