

2015-2016 Marion School District Enrollment Form

Teacher: _____ **Marion High** AM Bus #: _____ PM Bus #: _____

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.

STUDENT INFORMATION

Has this student been enrolled in Marion School District previously? Yes No Student's Grade _____

Student's First Name _____ Middle Name _____ Last Name _____

Age: _____ Gender: Male Female Birth date: _____

Social Security #: _____

Child lives with:

Father & Stepmother Institution
 Mother & Stepfather Legal Guardian
 Father only Mother Only
 Grandparents Both Parents

Is this child an immigrant? Yes No

Is this child Hispanic or Latino? Yes No

Primary Race (Check only one): _____ Secondary Race: _____

A-Asian

B-Black

P-Hawaiian/Pacific Islander

I-Native American/Alaskan Native

W-White

Primary language spoken in the home: _____ Is either parent actively serving in a branch of the U.S. Armed Forces Yes No

English

Spanish

Other; please specify: _____

Which branch? _____

Twin: Yes No

Is there internet access in this home? Yes No

ADDRESS AND PHONE

Physical Address:

Apartment #: _____ House #: _____ Street Name: _____

City: _____ State: _____ Zip Code: _____

Will this student be a morning bus rider? Yes No Will this student be an afternoon bus rider? Yes No

Mailing Address: Same as Physical Address? Yes No If no, please complete the following:

Apartment #: _____ House #: _____ Street Name: _____

City: _____ State: _____ Zip Code: _____

LAST SCHOOL ATTENDED

Last school attended: _____

School's address: _____ City: _____ State: _____ Zip Code _____

Phone: _____ Fax: _____

At the last school attended, did your child receive any of the following services?

Speech 504 LEP GT Special Education

Parents and Guardians: Only contacts living with the student should be entered here.

Parent/Guardian 1

Relationship to student: _____

First Name: _____ Middle Name: _____ Last Name: _____

Language of correspondence (and spoken in the home): English Spanish Other; please specify _____

Parent/Guardian 1's Email Address: _____

Phone #: _____ - _____ - _____ (This is the default School Messenger #) Is this phone listed? Yes No

Place of Employment: _____ Work Phone #: _____ - _____ - _____

Parent/Guardian 2

Relationship to student: _____

First Name: _____ Middle Name: _____ Last Name: _____

Language of correspondence (and spoken in the home): English Spanish Other; please specify _____

Parent/Guardian 2's Email Address: _____

Phone #: _____ - _____ - _____ Is this phone listed? Yes No

Place of Employment: _____ Work Phone #: _____ - _____ - _____

Emergency Contact Information (Other than Parents/Guardians)

1. Name: _____ Relationship to student: _____

Phone #: _____ - _____ - _____ Ext: _____ Is this phone listed? Yes No

2. Name: _____ Relationship to student: _____

Phone #: _____ - _____ - _____ Ext: _____ Is this phone listed? Yes No

Marion School District
Marion, Arkansas
Drug Screen Policy for Students
General Authorization Form RDS

I understand that the reputation of my school and that of my performance as a participant in an activity or as a one who will park a vehicle in the school's parking lot, are dependent, in part, on my conduct as an individual. I have read and understand the contents of the Marion School District Chemical Screen Policy. I hereby agree to accept and abide by the policies, standards, rules and regulations set forth by Marion School Board and the sponsors for the activity in which I participate.

I also authorize Marion School District to conduct a urinalysis screen to test for the presence of chemicals in my body. I also authorize Marion School District to conduct random tests during the school year. I authorize the release of information concerning the results of such a test to Marion School District and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

Student name (Printed)

Student Signature

Date

Parent/Guardian Signature

Date