



MARION SCHOOL DISTRICT

REGISTRATION PACKET GRADES 1 - 12

2018-2019



Note: All forms can be picked up at the central office or at any of our campuses.



Marion School District
Grades 1- 12
Registration Requirements

- ❖ Documentation of student's date of birth (proof of age) - including one of the following
 - Copy of birth certificate
 - Passport showing student's date of birth
 - United States military identification showing student's date of birth
 - Previous school records showing student's date of birth
 - Statement by local registrar or a county recorder certifying the child's date of birth
 - An attested baptismal certificate

- ❖ Copy of child's social security card

- ❖ Official, up to date, shot record - immunization information is included in packet.

- ❖ Proof of enrollment at previous school
 - School records
 - Withdrawal documents
 - Last report card received
 - Records release form - signed by parent/guardian (form included in packet)
 - Out of state students (9th-12th graders): official/unofficial transcript required

- ❖ Proof of residence in the Marion School District:
The only acceptable forms for proof of residence are listed below and must have parent/guardian name and address on it.
 - House payment/mortgage coupon
 - Rent Receipt
 - Utility Bill with the name of parent or guardian, address and current date
 - Marion Water Bill (both sections or account history must be included)

PARENTS: If you do not have proof of residency documentation for registration, but believe your child is eligible to attend one of the Marion Schools, please fill out a Notice to Proceed with Enrollment (form included in packet).

- ❖ Other items required by Marion School District:
 - MSD Enrollment form (included in packet)
 - MSD Medical Form (included in packet)

*If you have questions, please call MSD Central Office at 870-739-5100.



REQUIRED IMMUNIZATIONS FOR ENTERING OUR SCHOOL

KINDERGARTEN AND FIRST GRADE

➤ 4 DPT - one shot must be after 4th birthday (Diphtheria, Pertussis, Tetanus)
➤ 3 Polio - one shot must be after 4th birthday
➤ 2 MMR - first shot must be on or after first birthday (Measles, Mumps, and Rubella)
➤ 3 HepB
➤ 2 Varicella (Chicken Pox) - Kindergarten & 1st grade - a note from MD, ANP accepted if had disease. Note from parent not accepted if child has had disease.
➤ Kindergarten - EPSTD (Physical) (Early Periodic Screening Diagnosis and Treatment)
➤ Kindergarten & 1st Grade - 1 Dose Hepatitis A

Students will not be allowed to attend school unless they can document appropriate immunizations or are in the process of completing the minimum requirements. “In process” means the child has received at least one dose of the required immunizations and are waiting the minimum time interval to receive the additional doses.

When a student who is in the process of completing the required doses is admitted, the student will be given thirty (30) days to comply with these regulations. A written statement from a public health nurse (IMM-25) or private physician stating that the child is in process and contains a date when he/she must return for the next immunization should be in the student’s file.

If a student does not produce documentation of additional immunizations per the schedule, they must be excluded from school until documentation is provided. The immunization series does not need to be restarted as each dose of vaccine counts toward the minimum requirements.

Ark. Code Ann. §20-7-109, Ark. Code Ann. § 6-18-702,
Ark. Code Ann. §§ 6-60-501 - 504, Ark. Code Ann. § 20-78-206.

Marion School District
Notice to Proceed with Enrollment/Residency Verification
(Please Circle One)

Student's Name _____ Grade _____ School _____

Student's Name _____ Grade _____ School _____

Student's Name _____ Grade _____ School _____

Parent: _____

Address: _____

City: _____

Telephone Number: _____ Cell: _____

Notes:

Principal's Signature

Date

11/4/13

Notice to Proceed with Enrollment form is filled out by a parent/guardian when the student(s) is living with someone who resides in the Marion School District. A home visit by the attendance officer at the new address given IS REQUIRED to verify adequate proof of actual residency. Only after these verifications are satisfied, shall the attendance officer personally issue the "Notice to Proceed with enrollment" form to the principal or enrollment designee at the appropriate school(s). Any enrollment subsequent to this process may be considered temporary. An updated verification call or conference could be expected prior to allowing continued enrollment in an ensuing semester. The school board directs the superintendent to pursue prosecution of adults who in the interview/ verification process have provided fraudulent information to the attendance officer.

MARION SCHOOL DISTRICT

Phone: (870) 739-5100

K12 Enrollment Form

Fax: (870) 739-5156

GENERAL STUDENT INFORMATION

FIRST NAME:	MIDDLE NAME:	LAST NAME:
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Birthdate: _____

Gender: Female Male

Nickname: _____

Grade: _____

SSN (Optional): _____

Hispanic/Latino Ethnicity: Yes No

RACE Please answer the following in accordance with standards issued by the US Department of Education.

PRIMARY RACE (Please select only **ONE**).

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)

Asian (A person having origins in any of the original peoples of Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

White (A person having origins in any of the original peoples of Europe, Middle East or North Africa)

ADDITIONAL RACES (check all that apply):

____ American Indian/Alaska Native ____ Asian ____ Black
____ Native Hawaiian/Other Pacific Islander ____ White

Language Spoken At Home: _____ Student Email Address: _____

Student Physical/911 Address

Student Mailing Address

Address: _____ City: _____ State: _____ Zip Code: _____	<input type="checkbox"/> Mailing Address is same as Physical/911 Address Address: _____ City: _____ State: _____ Zip Code: _____
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Student Home Phone: _____ Student Cell Phone: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1

Parent/Guardian 2

Name: _____ Relationship to Student: _____ Language of Correspondence: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Email: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ *Alert Phone: _____ *Alert Phone is used by the district's automated phone message system. Employer: _____ <input type="checkbox"/> Student Primarily Resides with this Guardian.	Name: _____ Relationship to Student: _____ Language of Correspondence: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Email: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ *Alert Phone: _____ *Alert Phone is used by the district's automated phone message system. Employer: _____ <input type="checkbox"/> Student Primarily Resides with this Guardian.
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OFFICE USE ONLY

Entry Date: _____	Meal ST: _____	ESL: _____	IMMG: _____	Residency: _____
Entry Code: _____	M/V Act: _____	SP: _____	GT: _____	Choice LEA: _____
Curriculum: _____	504: _____	MIG: _____	Homeroom: _____	P/T ADM %: _____

Marion School District

K12 Enrollment Form

City of Birth: _____ State of Birth: _____ Birth Country: _____

TRAVEL INFORMATION

<p style="text-align: center;">Travel To School (Please check one)</p> <p><input type="checkbox"/> Bus (Bus Number _____)</p> <p><input type="checkbox"/> Drives Self</p> <p><input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)</p> <p><input type="checkbox"/> District Paid Transportation</p> <p style="text-align: center;">Distance From Home to School (Miles) One Way: _____</p>	<p style="text-align: center;">Travel From School (Please check one)</p> <p><input type="checkbox"/> Bus (Bus Number _____)</p> <p><input type="checkbox"/> Drives Self</p> <p><input type="checkbox"/> Parent/Guardian (includes walkers, child care vans, etc.)</p> <p><input type="checkbox"/> District Paid Transportation</p>
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Pre-School Participation:

A - ARKANSAS BETTER CHANCE	H - HEADSTART	O - OTHER
E - EVEN START	NA - NOT APPLICABLE	P - PRIVATE PRE-SCHOOL
EC - EARLY CHILDHOOD	C - 21st CENTURY COMMUNITY LEARNING CENTER	PS - PUBLIC SCHOOL PRE-SCHOOL

Resident County: _____

Is this child a dependent of an active or reserve member of a branch of the United States Armed Services? Yes No

If this child resides in a household with an active or reserve member of a branch of the United States Armed Services, please select the branch below.

<input type="checkbox"/> Active Duty – US Army	<input type="checkbox"/> Active Duty – US Air Force	<input type="checkbox"/> Active Duty – US Navy	<input type="checkbox"/> Active Duty – US Marines
<input type="checkbox"/> Active Duty – US Coast Guard	<input type="checkbox"/> Reserves – US Army	<input type="checkbox"/> Reserves – US Air Force	<input type="checkbox"/> Reserves – US Navy
<input type="checkbox"/> Reserves – US Marines	<input type="checkbox"/> National Guard – US Army	<input type="checkbox"/> National Guard – US Air Force	<input type="checkbox"/> Parents serve in multiple branches

Is this student a twin (or a triplet, quadruplet, etc.)? Yes No

ADDITIONAL CONTACT INFORMATION

Additional Guardian Contact

Name: _____	Email: _____
Relationship to Student: _____	Home Phone: _____ Cell Phone: _____
Language of Correspondence: _____	Work Phone: _____ *Alert Phone: _____
Mailing Address: _____	*Alert Phone is used by the district's automated phone message system.
City: _____	Employer: _____
State: _____ Zip Code: _____	<input type="checkbox"/> Student Primarily Resides with this Guardian.

Emergency Information

Emergency Contact Information (Contacts Other Than Guardians to be Called in Case of an Emergency)

Contact Order	Name	Relationship to Child	Phone #	Phone Type (ex: Home, Cell, Work)
1				
2				
3				
4				
5				

Physician: _____ Physician: _____

Physician Phone: _____ Physician Phone: _____

Please list any medical concerns and/or medications for this child: _____

Last School Attended: _____ Phone #: _____

Address: _____

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 retained? Yes No

Has this child met the requirements of the Arkansas State Health laws necessary to enter school? Yes No

Please list the names of anyone who IS ALLOWED to check out/pick up this child from school: _____

Parent/Guardian Signature

Date

MARION SCHOOL DISTRICT MEDICAL FORM

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

Student's Grade _____ Age _____ Gender: _____ Male _____ Female Date of Birth: _____

Parent/Guardian Name _____ Phone _____

GENERAL MEDICAL INFORMATION

Allergies: (Circle type of reaction) *life threatening implies respiratory distress or need of emergency care

- Foods/Nuts _____ Life Threatening* Severe Mild
- Insects _____ Life Threatening* Severe Mild
- Medications _____ Life Threatening* Severe Mild
- Other _____ Life Threatening* Severe Mild
- My child has an epinephrine pen for the above allergy

** Physician order required yearly for cafeteria substitutions due to food allergies.

Eyes: Wears Glasses: Y or N Wears Contacts: Y or N If yes, date of last eye doctor appointment? _____

Ears: History of ear infections: Y or N Had Tubes: Y or No Age: _____ Has Tubes now: Y or N

Does your child have now or ever had any of the following?	Currently has	Has had in the past	Taking medication for condition? If yes, list medication
Asthma			
Seizures			
Diabetes			
High Blood Pressure			
Migraines			
ADD/ADHD			
Heart Problems (specify): _____			
Psychiatric Problems (specify): _____			
Other (specify): _____			

Does your child have one or more of the following disabilities?	YES	NO
Autism		
Down Syndrome		
Intellectually Disabled		
Crutches/Braces		
Wheelchair		
Deaf/Hearing Impaired		
Blind/Visually Impaired		
Implant-head		
Implant- spine		
Impaired swallowing		
Bowel/Bladder disorder		
Other (specify): _____		

Will your child need medication at school? _____ If yes, list medication(s) _____

NOTE: If your child will take medicine at school, you must complete a medication administration release form from the nurse. All medication must be administered through the nurse and/or front office. Medication must be brought to the nurse by a parent/guardian.

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. Permission is also given for any child to take acetaminophen (Tylenol) in event of fever of 103 degrees or above when a parent cannot be reached.

Parent/Guardian Signature _____ **Date** _____