JACKSON TOWNSHIP SCHOOL DISTRICT
STUDENT REGISTRATION FORM

Central Registration Office Use Only!

School to attend:	☐ CRS	☐ EES	☐HCJ	☐ LHS	☐ SRS	☐ SES	☐ CGS	☐ CMS	☐ JLHS	☐ JMHS

Home school (if different):		First Entry Date in H.S. (gr. 9-12):	

Classification:	☐ IEP	☐ 504 Plan	☐ ESL (permission to be screened/participate attached)

☐ Affidavit of Guardianship attached	Letter of Request/Approval Attached:	☐ Yes ☐ 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:	☐ Male ☐ 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:	☐ White ☐ Black ☐ Hispanic ☐ American Indian/Alaskan ☐ Asian ☐ Hawaiian Native/Other Pacific Islander

Language Spoken at Home:	

Student Residential Address Information:

Home Address:		Apartment/Unit #	
City/Zip Code:		Third Party Residence?	☐ Yes ☐ 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: ☐ Yes ☐ No _____

STUDENT IS PRESENTLY LIVING ( ) DOUBLED UP ( ) IN A SHELTER   ( ) A MOTEL/HOTEL ( ) UNSHELTERED

Student Resides With/Head of Household:	☐ Both Parents ☐ Mother * ☐ Father * ☐ Guardian* * Do you have legal custody of the above-named child? ☐ Yes ☐ No If yes, ☐ Sole Custody ☐ Joint Custody ☐ Restricted Release - 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:	☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Guardian

Home Phone:		Cell Phone:		Business Phone:	

Email Address:	
Marital Status:		Occupation:	

Please check one:	☐ Not Military Connected ☐ Active Duty ☐ National Guard or Reserve ☐ Unknown –it is unknown whether or not student is military-connected.

Parent/Guardian #2:	☐ Mother ☐ Father ☐ Step-Mother ☐ Step-Father ☐ Guardian

Parent/Guardian #1 has given this contact permission to pick student (s) up from school:	☐ Yes ☐ No

Home Phone:		Cell Phone:		Business Phone:	

Email Address:	
Marital Status:		Occupation:	

Please check one	☐ Not Military Connected ☐ Active Duty ☐ National Guard or Reserve ☐ Unknown –it is unknown whether or not student is military-connected.

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:				□ Yes □ No	
Name:		Phone:		Relationship to student:	
Parent/Guardian has given this emergency contact permission to pick student (s) up from school:				□ Yes □ No	
Name:		Phone:		Relationship to student:	
Parent/Guardian has given this emergency contact permission to pick student (s) up from school				□ Yes □ 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:		□ Male □ Female	Date of Birth:	
Does sibling attend school in Jackson?	□ Yes □ No	Which school?		

Name:		□ Male □ Female	Date of Birth:	
Does sibling attend school in Jackson?	□ Yes □ No	Which school?		

Name:		□ Male □ Female	Date of Birth:	
Does sibling attend school in Jackson?	□ Yes □ No	Which school?		

Previous School Information:

Was the student previously enrolled in the Jackson Township School District? *Either way please complete the box below.*	□ Yes □ No	If so, which school and when?	
Please complete lines below whether or not your child(ren) attended the Jackson Township School District			
My child was receiving the following assistance in his/her previous school: (check all that apply)			
□ Student seen by the CST	□ Speech Therapy	□ Basic Skills	□ 504 Plan
□ Student referred to the CST	□ ELL/Bilingual Education	□ Math □Reading □ Language Arts	□ IEP
□ Student classified by the CST	□ Gifted & Talented	□ Free or Reduced Lunch	□ Student Retained If so, what grade?

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

SNAP	□Yes □ No	Case #:
TANF	□Yes □ No	Case #:
FDPIR	□Yes □ No	Case #:

Heath Information:

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

_____   _____   _____
Name of Parent/Legal Guardian (Please Print)   Signature of Parent/Legal Guardian   Date