

Jackson County Schools Student Information Record

Date: _____ **Entry Date:** _____ **Grade:** _____ **Student #:** _____ **School Year:** _____ **School Name:** _____

Has student Ever attended Jackson County Schools No Yes, what year: _____ New Enrollee Outside District Transfer In District Transfer

1. STUDENT INFORMATION PLEASE PRINT (Leave blank space between Last, First, and Middle)

--	--	--	--

Legal Last Name (include Jr, II, etc.)	First Name	Full Middle Name	Name Called
Number	Street	Apt. Box or Lot #	Date of Birth
City	Zip Code	Area Code	Phone Number
			Social Security Number
			Assigned State Number, if applicable
Waiver signed by guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last School Attended: _____		City: _____	State: _____
		Grade _____	<input type="checkbox"/> Male <input type="checkbox"/> Female

2. FAMILY INFORMATION: Name of parent/guardian with whom student resides (include last name if different from student)

<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Legal/Court Guardian Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No Portal: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Work #: _____ Cell: _____ Email: _____ Place of Employment: _____	<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Legal/Court Guardian Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No Portal: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Work #: _____ Cell: _____ Email: _____ Place of Employment: _____	Non household Guardian: _____ Legal Custody of child: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____ (relationship to student) *Copy of current legal custody agreement must be provided Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____ Mailing: <input type="checkbox"/> Yes <input type="checkbox"/> No Portal: <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---

Mailing address, if different than resident address: _____

Method of Transportation Bus Car Walk After School Program
 Person(s) not allowed to transport student: _____

<u>Emergency Contacts and Persons authorized to pick student up from school:</u>		
_____	_____	_____
Full Name	Relationship	Phone Number
_____	_____	_____
Full Name	Relationship	Phone Number
_____	_____	_____
Full Name	Relationship	Phone Number
_____	_____	_____

Additional Information:

Is student currently receiving Special Education services? Yes No
 If "yes" what area of disability? _____

Is student currently receiving speech services? Yes No

Is student currently receiving Gifted services? Yes No

Does student have a current Personal Learning Plan? Yes No

Does student have a current 504 Plan? Yes No

Does student currently receive English Language Learner services? Yes No

Military Information

Is the student's Father/Guardian active duty military? Yes No

If yes, which Branch of the Military?

- Air Force Army Coast Guard
- Marine Corps Navy

Is the Father/Guardian Active Guard Reserve (AGR)? Yes No

Please check all that apply:

- Discharged Injured Student Military Identifier Only
- Killed in Action Retired Military Transitioning Out of Active Duty

Military Information

Is the student's Mother/Guardian active duty military? Yes No

If yes, which Branch of the Military?

- Air Force Army Coast Guard
- Marine Corps Navy

Is the Mother/Guardian Active Guard Reserve (AGR)? Yes No

Please check all that apply:

- Discharged Injured Student Military Identifier Only
- Killed in Action Retired Military Transitioning Out of Active Duty

List all other siblings in household:

<u>Last Name</u>	<u>First Name</u>	<u>Birthday</u>	<u>Sex</u>	<u>Grade</u>	<u>Does this Child Attend Jackson County Schools?</u>	<u>Name of School</u>
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Student Health Information

Please provide any medical condition(s) the school should be aware of; including asthma, all allergies, and/or medications prescribe to the student.

Physician's Name and Number: _____

Health Care Release

In the event of any emergency or accident involving this student and the parent/guardian cannot be reached, I give permission to school authorities to take appropriate emergency action, including calling 911 for transportation to a hospital. I also give permission to the hospital's emergency room staff to treat the student unless I am present and request otherwise. I understand that fees for transportation and medical services will be the responsibility of the parent/guardian.

Parent/Guardian Signature: _____

Date: _____

Registration Disclaimer

To complete your student's registration into Jackson County School System, a signed Registration Disclaimer must be on file. Registration into the Jackson County School System will not be finalized or considered complete until all requested information is received and verified. All proof of residency documentation is subject to review and verification by the Jackson County Board of Education.

Signature of Parent/Guardian

Date

SCHOOL USE ONLY:

- Birth Certificate Proof of Residency Parent/Guardian Active Military Student Middle Name Verification
- Immunization Record Copy of Social Security Card Birth Place Birth Verification
- Signed Record Release Employee's student Migrant Verification Relationship Tab

If yes, Employee #: _____

Signature of school personnel who verified above information: _____

Date: _____