

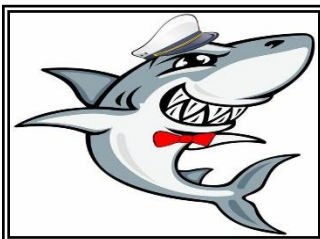
Marion Charter School

39 Cedar Road, Ocala, FL 34472

352-687-2100

Fax 352-687-2700

<https://www.Marioncharter.org>



2024-2025
MCS Application

Email Applications to
Sandra.Wagner@marion.k12.fl.us

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

Birth Date: _____ AGE _____ Grade for 2024-2025 _____

Gender: Female Male

Must be 5 yrs old before Sept 1, 2024 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 _____
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: