

Marion County Schools Pre-K Application

School Year 2023-2024

MONTEAGLE
ELEMENTARY



Today's Date _____

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

Date of Birth: _____ City of Birth: _____ County of Birth: _____ State of Birth: _____ Country: _____

Student's Gender: Male Female Grade: PreK Mother's Maiden Name: _____

Student's Race (circle all that apply): White Black/African-American Asian Pacific Islander American Indian

Student's Ethnicity (circle one): Not Hispanic Hispanic

Student's Address: _____
Street Apt. #

City _____ Zip _____

Mailing address if different: _____

List Other Children (and age) in the Family:

Where does the child stay at night:	
_____	Home/Apartment owned/rented by the parent/guardian
_____	With a relative or friend
_____	In a shelter
_____	In a motel
_____	In an automobile
_____	Other
_____	In housing that is inadequate (no electricity, running water)

PARENT OR GUARDIAN INFORMATION: (If any phone number or address listed changes, please contact us immediately)

Relationship: _____
(Father, Mother, Guardian, Foster, etc.)

Does this student live with you? Yes No

Do you have custody? Yes No

Name: _____

Address: _____

Home: _____ Cell: _____

Work: _____ Email _____

Employer: _____

Relationship: _____
(Father, Mother, Guardian, Foster, etc.)

Does this student live with you? Yes No

Do you have custody? Yes No

Name: _____

Address: _____

Home: _____ Cell: _____

Work: _____ Email _____

Employer: _____

Emergency Contact 1 _____ Relationship _____ Phone _____

(Other than Parent) 2 _____ Relationship _____ Phone _____

Head of Household Education Level: Less than high school graduate High School Graduate (includes GED)

Some college, associate degree Bachelor's degree or higher

Does the parent presently serve in the: Full-Time Active Duty Military Part-Time National Guard Military Part-Time Reserve Military

of people in the household: _____

Does your child receive books from the imagination library? Yes No

What is the first language your child learned to speak? _____

What language does your child speak most often when home? _____

- Child receives special education services
- Child is in state custody or foster care
- Child attended Early Head Start or Head start
- Child/Family receives food stamps (EBT)
- Child is homeless or migrant

- Child has a history of abuse/neglect
- Child has a military parent who is missing in action, killed in action, or a prisoner of war
- Other at/risk factors: _____
- Has child ever attended Marion County Schools?

Does the student have an IEP? Yes No Special Services Received: Speech OT

Parent/Guardian Signature: _____

COMPLETE BOTH SIDES

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For parent(s), please check box if you are an Out-Of-Workforce Individual

Father:(Check all that applies)Contact Allowed Mailings Allowed Enrolling Parent Released ToDeceased
Education Rights Financial Resp.

Mother:(Check all that applies)Contact Allowed Mailing Allowed Enrolling Parent Released To Deceased
Education Rights Financial Resp.

Parent Information: If there is a custody issue concerning your child, a current certified legal document, regarding custody or restrictions, must be on file in the main office at this school.

LEGAL ALERT:YES NO The following person(s) ARE NOT LEGALLY ALLOWED to sign out my child from school at any time: UP TO DATE **CERTIFIED LEGAL COURT** documents must be on file at school.

Name _____ Name _____

TRANSPORTATION:(Check all that applies) AM Bus # _____ PM Bus # _____ Car Rider _____ Walker _____
If school is dismissed early: My child must call the following phone number _____ before early dismissal.
My child does not need to call before early dismissal.

Indicate how your child should get home: (Check one)

I will pick up my child My child is to ride Bus # _____ (1st or 2nd load) to: _____

My child is to ride the bus home as usual. My child is to ride home with _____

MEDICAL INFORMATION

In case of emergency, if contact cannot be made with numbers listed, school authorities will take the child to the doctor or call an ambulance.

FAMILY DOCTOR: _____ PHONE: _____ - _____ - _____

Name of Desired Hospital _____

Does your child have any serious health conditions? NO YES (If yes, indicate) _____

My student has the following health condition(s) that may require special care during school hours. Explain condition and note if medication is required from home or required during school hours as prescribed by doctor. Examples of Medical conditions include, but are not limited to: (Asthma, Diabetes, Food Allergy, ADD/ADHD, Etc.)

MEDICAL CONDITION(S): _____

MEDICATION REQUIRED AT SCHOOL: YES NO

The information provided above is true and accurate to the best of my knowledge. It is my responsibility to notify the school if my child's medical condition changes and/or if he/she has developed any medical conditions that may require attention during school hours.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Our policy states that no person shall be refused admission into or be excluded from any public school in this state on account of race, creed, color, sex, or national origin. All Title 1 parents have the right to request the qualifications or their child's teacher(s) and paraprofessional(s) working with them. Title 1 schools must notify parents of any child taught by a core academic teacher that is not highly qualified for more than four consecutive weeks.