



JACKSON TOWNSHIP SCHOOL DISTRICT STUDENT REGISTRATION FORM

Central Registration Office Use Only!

School to attend:	<input type="checkbox"/> CRS	<input type="checkbox"/> EES	<input type="checkbox"/> HCJ	<input type="checkbox"/> LHS	<input type="checkbox"/> SES	<input type="checkbox"/> JT 5-6	<input type="checkbox"/> JTMS	<input type="checkbox"/> JTHS	
	Home school (if different):						First Entry Date in H.S. (gr. 9-12):		
Classification:	<input type="checkbox"/> IEP			<input type="checkbox"/> 504 Plan		<input type="checkbox"/> ESL (permission to be screened/participate attached)			
<input type="checkbox"/> Affidavit of Guardianship attached					Letter of Request/Approval Attached:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Present Grade:	Year of Graduation:		Enrollment Date:		Bus #				
Student ID#	SID#			Family Code:					
Registration Date:	Registrar:			PCC Code:					

Student Information: Please print/fill in all information for each student registering.

Student Name (First, Middle, Last):				
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Grade Placement:	
Birthplace (hospital location):	City:	County:	State:	Country:
U.S. Entry Date (if not born in the U.S.):	First Entry Date in U.S. school (if not born in the U.S.):			
Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian Native/Other Pacific Islander				
Language Spoken at Home:				

Student Residential Address Information:

Home Address:	Apartment/Unit #	
City/Zip Code:	Third Party Residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you lived in this home? _____	Do you have residence(s) elsewhere, and if so, where are they and when do you live there: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
STUDENT IS PRESENTLY LIVING () DOUBLED UP () IN A SHELTER () A MOTEL/HOTEL () UNSHELTERED		
Student Resides With/Head of Household:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother * <input type="checkbox"/> Father * <input type="checkbox"/> Guardian* * Do you have legal custody of the above-named child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Sole Custody <input type="checkbox"/> Joint Custody <input type="checkbox"/> <u>Restricted Release</u> - If there are any problems relating to custody and releasing your child, please be aware that the school must have a copy of the legal documents in our files.	
Parent/Guardian #1:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian	
Home Phone:	Cell Phone:	Business Phone:
Email Address:		
Marital Status:	Occupation:	
Please check one:	<input type="checkbox"/> Not Military Connected <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard or Reserve <input type="checkbox"/> Unknown - <i>it is unknown whether or not student is military-connected.</i>	
Parent/Guardian #2:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian	
Parent/Guardian #1 has given this contact permission to pick student (s) up from school: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone:	Cell Phone:	Business Phone:
Email Address:		
Marital Status:	Occupation:	
Please check one:	<input type="checkbox"/> Not Military Connected <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard or Reserve <input type="checkbox"/> Unknown - <i>it is unknown whether or not student is military-connected.</i>	

Emergency Contact Information: (Someone other than parent/guardian)

Name:	Phone:	Relationship to student:
Parent/Guardian has given this emergency contact permission to pick student (s) up from school:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone:	Relationship to student:
Parent/Guardian has given this emergency contact permission to pick student (s) up from school:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Phone:	Relationship to student:
Parent/Guardian has given this emergency contact permission to pick student (s) up from school:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Sibling Information: Please list ALL children in the family from oldest to youngest. If additional room is needed, please list on back of page.

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Does sibling attend school in Jackson?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which school?

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Does sibling attend school in Jackson?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which school?

Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Does sibling attend school in Jackson?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which school?

Previous School Information:

Was the student previously enrolled in the Jackson Township School District?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which school and when?
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*Either way please complete the box below.***Please complete lines below whether or not your child(ren) attended the Jackson Township School District**

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My child was receiving the following assistance in his/her previous school: (check all that apply)

<input type="checkbox"/> Student seen by the CST	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Basic Skills	<input type="checkbox"/> 504 Plan
Student referred to the CST	<input type="checkbox"/> ELL/Bilingual Education	<input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Language Arts	<input type="checkbox"/> IEP
<input type="checkbox"/> Student classified by the CST	<input type="checkbox"/> Gifted & Talented	<input type="checkbox"/> Free or Reduced Lunch	<input type="checkbox"/> Student Retained If so, what grade?

Do you receive the following benefits (if so, please provide a case # below):

SNAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
FDPIR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:

Health Information:

Current Health Insurance Status of your child	Coverage (YES) <input type="checkbox"/>	Coverage (NO) <input type="checkbox"/>				
If "YES" Name of Health Insurance Company						
Is your child affected by any of the following health conditions: (check all that apply)						
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	<input type="checkbox"/> ADHD	<input type="checkbox"/> ADD
Other significant health problems:						

Name of Parent/Legal Guardian (Please Print)

Signature of Parent/Legal Guardian

Date