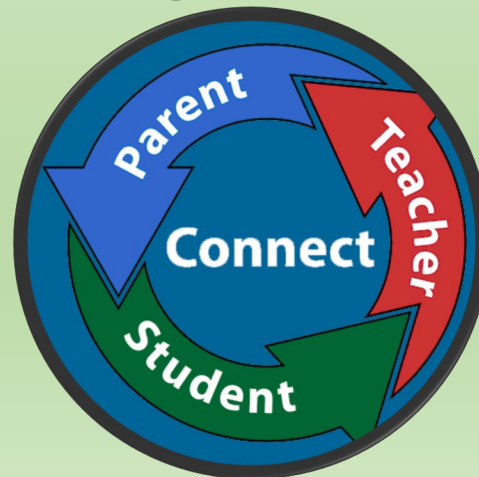


# Mayfield City Schools

## Existing Parents/Students

### Annual Update OLR



School year \_\_\_\_\_

- NEW STUDENT
- Changes
- No Changes

**MAYFIELD CITY SCHOOLS MEDICAL AUTHORIZATION FOR  
IN-SCHOOL EMERGENCIES AND EMERGENCY SHELTERING IN PLACE**

**Purpose: 1)** To enable parents and guardians to provide necessary information and to authorize the provision of emergency treatment for a student who becomes ill or is injured while under school authority, and **2)** to provide necessary information needed for school personnel to care for a student in the event of sheltering in place during a disaster.

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Student Name**  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Family E-mail \_\_\_\_\_

**PARENT(S) OR GUARDIAN WITH WHOM STUDENT LIVES**

Name / Relationship to Student \_\_\_\_\_ Name / Relationship to Student \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Daytime (\_\_\_\_) \_\_\_\_\_ Daytime (\_\_\_\_) \_\_\_\_\_

**NON-RESIDENTIAL PARENT**

Name/Relationship to Student \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Is there a court order which limits/prohibits non-custodial parent contact?** Yes No  
*If yes is circled, parent must contact the office and provide legal documentation.*

**Transportation:** Bus # to school \_\_\_\_\_ Bus # from school \_\_\_\_\_ Walk \_\_\_\_\_

• If your child does not go home after school, please list where the child goes on what days with phone numbers.

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ M T W T H F  
Days

**Note: Requests to change normal transportation (i.e. go home with friend) must be made in writing.**

List the person(s) who will care for your child in case of emergency or if parent cannot be reached.  
List contacts in the order in which you prefer them to be called.

1. Name/Relationship to Student \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
2. Name/Relationship to Student \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
3. Name/Relationship to Student \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please include the name of an older sibling who is authorized to pick up student in the event of a disaster.

Name/Relationship to Student \_\_\_\_\_ Grade \_\_\_\_\_

**Mayfield High School Students Only:** Signing below will allow your high school student to sign out on his or her own without waiting for an authorized adult or the bus only in the event of a disaster.

My Child \_\_\_\_\_ has permission to sign out through the attendance office in the event of a disaster.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION ON REVERSE SIDE  
MUST BE COMPLETED**



*If you do not have access to a computer or a scanner (needed to upload required Immunization records), Mayfield City Schools has provided a KIOSK with computer and scanner located at the Board of Education on SOM Center Rd.*

***Please call Registration at 440-995-7243 to make an appointment to use the KIOSK.***





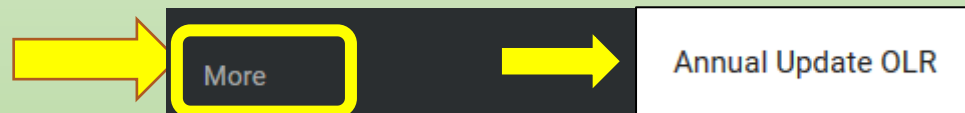
If you need assistance with your Portal username and password, please email:  
[ichelp@mayfieldschools.org](mailto:ichelp@mayfieldschools.org)

For help with the registration itself, contact Registration  
@ 440-995-7243 ([rbell@mayfieldschools.org](mailto:rbell@mayfieldschools.org))

Log in to Infinite Campus  
**Parent/Student Portal**  
[www.mayfieldschools.org](http://www.mayfieldschools.org)



Once logged onto the Parent Portal,  
click on **MORE**, then click  
**“Annual Update OLR”**



← More | Online Registration

NAME	STATUS	ACTION
22-23 New Student Registration		<a href="#">Start</a>
22-23 Existing Student Registration	NOT STARTED	<a href="#">Start</a>

For Annual Update, select EXISTING Student Registration and click START

← Online Registration | Existing Student Registration

This editor is to update data for students that are currently enrolled in the District. You may add new students that are registering for the select year later in the process, or click below for New Student Registration.

STUDENT NAME	GRADE	INCLUDED IN NEW APP?	REASON IF NOT INCLUDED	ONLINE REGISTRATION SUBMITTED?
Student Demo	01	yes	Included	no

[Click here to Begin Registration](#)

**View students names.** Updates can only be made for the students with 'YES' in the "included in new App?". The student must be a member of this particular household and you must have legal guardianship. If the "Reason for not included" seems incorrect, please contact Registration @ 440-995-7243.

If a student belongs to two separate households (in case of shared parenting), whichever legal guardian begins the annual update first will only be the one to see the student listed and able to complete the application.



Application Number 266

Welcome **First Name Last Name** Please type in your first and last name in the box below.

By typing your name into the box below you attest that you are the person authenticated into this application or an authorized user of this account, and the data you are entering/verifying is accurate and true to the best of your knowledge.



Clear

Submit



Write down the Application Number for any future reference.  
Type in your first and last name.  
Sign your name (drag mouse) on the line.

Click **SUBMIT**

## Please read instructions – then click BEGIN



Welcome to the Infinite Campus, **Mayfield City Schools Online Registration.**

**EXISTING FAMILIES with current students in the Mayfield City Schools** - If you already have an existing student in the Mayfield City Schools and are registering a new student, you must log on to the Infinite Campus Parent Portal and click on "Annual Update OLR". Confirm the information in the system and when you get to the STUDENT tab, click ADD NEW STUDENT.

Required documents to be scanned and uploaded for a new student to an existing family include:

- Original Birth Certificate
- Student Immunization Record
- Medical/Medication information if applicable
- Release of Records form if student is coming from a previous school
- Any legal guardian documentation if applicable

Click **BEGIN** to start the application process. After you enter a few details, you can click Save/Continue and come back to your application at another time by clicking on the link in your original email.

BEGIN



\* Indicates a required field

▼ Student(s) Primary Household

Parent/Guardian

Emergency Contact

Student

Completed

▼ Home phone

Home Phone

(440 )111 -1111 \*

Contact Preferences

	Emergency	Attendance	Behavior	General	Teacher
Voice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Description of Contact Preferences

**Emergency** - Marking this checkbox will use this method of contact for emergency messages

**Attendance** - Marking this checkbox will use this method of contact for attendance messages, such as those sent by the Attendance Dialer Wizard.

**Behavior** - Marking this checkbox will use this method of contact for behavior messages, such as those sent by the Behavior Messenger Wizard.

**General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

**Teacher** - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

Next ▶

▼ Household Status

\*What is your current status within the Mayfield District?

- I am **NEW** to the district and live **WITHIN** the Mayfield Schools boundaries.
- I am already an **EXISTING** parent, or my student has been accepted into **Excel TECC or CEVEC**

Be sure to select "I am already an **EXISTING** parent"



# Information that is already in our system will load – please be patient as this may take a few seconds.

Each section must be done **in order** and is not possible to move to the next panel without using the Previous and Next buttons. Please be careful of spelling, capitalization and punctuation.

Click the **EDIT/REVIEW** to access the information for each person listed. If highlighted in yellow, you will not be able to proceed until you select Edit/Review and complete this section.

The screenshot shows the 'Infinite Campus Online Registration' interface. At the top, there is a progress bar with five steps: 'Household' (checked), 'Parent/Guardian' (selected), 'Emergency Contact', 'Other Household(non-enrolled children)', 'Student', and 'Completed'. Below the progress bar, a table titled 'Parent/Guardian' is displayed. The table has columns for 'First Name', 'Last Name', 'Gender', 'Completed', and 'Record Type'. One row is highlighted in yellow, indicating missing information: 'Chris', 'Parent', 'M', 'Completed' (empty), and 'Existing'. An orange arrow points to the 'Edit/Review' button next to this row.

First Name	Last Name	Gender	Completed	Record Type	
Chris	Parent	M		Existing	Edit/Review

Please list all primary Parent/Guardian's in this area. **If there are custody papers involving shared parenting and legal rights to school information, BOTH parents MUST be listed here. Please provide proper contact and housing information for each guardian.**

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

Add New Parent/Guardian

Back

Save/Continue

Parent/Guardian Name:

Demographics

Only the **Residential Legal Guardian** may register the child. Please complete/review the following information.

First Name  \*  
 Middle Name  \*  
 Last Name  \*  
 Suffix  \*  
 Birth Date  \*  
 Gender  \*

Enter Name \*

**Are there any legal/custody documents pertaining to a student listed in this application?** If there is a legal document designating another person, other than the birth mother, as a legal guardian with rights to educational information, their name must be listed under the Parent/Guardian tab (this includes non-custodial parents, grandparents, etc).

**YES** - There are court papers regarding custody/guardianship of one or more students listed in this application. \*\* You MUST provide a copy of any custody/shared parenting educational privileges regarding a student in this application to Pupil Services ASAP via:

1. In person at the Board of Education Bldg;
2. Email to: [rbell@mayfieldschools.org](mailto:rbell@mayfieldschools.org); OR
3. Fax to 440-995-7205

**Please note: If we do not receive proper custody documentation within one week of this application being submitted, your new student(s) will not be enrolled or current student(s) will be withdrawn from Mayfield City Schools.**

**NO** - There are no legal documents pertaining to custody/guardianship for any students in this application. **OR, the school already has it on file.**

Please check this box **ONLY IF THE PERSON LISTED ABOVE currently lives at the address listed below.**

Home Address

I will not provide an address for this parent.

Please use the address editor below to enter your address. You will see the formatted postal address below in the viewer. Once your address appears as it should on U.S. Postal Mail "Save".  
 Please do not enter the entire address into the street name field.  
**Example:** If you live at 1234 East Sesame Street, 1234 should be entered into the Street Number field, E should be entered into the first N,S,E,W field, Sesame should be entered in Name Only field, and St should be entered in the St,Ave,Bldv,etc. field.

Number  \*    Prefix (North/South/East/West)     Street  \*    Tag (Enter St, Rd, Dr, etc HERE)     Direction (North/South/East/West)     Apartment   
 City  \*    State  \*    Zip  \*    Ext.     County

Clear Address Fields

Click on your address if it appears in box

Phone Number ( ) - -

Next ▶

**Please note:** if there are court documents related to this parent and a student in this application, it is **required** for Mayfield City Schools to have a copy.

- Hand Deliver to the Board of Education / Pupil Services
- Email to: [rbell@mayfieldschools.org](mailto:rbell@mayfieldschools.org)
- Fax to: 440-995-7205

If this specific parent/guardian does NOT live at this address, **UNCHECK** the box and enter the information for their household in the next section.

\* Indicates a required field



▼ Contact Information

At least one Phone Number is required.\*

Enter the contact information and how you'd prefer to receive the different types of messages we will send you.

Cell Phone \*

Work Phone

Email \*

Secondary Email

	Contact Preferences					
	Emergency	Attendance	Behavior	General	Food Service	Teacher
Voice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(SMS)Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Voice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(SMS)Text	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



**Make sure to check the boxes for phone and email contact preferences.**

Description of Contact Preferences

**Emergency** - Marking this checkbox will use this method of contact for emergency messages

**Attendance** - Marking this checkbox will use this method of contact for attendance messages, such as those sent by the Attendance Dialer Wizard.

**Behavior** - Marking this checkbox will use this method of contact for behavior messages, such as those sent by the Behavior Messenger Wizard.

**General** - Marking this checkbox will use this method of contact for general school messages, such as those sent by the school or district.

**Teacher** - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

Next >

▼ Military Impact Aid

Is either parent/guardian an **active** member in the Armed Forces, National Guard or Reserves?

Federal Impact Aid (FIA) Section 8003 Grant Information.

- YES**, this individual is a member of the Armed Forces or National Guard.
- NO**, this individual is not a member of the Armed Forces or National Guard.

< Previous

Cancel Save/Continue

2 Emergency Contacts are required!

\* Indicates a required field



### Emergency Contact

First Name	Last Name	Gender	Completed	Record Type	Remove Existing Contact	
Jean	<input type="text"/>	F	✓	New		<a href="#">Edit/Review</a>
Ruth	<input type="text"/>	F	✓	New		<a href="#">Edit/Review</a>

**Please enter at least two VALID names and phone numbers in the event we are unable to reach you in an emergency involving your student(s).**

**THIS CANNOT BE THE PARENT/GUARDIAN LISTED IN THE PREVIOUS TAB, OR A BOGUS ENTRY! Parents will always be called first in an emergency, HOWEVER, if we are unable to reach you, these contacts will be called in the sequence that you set in this application.**

IN AN EMERGENCY, Proper identification will be required before a student is released to emergency contacts.

**EC Name in Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

✓ - Indicates that person is completed.

[Add New Emergency Contact](#)

[Back](#)

[Save/Continue](#)

This must be someone OTHER than the parent/guardian listed on the previous tab

Household
  Parent/Guardian
  Emergency Contact

Other Household(non-enrolled children)
  Student
  Completed

### Student

First Name	Last Name	Gender	Completed	Record Type	
Vance		M		Existing	<input type="button" value="Edit/Review"/>
Jason		M		Existing	<input type="button" value="Edit/Review"/>
Sarah		F	<input checked="" type="checkbox"/>	Existing	<input type="button" value="Edit/Review"/>

Description of Add Student

**Yellow** - Indicates that person is missing required information. Select the highlighted row to continue.

- Indicates that person is completed.

Only add a new student if they are a member of your household + you are the legal or temporary guardian, and if they are **not** currently registered at Mayfield.

If the student's name is highlighted in yellow, click **EDIT/REVIEW** to complete the required information. You cannot submit application until a green checkmark is in the Completed column.

**Demographics**

**Demographics**

Student information must be done in order and completed for each student. Please enter or verify all information and correct if necessary.

**Please enter the student's name exactly as it appears on the birth certificate.**

If your student has two last names, please enter both in the box marked "last name". Enter both names without a dash in between.

Legal First Name:  \*  
 Legal Middle Name:  \*  
 Legal Last Name:  \*  
 Suffix:  \*  
 Nickname:

Gender:  \*  
 Birth Date:  \*  
 Birth COUNTRY:  \*  
 Birth CITY:  \*

Enrollment Grade:  \*  
**\*\*FOR OFFICE USE ONLY\*\***

▶ Birth Certificate Requirement

Select NO – if the school has this student's Birth Certificate already on file, or if you are an existing Excel TECC or CEVEC student.

▼ Birth Certificate Requirement

\*Please choose from the following options: If this is a NEW Mayfield Resident student, click YES below.

If this is an EXISTING student or a New Excel TECC or CEVEC student, select NO below.

- YES - I this is a **NEW Mayfield Resident student**
- NO - This is an **EXISTING student** or an **Excel TECC or CEVEC student**

▶ Housing

Read the question carefully. If they have a regular fixed nighttime residence, click NO.

▼ Housing

Is the student's current address a **temporary living arrangement due to loss of housing or economic hardship?**

- Yes, this student **DOES NOT** have a fixed, regular, and adequate nighttime residence.
- No, this student **HAS** a fixed, regular, and adequate nighttime residence.

\*If yes, please select the option that best represents the student's current housing situation.

- Shared Housing
- Motel, hotel, trailer park, or camp ground due to lack of alternative accommodation
- In emergency or transitional shelter
- Awaiting foster care placement
- Primary nighttime residence is not ordinarily used as a regular sleeping accommodation
- Living in car, park, public space, abandoned building, substandard housing, bus or train station

▼ Relationships - Parent/Guardians

**At least one person must be checked as Guardian.** If there is a legal document designating another person, other than the birth mother, as a legal guardian with rights to educational information, their name must be listed under the Parent/Guardian tab (this includes non-custodial, grandparents, etc). If you have not done so, please go back to the Parent/Guardian tab in this application and add any legal guardian information. **Mayfield City Schools MUST have a copy of the most current legal custody document if applicable!\***

Name	Relationship*	Guardian	Mailing	Portal	Messenger	Secondary Household	Contact Sequence*	OR	No Relationship
Parent1	Father	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		1		<input type="checkbox"/>
Parent2	Mother	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		2		<input type="checkbox"/>

If these are not checked, that person will not receive important school information through mailings, email or phone.

Description of Contact Preferences

- Guardian** - Marking this checkbox will flag this person as legal guardian to the student.
- Mailing** - Marking this checkbox will flag this person to receive mailings for the student.
- Portal** - Marking this checkbox will flag this person as a portal account, and this person will be able to view student information within the portal for this student.
- Messenger** - Marking this checkbox will flag this person to receive messages from the District's messenger system.
- Secondary Household** - Marking this checkbox will indicate that the student has a secondary household membership with this person.
- Contact Sequence** - Adding a sequence number on contacts will prompt district staff to contact these persons in the order that you specify. Parent/Guardians should start with a sequence of 1.
- No Relationship** - Marking this checkbox will indicate that this person does not share a relationship to the student. By checking this checkbox you are indicating that this person no longer has a relationship to the student. The relationship will be ended if one exists.

Child Resides With:  \*

Birth Parents Status:  \*

▼ Health Services - Emergency Information

Primary Care Provider

Primary Care Phone (  )  -

Dentist Name

Dentist Phone (  )  -

Preferred Hospital

It is REQUIRED for preschool students to enter this information!

\* I grant permission for my child to be transferred to the hospital listed or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

\* **I refuse to grant consent.** I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action, or take action as written below:

Enter any specifics here if you refuse consent

Please be prepared to provide documentation directly to the school nurse regarding any and all health conditions/concerns and medications. You will be required to provide immunization documentation at your registration appointment.



▶ Health Services - Immunizations

▼ Health Services - Immunizations

\*According to the Ohio Department of Health, it is required for us to have the most recent immunization record on file for ALL Mayfield resident students within TWO weeks after the first day of attendance for the student. If the school does not have this required health document, please select NO and upload the record or deliver to the school ASAP.

\* All 7th graders must have 1 Meningitis and 1Tdap shot by August 26th.

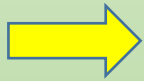
\* All 12th graders must have 2 Meningitis shots by August 26th.

If you are registering for an Excel TECC or CEVEC student, an immunization record is not required. (select Yes)

Please answer below accordingly.

- Yes - Mayfield Schools has the most recent immunization record on file - OR - **Does not apply to Excel TECC or Cevec students.**
- No - Mayfield Schools does **NOT** have the most recent immunization record on file. (Upload required for all New Mayfield District Resident students on next screen)

▶ Excel TECC student



If this is a High School student and they have been accepted into the Excel TECC program or to CEVEC, click **YES – Accepted...**

▼ Non-Mayfield Student (Excel TECC or CEVEC Student)

\*Has this student been accepted into the HIGH SCHOOL Excel TECC Program?

- Yes - Accepted into the Excel TECC program
- No - NOT an Excel TECC student

\*Has this student been accepted into the CEVEC Program?

- Yes - Accepted into the CEVEC Program
- No - Not a CEVEC student

▼ Release Agreements

**Media\***

- Yes - I grant permission for my child to participate in any public or school media publication.
- No - I do not grant permission for my child to participate in any public or school media publication.

**Student Code of Conduct**

I am aware that all school handbooks containing the Student Code of Conduct are located on the district website at [Mayfield Schools Student Handbooks\\*](#)

- \* I have read and reviewed the code of conduct with my student.

**Technology**

As a parent or legal guardian, I grant permission for my child to access networked computer services according to District Policy [7540.3](#), which states the rules for communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.\*

- Permission granted
- Permission denied

**Student Email Accounts** For Grades 3-12

As a parent or legal guardian, I understand my child will have access to a Mayfield City Schools provided Google Apps for Education Account. I have reviewed the Google Account information, available on the district website at [Mayfield Schools Google Account Information](#). I understand that my student will have the ability to collaborate with their teachers and peers via their Google Apps for Education account and while doing so my student will be in compliance with District Policy 7540.03.

***In order to deny permission for a student Google Apps for Education account, you will be required to complete a formal written request in the main office of your student's school.***

***If you deny your student permission, or at anytime their account has been revoked or suspended, your student will still be responsible for completing the assigned material via an alternative format as provided by the teacher.***

- \* I acknowledge this Google Apps for Education Policy of the Mayfield City Schools

**Field Trips**

My child has permission to participate in after school activities and/or school experiences outside the school building and grounds such as field trips. I understand that I will be informed in advance of the dates, times, and locations of any planned activity or field experience and that I may be required to complete permission forms for individual activities/trips during the school year.\*

- Permission granted
- Permission denied

*Please note: Students who participate in after school activities must be under the direct supervision of a Mayfield City Schools employee. Students are not permitted to remain at school after dismissal without supervision.*

I certify my signature authenticates that the information provided in this document and registration packet is true and no information has been withheld, concealed, or misrepresented for the purpose of circumventing the school attendance laws of the State of Ohio in order to enroll the above named student in the Mayfield City School District.

Please sign on the line below\*

All Release Agreements must be granted or denied. Please note, if you deny permission for a Student Google Apps for Education Account, it is required to complete a formal written request from the school office.

# Completed Information

- Verify all information is correct! (Spelling, phone numbers, etc)
- An Application Summary is available to download
- Once all information is correct and completed, click **SUBMIT**
- You will receive an email notification that your application was received.
- For changes to the Parent/Guardian or Student information during the school year, log on to the Parent Portal and make the necessary adjustments. Changes will not be visible until approved by Registration.

You must submit your application by clicking the following button.

Submit

PLEASE NOTE: Prior to submitting your application you may verify all of the data you have entered by going back to the area in question or click on the PDF link below. Your information is not submitted until you click the submit button above. You will receive an email notification that your application was received after clicking "Submit Application". Please allow 5-7 business days for a response.

Back

[Application Summary PDF](#)



**The Annual Update is required to be completed  
by the 1<sup>st</sup> day of school each year**

If you need to update any information during the school year, login to the Parent Portal and click on your student, then click on either demographics, household or family members to make any changes. The changes will not show until they are approved by Registration.



Your child's safety is of our utmost concern.  
Updating this information on a regular basis will ensure that we are able to contact you in the most efficient and timely manner if ever needed.

We appreciate your time and prompt attention to this important piece of your students' education at Mayfield City Schools.

**Contact ICHelp @ 440-995-6784 for assistance**