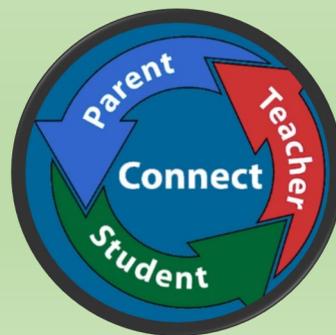


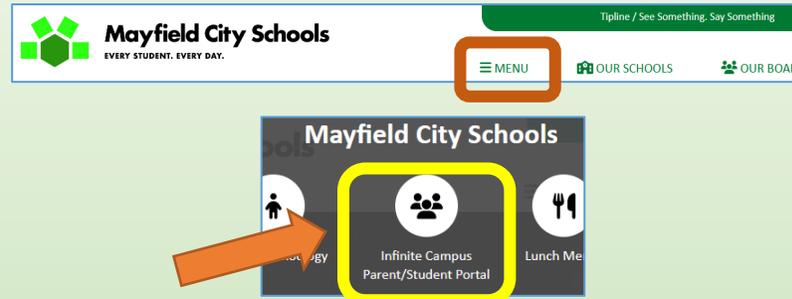
Mayfield City Schools Existing Parents/Students Annual Update OLR

Annual Student Information Update - REQUIRED TO BE COMPLETED BY A RESIDENTIAL LEGAL GUARDIAN

This applies to **ALL** families, even if you recently enrolled a new student for the upcoming school year during the spring open enrollment for preschool and kindergarten.



Access the Parent Portal from our website:
www.mayfieldschools.org > MENU > Infinite Campus Parent/Student Portal
[Infinite Campus Parent Portal Login](#)



Please do NOT use your handheld device for completing the Annual Update.

If you need assistance with your Portal username and password, please email:
ichelp@mayfieldschools.org

For help with the registration itself, contact our Registrar @ 440-995-7243
rbell@mayfieldschools.org

Once logged into the Parent Portal,
click on **MORE**, then click
“Annual Update/Registration”



A diagram showing a yellow arrow pointing to a dark grey button labeled 'More'. A second yellow arrow points from the 'More' button to a white button labeled 'Annual Update / Registration'.

< More | Online Registration

Complete ANNUAL UPDATE for current school year here. This must be completed before the first day of school. Schedule and Grade information will not be accessible until this is submitted and approved. If you need to enroll a new student, you are able to do so within the Annual Update by clicking on "Add New Student" in the student tab.

NAME	STATUS	ACTION
24-25 ANNUAL UPDATE	REQUIRED	Start

Select **START** for the 24-25 Annual Update (or if you have started already, click **‘Continue’** to finish)

**** PLEASE NOTE: Certain restrictions to see schedules, grades, attend field trips and other school activities will not be accessible or permitted until this is completed. ****

Verify students are included in app and
“Click here to begin the Annual Update and/or add a new student”

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 be marked as a legal guardian. 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), only the primary Mayfield residential parent will be able to complete the Annual Update. The Non-Household parent can only update their own information.

- Write down the Application Number for any future reference.
- Type in your first and last name as it appears.
- Sign your name (drag mouse) on the line.
- Click **SUBMIT**





Application Number 30079

Welcome **Parent 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.

Please sign your name on the line below using your mouse/ cursor. Then click **SUBMIT**.



- Read instructions, then click **BEGIN**





Application Number 29914

This application is for EXISTING FAMILIES with current students in the Mayfield City Schools completing the required Annual Update with option to add a NEW student

ONLY THE LEGAL RESIDENTIAL Guardian can complete this application!

Please review and update all information that is currently in our system. When you get to the STUDENT TAB, review/edit each existing student, then if you are registering a new student, click 'ADD NEW STUDENT' and provide the necessary information and items for a new student registration.

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

Note: The district will receive the data exactly as it is entered. Please be careful of spelling, capitalization and punctuation. If you need assistance, please call Registrar, Rachel Bell at 440-995-7243, or email rbell@mayfieldschools.org.

We highly recommend this be done on a computer/laptop and not a handheld device.

Click **BEGIN** below to start the process. Be sure to click **SAVE AND CONTINUE** before leaving the application. You may return to the application from your parent portal > MORE > Annual Update > click Start for the 'In Progress' application.



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**, **Next** or **Save/Continue** buttons. Review and update information at each prompt.

Please be careful of spelling, capitalization and punctuation.

STUDENT(S) PRIMARY HOUSEHOLD:

* This is the legal Mayfield residential address for students in this application *

- Click the **Primary Household** tab to begin
- Verify Primary **phone** along with contact preference choices.
- Answer household status (**rent/own**) questions and provide information requested.
- If the address listed is no longer current, check the box and fill in the new address. **For all new addresses** it is **required** to **upload your new mortgage/lease agreement, 2nd proof of residency and your current photo ID.**
- Answer if there is another 'mailing address' used.

Infinite Campus Online Registration for EXISTING FAMILIES

* Indicates a required field

▼ Student(s) Primary Household

▼ Primary phone

Please review or enter your **current Primary Household Phone Number**.
If you use your **cell phone** as your home phone, enter that number here.

Check the appropriate Contact Preferences for this phone number.

	Emergency	Attendance	Behavior	General	Food Service	Teacher
Voice	<input checked="" type="checkbox"/>					
Text	<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.
Food Service - Marking this checkbox will use this method of contact for food service messages
Teacher - Marking this checkbox will use this method of contact for teacher-sent messages, including messages regarding failing grades and missing assignments.

▼ Household Status

* Do you **Rent** or **Own** your place of residence in the Mayfield School District?

We currently **RENT**
 We **OWN** our home

* Do you have a **secondary residence** or own property outside the Mayfield School District?

Yes - we have a secondary residential/property owned address
 No - there is no secondary residential/property owned address

▼ Home Address

The address we currently have in our system is:

Check this box if the home address listed is no longer current.

It is **required** that Mayfield Schools has the most current Lease/Mortgage Agreement. Documents can be uploaded below if any of the following apply within this registration, or email to cbell@mayfieldschools.org ASAR

- **If you have recently moved**, proof of ownership is **required** (mortgage/lease agreement, tax bill or closing document), along with a second proof of residency (utility bill, pay stub or bank statement) with new address.
- **If your lease expires any time within the school year**, an updated lease is **required**, along with a second proof of residency (utility bill, pay stub or bank statement with new address within the last 60 days).
- **If your original photo ID provided to the school** has expired, has a new name or address, please upload current photo ID.

PLEASE NOTE: ALL leases will be verified by the leasing agent. Failure to provide proper documentation may result in your existing student(s) to be withdrawn, or any new student not enrolled until proof of residency is received.

Upload new Mortgage Statement or Lease Agreement here

Upload new 2nd Proof of Residency here

Upload current Photo ID here

▼ Mailing Address

If you have a PO Box (or another mailing address) that you prefer all mailings from Mayfield City Schools be sent to, please uncheck this box and provide the separate mailing address for your household, then click "Save".

The household has no separate Mailing Address

PARENT/GUARDIAN:

- 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.
- DEMOGRAPHICS:** Verify your name, and birthdate and if said parent still lives at the address listed.
- If parent no longer is part of this household, uncheck the box and provide new address for said parent (optional)
- Mayfield Schools must have any parent in the system that has legal rights to school information for a student within this application. **IF we do NOT** currently have a Non-Household parent in Infinite Campus, please **click ADD NEW PARENT.**
- IF we HAVE** the non-household parents information, please **DO NOT ADD THEM** again.

Infinite Campus Online Registration for EXISTING FAMILIES

Mayfield City Schools
Application Number 29914

Indicates a required field

Student(s) Primary Household Parent/Guardian Emergency Contact Student Completed

Parent/Guardian

First Name	Last Name	Gender	Completed	Record Type	
Parent 1		F		Existing	Edit/Review
Parent 2		M		Existing	Edit/Review

Existing parents, click Edit/Review by each name.
To Add a New Parent/Guardian, click the "Add New Parent/Guardian" button below.
Please note below regarding any NON-Household Parent who does not live in the primary residential household but has educational rights to a student's information:
* If we do NOT have the Non-Household parent already in our system, please click ADD NEW PARENT/GUARDIAN and enter their information.
* If information for an existing Non-Household parent needs updated in our system, that parent must login to their OWN parent portal and click on MORE > Family Information. If assistance is needed, please contact Rachel Bell at 440-995-7243.
Yellow - Indicates that person is missing required information. Click the blue Edit/Review by the name to continue.
Green checkmark - Indicates that person is completed.

Parent/Guardian Name:

Demographics

This section is for parents/guardians with legal rights to see student educational information.
If a parent (residential or non-custodial) has legal rights to see student educational information, Mayfield Schools must have their information in Infinite Campus, and the most current legal documentation must be provided if applicable. If they are currently NOT in our system, go back to the Parent/Guardian tab and click ADD NEW PARENT.
Only the legal Mayfield residential parent/guardian may update a current students information or enroll a new student.
Please complete/review the following information.

First Name *

Middle Name

Last Name *

Suffix

Birth Date *

Gender Female *

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

Highland Hts, OH 44143

If Unchecked, please provide address of non-household parent

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 >](#)

PARENT/GUARDIAN (Cont'd):

- **Verify** all contact information and **check Contact Preferences** boxes. Do not forget to check the boxes for your email.
- Please only enter a secondary email address **if it is different** than your first (primary) email.
- Click **NEXT**
- **Answer Military Impact Aid** question
- Click **Save/Continue**

Infinite Campus Online Registration Application N

* Indicates a required field

Student(s) Primary Household
 Parent/Guardian
 Emergency Contact
 Student
 Completed

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.

		Contact Preferences					
		Emergency	Attendance	Behavior	General	Food Service	Teacher
Cell Phone	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Work Phone	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
		<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Email	<input type="text"/>	<input checked="" type="checkbox"/>					
Secondary Email	<input type="text"/>	<input checked="" 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 

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.



EMERGENCY CONTACT:

- 1 Emergency Contact is **required!** This can be a family member, neighbor, friend, co-worker, etc.
- This must be someone OTHER than the parent/guardian listed on the previous tab.
- If you have listed a parent with legal rights to educational information (ex: non-household parent), please click on Edit/Review and check the box “This person is no longer an Emergency Contact for any students in this family” and make sure we have them entered as a parent/guardian. Emergency contacts do not have any access to school information.

Infinite Campus Online Registration Application /

* Indicates a required field

✓ Student(s) Primary Household → ✓ Parent/Guardian → ▼ Emergency Contact → ✓ Other Household → ✓ Student

Emergency Contact

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

Please enter at least one VALID name and phone number 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. Click the blue [Edit/Review](#) by the name to continue.

✓ - Indicates that person is completed.

The maximum number of Emergency Contacts is 4

[Add New Emergency Contact](#)

[Back](#) [Save/Continue](#)

STUDENT:

- Click **Edit/Review** for each student.
- If the student's name is highlighted in yellow, click **Edit/Review** to complete the required information.
- You cannot submit the application until a green checkmark is in each Completed column.
- Verify all **demographics** information.
- If student is in grades 9-12, please **enter the student's personal email address**.

✓ Student(s) Primary Household → ✓ Parent/Guardian → ✓ Emergency Contact → ▼ Student → ✓ Review →

Student Processing

Student

First Name	Last Name	Gender	School	Completed	Record Type	Linked to Campus Name
Student Name		F	Mayfield High School	✓	Existing	Edit/Review
Student Name		M	Mayfield Middle School	✓	Existing	Edit/Review
Student Name		M	Millridge School		Existing	Edit/Review

Select [Edit/Review](#) to review and answer questions for each existing student.
If you are enrolling a New student, select **ADD NEW STUDENT** button below.

Yellow - Indicates that person is missing required information. Click the blue [Edit/Review](#) by the name to continue.

✓ - Indicates that person is completed.

[Add New Student](#)

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	<input type="text" value="First"/>	*	Gender	Female	*	Enrollment Grade	10	*
Legal Middle Name	<input type="text" value="Middle"/>	*	Birth Date	<input type="text"/>	*	**FOR OFFICE USE ONLY**	<input type="text"/>	*
Legal Last Name	<input type="text" value="Last"/>	*	Birth COUNTRY	<input type="text"/>	*			
Suffix	<input type="text"/>	*	Birth CITY	Mayfield	*			
Nickname	<input type="text"/>							
Student PERSONAL email address	<input type="text"/>	*						

HOUSING:

- Answer if student is experiencing homelessness.

RELATIONSHIPS – PARENT/GUARDIANS

- Complete:
 - Parent **relationships**
 - One parent must be marked **Guardian**
 - Select if parent **legally can receive mailings, portal access and school notifications**. If these boxes are not checked, no communication will be sent to said parent.
 - Enter **contact sequence**
 - If parent no longer has any legal rights to student, check the 'No Relationship' box
 - Enter who the **Child Resides With** & the **Birth Parents Status**

▼ Housing

This student **DOES NOT** have a fixed, regular, and adequate nighttime residence. **Student is experiencing homelessness**

This student **HAS** a fixed, regular, and adequate nighttime residence.

*Please select the option that best represents the student's current temporary housing situation.

Homeless Selections *

▼ Relationships - Parent/Guardians

At least one person must be checked as Guardian.

***If there is legal documentation designating any person with rights to educational information for this student, they must be in our student system as a parent. If we do NOT have their information already in our system, go back to the Parent/Guardian tab and click ADD NEW PARENT. ***

Please indicate relationship to the student, check the appropriate rights for each one, and select the sequence these contacts are to be called in an emergency. *

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

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 provide access to the parent portal to view student information (grades, schedule, attendance, etc.). **If there are shared parenting rights for a person listed above, this box should be checked for them.**

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 no longer has a relationship to the student. The relationship will be ended if one exists.

Child Resides With: *

Birth Parents Status: *

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

LEGAL DOCUMENTATION:

- Answer **YES** or **NO** to any divorce decrees, parenting agreements or custody documents. If parents were never married, the father must be on the birth certificate to receive educational rights.
- Enter the **relationships** of the Emergency contacts and their contact sequence.
- If no longer an emergency contact, check the 'No Relationship' box.
- Verify any other **Household member** and their **relationship**.

Legal Guardianship Documentation

Mayfield City Schools **MUST** have a copy of any divorce decrees, parenting agreements and the most recent custody documents that exist pertaining to this student.

Are there any legal documents as such for this student that the school does not already have?*

- YES** - there **are** legal documents concerning custody or parental access to educational information for this student that the district does **not** already have on file.
 NO - there are **NO** legal documents pertaining to this student, **OR**, the district already has the most recent document(s).

Please upload the most recent legal guardianship document pertaining to this student here

Legal Doc #1

Upload any additional legal guardianship documents pertaining to this student here

Legal Doc #2

Relationships - Emergency Contacts

A minimum of (1) Emergency Contact is required. **Parents/Guardians and Non-Custodial parents should NOT be listed as an Emergency Contact unless they have no rights to see student educational information. If you have entered a parent/guardian as an Emergency Contact, go back to the Emergency Contact tab and change the information to someone other than a parent/guardian. ***

Name	Relationship*	Contact Sequence*	OR	No Relationship
E.C. #1	Friend	3		<input type="checkbox"/>
E.C. #2	Grandmother	4		<input type="checkbox"/>

Description of Contact Preferences

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 **no longer has a relationship to the student**. The relationship will be ended if one exists.

Relationships - Other Household

Name	Relationship*	OR	No Relationship
Name	Sibling		<input type="checkbox"/>
Name	Sibling		<input type="checkbox"/>

Description of Contact Preferences

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.

EMERGENCY MEDICAL AUTHORIZATION:

- Select **Permission Granted** or **Denied** for this student to be treated and/or transferred to the nearest hospital.

HEALTH SERVICES – Medical & Medications:

- Select **No** or **add** any medical or mental health condition.
- Select **No** or **add** any new medications.
- **If existing** condition or medication listed, please **select if it is current or NOT current**.

HEALTH SERVICES:

- Please upload any **new immunization record** here that the school does not currently have.

Emergency Medical Authorization

Please be prepared to provide documentation directly to the school nurse regarding any and all health conditions/concerns and medications - especially any new diagnosis.

In the case of an emergency, and medical treatment is needed for your child while under school authority, and we are unable to reach you after multiple attempts, **do you grant or deny permission for your student to be treated and/or transferred to the hospital most reasonably accessible?**

Permission Granted *

Health Services - Medical or Mental Health Conditions

Does this student have any **medical, mental health condition or other health related information** that the school staff needs to know about?

If Yes, click **Add Condition**, otherwise check the 'No medical or mental health conditions' box.

If a condition is listed, please check if still current or not.

No medical or mental health conditions

OR

Existing Condition*

Other congenital anomalies of heart/congenital heart defect

Condition Status*

This condition is current

This condition is NOT current

Add Condition

Health Services - Medications

Is there any medication information the school staff should be informed about? This includes any type of supplements, vitamins and flouride that your child may be taking.

If YES, click **Add Medication**, otherwise check the 'No medications' box.

If you have medications that are to be given during school hours, please click [here](#) for the appropriate form based on your student's condition. The completed form can be returned to school with your student or faxed to the number on the form for the appropriate school your child attends.

No medications

OR

Add Medication

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.

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

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

* All Preschool students must have a yearly flu shot.

If the school does not have the most recent immunization record on file, please upload current document here.

Current Immunization Record

RELEASE AGREEMENTS:

- 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.
- Sign using your mouse.
- **Select correct date and year** from calendar.
- Click **Save/Continue**
- Click **Save/Continue** again

▼ Release Agreements

Media

Do you give permission for your child to participate in any public or school media publication? This includes the yearbook, website and any programs or publications. By selecting Denied Permission, your child's photo and name will not be in the yearbook or on the website, any programs, or publications.

Permission Granted ▼ *

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 Denied ▼ *

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.

Student Email Accounts For Grades 2-12

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

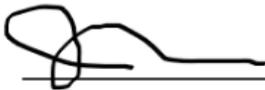
My child has permission to participate in after school activities and/or school experiences outside the school building and grounds such as field trips. I understand that I will be informed in advance of the dates, times, and locations of any planned activity or field experience and that I may be required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

Permission Granted ▼ *

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*



A handwritten signature in black ink is written over a horizontal line. The signature is cursive and appears to be 'John Doe'.

Clear

Enter Date Application Completed 05/16/2024  *

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.

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 1st 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 MORE > 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
Or email ichelp@mayfieldschools.org