

**Marion Charter School  
2019-2020  
Application**

**Last Name :** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Birth Date:** \_\_\_/\_\_\_/\_\_\_ **AGE:** \_\_\_ **Grade for 2019-2020** \_\_\_ **Gender :** \_\_\_ Female \_\_\_ Male

Must be 5 yrs old before Sept 1, 2019 to start Kindergarten

**Residence Address:** \_\_\_\_\_ **Apt./Bldg** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Language Survey:**

**PRIMARY Language spoken by STUDENT** \_\_\_ English \_\_\_ Spanish \_\_\_ Vietnamese \_\_\_ Korean \_\_\_ other

**PRIMARY Language Spoken at home by Parent** \_\_\_ English \_\_\_ Spanish \_\_\_ Vietnamese \_\_\_ Korean \_\_\_ other

**Parent Contact:**

**Legal Custody** \_\_\_ Yes \_\_\_ No **Lives with Student** \_\_\_ Yes \_\_\_ No **Pick up** \_\_\_ Yes \_\_\_ No

**Relation to Student:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Legal First Name:** \_\_\_\_\_

**Mailing address (if different):** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent Contact:**

**Legal Custody** \_\_\_ Yes \_\_\_ No **Lives with Student** \_\_\_ Yes \_\_\_ No **Pick up** \_\_\_ Yes \_\_\_ No

**Relation to Student:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Legal First Name:** \_\_\_\_\_

**Mailing address (if different):** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Custody Alerts:**

List any special custody problems. (attach any restraining order or similar judicial pleading that prohibits parental access. If a court-adopted parenting plan is in effect, attach a copy)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Children:**

Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle \_\_\_\_\_ Grade \_\_\_\_\_

Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle \_\_\_\_\_ Grade \_\_\_\_\_

Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle \_\_\_\_\_ Grade \_\_\_\_\_

**School History: Include VPK /Pre K /Daycare**

Last School Attended \_\_\_\_\_ County \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**Additional Student Information:**

Have you ever attended a Marion Co Public School? (Including PreK and Kdg) Yes \_\_\_\_ No \_\_\_\_

If so, Where: \_\_\_\_\_

Is the Student currently enrolled or ever been enrolled in a Special Education program? (including Speech, Language, OT/PT) If yes, please list all prior / current programs and/or services ***AND please include the most recent plan.***

\_\_\_\_\_

Does the student have a Section 504 Plan, \_\_\_\_ If yes, *Please include the most recent plan*

Has the student ever been retained? If yes, list grade level(s)

\_\_\_\_\_

Has the student ever been expelled from another school district? If yes, Please explain,

\_\_\_\_\_

\_\_\_\_\_

**Special Health Problems and/or needs requiring medical assistance at school:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE:**