

Jackson County School System

All-Around excellence in academics, athletics, and the arts

1660 Winder Highway
Jefferson, GA 30549
706-367-5151
www.jacksonschools.ga.org

2024 - 2025 AFTER SCHOOL PROGRAM REGISTRATION FORM

Staff Non - Staff

Student Last Name

Student First Name

Grade

Homeroom Teacher

Home Address

Health Concerns

Please list any student health concerns that our After School staff need to know to ensure appropriate care
(Examples: Allergies, medical conditions, disabilities, or any other health impairment)

Special Accommodations

Please list any specific accommodations that your student may need at our After School Program
(Examples: Quiet space, headphones, one on one, headphones, etc...)

Contact Priority I

Name _____ Father Mother Other _____ Relationship _____

Cell Number _____

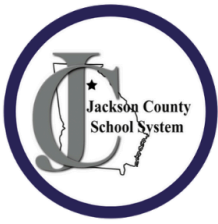
Work Number _____

Contact Priority II

Name _____ Father Mother Other _____ Relationship _____

Cell Number _____

Work Number _____



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In the case of an event in which the legal guardian may not be able to pick up his or her student from the school, the following people may pick up my student from the After School Program:

I.	_____	_____	_____
	Name	Relationship	Phone Number
II.	_____	_____	_____
	Name	Relationship	Phone Number
III.	_____	_____	_____
	Name	Relationship	Phone Number

I acknowledge the rates for After School are as follows:

- A yearly \$20.00 registration fee per child is due at the time of registration.
- After School is a flat pre-pay this year of \$40.00/week - I will pay for the week in advance.

Please sign and date the following:

Parents/Guardians will assume liability for accidents and/or injuries incurred during the After School Program. I have read and understand the policies concerning payments, late fees, and discipline concerning my child's participation in the Jackson County School After School Program.

_____	_____	_____
Name	Signature	Date