

Jackson Local Schools Student Registration For School Year 20____ - 20____

Amherst
 Lake Cable

Sauder
 Strausser

JMMS
 JHS

Bus Transportation Needed AM PM Both
Student I.D. # _____
Start Date: _____

SECTION 1: STUDENT INFORMATION

Full Legal Name _____
First (as printed on birth certificate) Middle Last

Gender Male Female Grade _____ Birthdate _____ Birth City _____

Address _____
Number and Street City Zip

Mother's Cell _____ Father's Cell _____ Home/Land Line _____

What is the primary language spoken at home? _____

Is student of Hispanic/Latin origin?* Yes No *(Cuban, Mexican, Puerto Rican, South/Central American, other Spanish culture or origin, any race)

Racial Group(s) Please mark **all** that apply

Asian
 White

Black or African American
 Two or More Races

American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander

Did your child enter the United States in the last three **MONTHS**? Yes No If yes, date entered: _____
TB Test Results Attached Yes No

Did your child enter the United States in the last three **YEARS**? Yes No If yes, date entered: _____

SECTION 2: PARENT/GUARDIAN/CUSTODY INFORMATION

Student lives with: Mother and Father Mother Father
(Check all that apply)
 Legal Guardian Grandparent Foster Care
 Mother/Step-father Father/Step-mother Other _____

CUSTODY INFORMATION

(If student lives with **BOTH** mother and father whom are married, this section can be skipped)

Mother or father is deceased Mother or father is incarcerated Parents never married; no custody orders
 Separated, but not legally divorced Divorced. Shared parenting Court placed: District of Origin _____
 Divorced. Residential parent for SCHOOL purposes _____
 Divorced. Full custody is granted to _____

Student is a dependent of a member of the Active Duty Forces or National Guard:

No Military Active Military (Army, Navy, Air Force, Marine Corps, or Coast Guard)
 Active National Guard

Contact #1 Parent/Guardian Living with student

First Name: _____
Relationship: _____
Home Phone: _____
Primary Number for Alert Call: _____
Place of Employment: _____

Last Name: _____
Address same as student? Yes No
Mobile Phone: _____
Email Address: _____
Business Phone: _____

Contact #2 Parent/Guardian living with student

First Name: _____
Relationship: _____
Home Phone: _____
Primary Number for Alert Call: _____
Place of Employment: _____

Last Name: _____
Address same as student? Yes No
Mobile Phone: _____
Email Address: _____
Business Phone: _____

Non-custodial Parent Information (biological/adoptive parent who does not have custody)

First Name: _____ Last Name: _____ Relationship: _____
Address: _____ City, State, Zip: _____ Home/Cell Phone: _____
Place of Employment: _____ Business Phone: _____

Are there any court orders regarding this child? Yes No If yes, you are required by law to provide us with a copy of this court document.

Other school age children's names	Birthdate	Other school age children's names	Birthdate
<input type="checkbox"/> F <input type="checkbox"/> M _____	_____	<input type="checkbox"/> F <input type="checkbox"/> M _____	_____
<input type="checkbox"/> F <input type="checkbox"/> M _____	_____	<input type="checkbox"/> F <input type="checkbox"/> M _____	_____

SECTION 3: SPECIAL SERVICES

Has your child been identified as Gifted? Yes No In what area(s)? _____
Has your child ever had an IEP (Individualized Education Plan) or a Service Plan (from a non-public School)? Yes No
Has your child ever had a 504 Accommodation Plan Yes No
Has your child every been identified as ESL (English as a Second Language)? Yes No

SECTION 4: PREVIOUS EDUCATION

Has your child ever been retained? Yes* No *What grade(s) were repeated? _____
Is your child currently under expulsion from another school? Yes No Suspension? Yes No
Years of Preschool: 0 1 2 3 Name of Preschool _____
Has the student ever attended Jackson Local Schools? Yes No If yes, year/grade _____
Student is entering from: _____
Name of School/District City State

LIVING ARRANGEMENT (This information is optional)

--Education for the Homeless Children and Youth Program Title VII of the McKinney-Vento Homeless Assistance Act requires State and local educational agencies to develop, review and revise policies to remove barriers to the enrollment, attendance and success in school that homeless children and youth may experience.

*Unaccompanied Youth Yes No *Unaccompanied Youth are young people who lack safe, stable housing and who are not in the care of a parent or guardian.

<input type="checkbox"/> Single Home	<input type="checkbox"/> Apartment	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Unsheltered	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Unknown	<input type="checkbox"/> Doubled Up (living with another family	<input type="checkbox"/> Other:	

I hereby state that the information provided on this document is true and current. I am the legal guardian or custodian of this child. I understand that if this information is false, my child(ren) could be withdrawn from school and I could face possible legal charges filed in a court of appropriate jurisdiction.

Parent/Guardian Signature _____ Date _____