

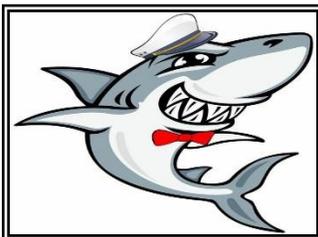
# Marion Charter School

39 Cedar Road, Ocala, FL 34472

352-687-2100

Fax 352-687-2700

<https://www.Marioncharter.org>



2026-2027  
MCS Application

Email Applications to  
[Sandra.Wagner@marion.k12.fl.us](mailto:Sandra.Wagner@marion.k12.fl.us)

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

Birth Date: \_\_\_\_\_ AGE \_\_\_\_\_ Grade for 2026-2027 \_\_\_\_\_

Gender:  Female  Male

Must be 5 yrs old before Sept 1, 2026 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: \_\_\_\_\_

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

**School History: Please Circle One: Include VPK /Pre K /Daycare/Florida Virtual/Homeschool Program**

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:**

Date Received: \_\_\_\_\_

Records Requested: \_\_\_\_\_