


Change of Address

The process of notifying Mount Vernon City Schools of Change of Address is now done through the OneView Parent Portal. Please follow these guidelines.

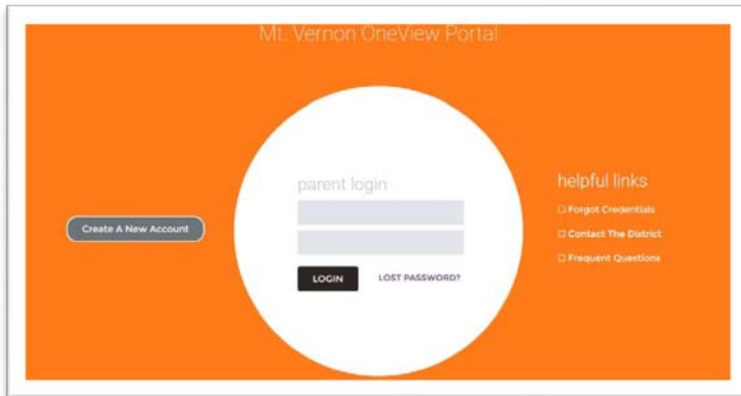
Start at the district website, www.mvczd.us then click the Parent Icon  PARENTS at the top menu bar.

You will be taken to the Parents Information Page.

From this page click the MVCSD Parent Portal

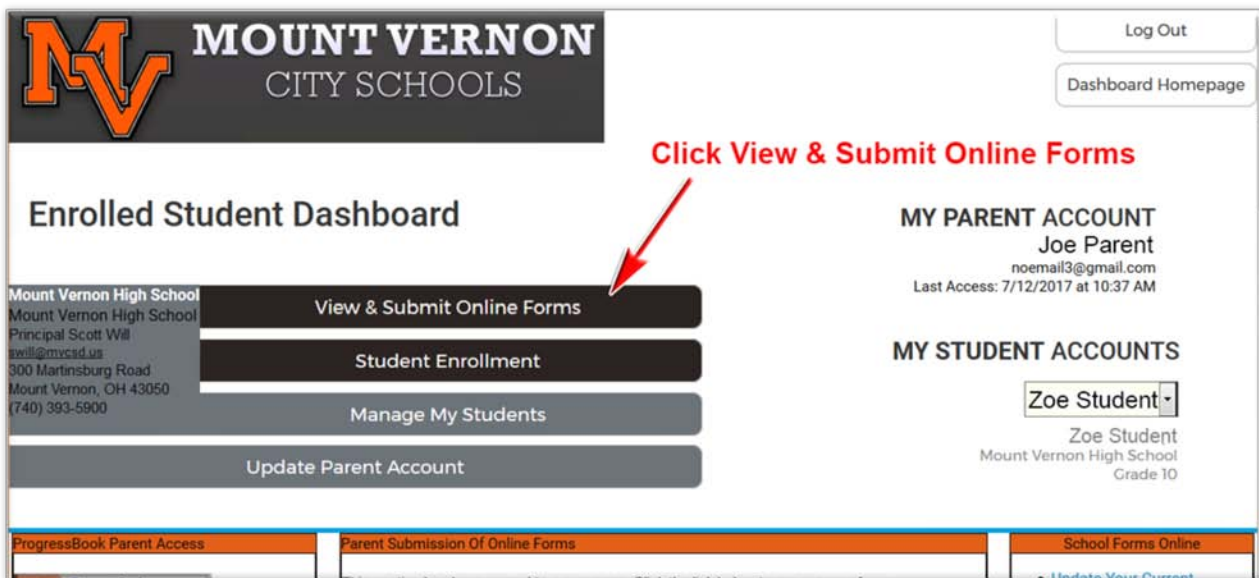


You will be taken to the OneView Parent Login page.

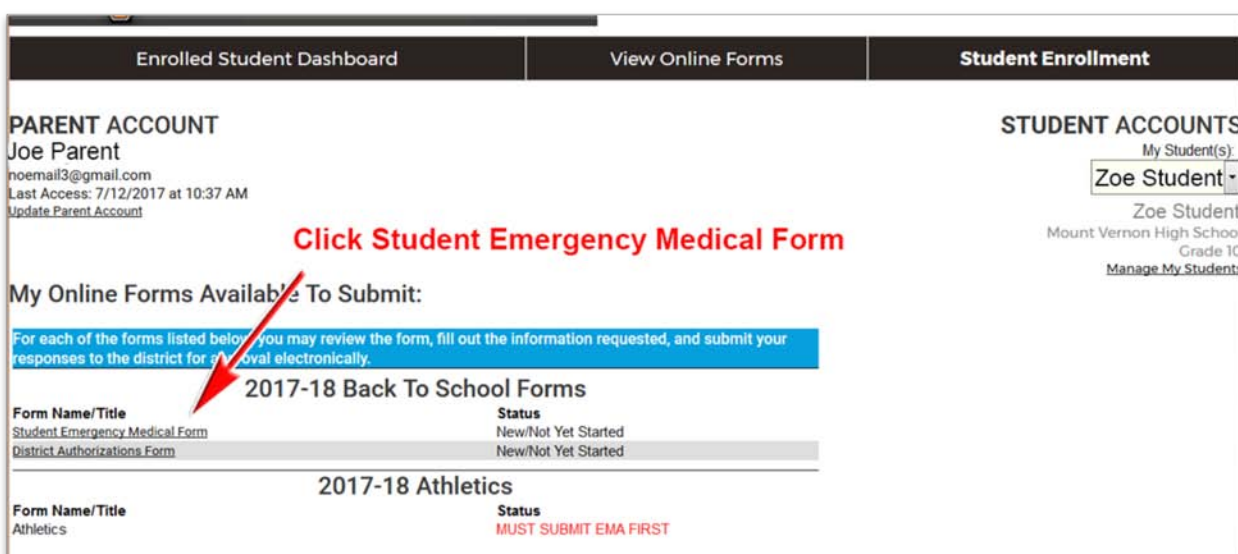


If you already have an account, log in with your username and password. If you are experiencing difficulty or have forgotten username or password please contact your students building secretary.

From the enrolled student dashboard, select **|View & Submit Online Forms|**.



Select **|Student Emergency form|**



Check the box – I have changes to make to this residential address.

Parent Portal - Student Emergency Medical Form

Student Emergency Medical Form form

Form Submission History

Save & Submit to District Go Back

STUDENT DEMOGRAPHIC & EMERGENCY MEDICAL AUTHORIZATION

Part One: Student Demographic Information (Please Review Carefully)

Student Name: Zoe Student
Gender: F
Building & Grade Level: Mount Vernon High School - Grade 10
Date of Birth: 9/5/2001

Is the above information correct?

Residential Address: 300 Newark Rd
Mount Vernon, OH 43050-4510

I have changes to make to this residential address

Different Mailing Address?

Check this box.
I have changes to make to this residential address

Part Two: Additional Information About Student
Please provide as much information as possible for student records. Field marked with an asterisk * and in bold are required.

Step 1 – Enter your change of address in the white area.

Step 2 – You must provide MVCSD with one document listed below for proof of residency.

This document can be uploaded if you have it scanned and saved on your computer, or you may bring the document to your student's school secretary or to MVCSD Central Office and have it scanned for you.

STUDENT DEMOGRAPHIC & EMERGENCY MEDICAL AUTHORIZATION

Part One: Student Demographic Information (Please Review Carefully)

Student Name: Zoe Student
Gender: F
Building & Grade Level: Mount Vernon High School - Grade 10
Date of Birth: 9/5/2001

Is the above information correct?

Residential Address: 300 Newark Rd
Mount Vernon, OH 43050-4510

I have changes to make to this residential address

Provide your new address below. Because the nature of the form requires district review and approval, the district will examine your changes and contact you to confirm and provide proofs as district policy requires.

Step 1
Enter your new address

New Street:
2nd Line/PO Box:
City/State/Zipcode: / /

You must provide Mount Vernon City Schools with new proof of residency. You may upload one of the documents needed to prove residency or take the document to your student's school and have the school secretary upload the document for you. What you will need to prove residency:

Step 2
Provide MVCSD with one document to prove residency.

- Photo Identification
- Proof of Residency - one of the following:
 - Change of Address Card – issued by the Ohio Bureau of Motor Vehicles
- Checking/savings account or online bank statement within the last 60 days
 - Lease or Home Purchase Agreement
 - Car Title
 - Major Credit Card Statement
 - Ohio BMV Vehicle Registration Main-in Renewal Notice

You can upload your documents here.

Different Mailing Address?

Step 2
If you have one of the documents to prove residency scanned to your computer, you may upload the document. You may also take the document to your students school secretary or MVCSD office and have the document uploaded for you.

Part Two: Additional Information About Student
Please provide as much information as possible for student records. Field marked with an asterisk * and in bold are required.

Go through the Emergency Medical Form and make any other necessary changes. At the bottom of the form type in your Parent/Guardian Signature. Finally, be sure to click **|Save and Submit to the District|**

Part Seven: Electronic Signature & Authorization

"I agree to complete and submit through electronic means the Emergency Medical Authorization and such other forms, documents and questionnaires as the school district may require."

Digital Signature of Parent/Guardian: Date:

"Pursuant to R.C. 1306.01 to 1306.23 of the Ohio Revised Code, the parties have agreed to receipt and transmission of an Emergency Medical Authorization Form in an electronic format. Under Ohio law, an electronic record and signature satisfies applicable legal requirements and may not be denied full and unconditional legal effect or enforceability solely because it is in electronic form."

Save & Submit to District Go Back

Once you have updated all information on the emergency form, type in your Digital Signature and be sure to click the |Save & Submit to District| button.