

Enrollment Information

Student Information

Legal Name of Student: (Last) _____ (First) _____ (Middle) _____
Suffix (Jr., III, etc.)

Male Female Grade: _____ Nickname: _____

Date of Birth: (Month) _____ (Day) _____ (Year) _____ Birthplace: (County) _____ (State) _____

Race (See box at right.): White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native Other

Student's Address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Student's Mailing Address (If different): (Street) _____ (City) _____ (State) _____ (Zip) _____

Citizenship: U.S. Citizen U.S. Resident Non-Resident Alien Other: _____

Does your child have special needs, or does he or she receive special education services? Yes No

Does your child have a 504 plan? Yes No

Last School Attended: _____

School Address: _____ Telephone No.: _____

Does either parent/guardian work on government property? Yes No

Race/Ethnic Group Categories

- **White (not Hispanic)**—A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- **Black (not Hispanic)**—A person having origins in any of the black racial groups of Africa
- **Hispanic**—A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race
- **Asian or Pacific Islander**—A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands
- **American Indian or Alaskan Native**—A person having origins in any of the original peoples of North America and who maintains culture identification through tribal affiliation or community recognition
- **Other**

Parents/Guardians Living Within Household With Student

Household Information

Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Sex: _____ Relationship to Student: _____ Phone: Home _____ Work _____ Cell Phone: _____ Place of Employment: _____ E-Mail Address: _____	Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Sex: _____ Relationship to Student: _____ Phone: Home _____ Work _____ Cell Phone: _____ Place of Employment: _____ E-Mail Address: _____
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Siblings Living Within Household

Sibling Information

Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____/____/____ Sex: _____ Grade: _____ Relationship to Student: _____ Currently attending a Jefferson County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____	Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____/____/____ Sex: _____ Grade: _____ Relationship to Student: _____ Currently attending a Jefferson County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____
Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____/____/____ Sex: _____ Grade: _____ Relationship to Student: _____ Currently attending a Jefferson County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____	Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Birthdate: ____/____/____ Sex: _____ Grade: _____ Relationship to Student: _____ Currently attending a Jefferson County Public School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of School: _____

Parents/Guardians Living at Another Address

Non-Household Information

Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Should this parent/guardian receive school mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Sex: _____ Relationship to Student: _____ Address: _____ City: _____ Phone: Home _____ Work _____ Cell Phone: _____ Place of Employment: _____ E-Mail Address: _____ Is there a court order restricting this parent/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, a copy of the court order MUST be provided.)</i>	Does this parent/guardian have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No Should this parent/guardian receive school mailings? <input type="checkbox"/> Yes <input type="checkbox"/> No Last Name: _____ Suffix: _____ First Name: _____ MI: _____ Sex: _____ Relationship to Student: _____ Address: _____ City: _____ Phone: Home _____ Work _____ Cell Phone: _____ Place of Employment: _____ E-Mail Address: _____ Is there a court order restricting this parent/guardian's access to the student? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, a copy of the court order MUST be provided.)</i>
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Legal Name of Student: (Last) _____ (First) _____ (Middle) _____

Transportation

Primary Transportation to School: Car Rider Walker School Bus TARC

Transportation by JCPS: One Way Both Ways More Than 1 Mile Less Than 1 Mile

Language

Child's Birth Country: _____

What is the language most frequently spoken at home? _____ Which language did your child learn when he or she first began to talk? _____

What language does your child most frequently speak at home? _____ What language do you most frequently speak to your child? _____

Childcare

Name of Day Care/Babysitter: _____

Address: _____ Telephone No.: _____

Family Physician: _____ Telephone No.: _____

Dentist: _____ Telephone No.: _____

List and identify problems and/or medical conditions (such as allergies) that should be known to school personnel: _____

Medical and Emergency Information

Per state regulation, any child with a health condition (such as asthma, allergies, diabetes, seizures, etc.) must have a Primary Care Authorization form on file. For more information or to obtain a form, please contact Health Services at 485-3387.

Regular Medication: _____ Dosage: _____

A notarized Authorization to Give Medication Form must be on file for any medication to be given to a student during the school day.

If needed, what hospital should your child be taken to? _____

In case of an accident or emergency of any kind, when parent/guardian cannot be contacted please call and/or release my child to one of the following:

Name: _____ Relationship: _____ Telephone No.: _____

Name: _____ Relationship: _____ Telephone No.: _____

In case of a Weather Alert Warning: I prefer that my child remain at school. My child may be released to one of the above people.

Parent's/Guardian's Signature: _____ Date: _____

Do Not Write Below This Line.

OFFICE USE ONLY

Household Name: _____

Student ID No.: _____

Address Verification: _____

Teacher/Room No.: _____

Entry Date/Code: _____

Transfer Student: Yes No

Withdrawal Code: _____

Transportation Code: _____

Bus No.: _____

Advance Program: Yes No

ESL Services: Yes No

ECE Program: _____

504 Plan: _____

Immunization Certificate Vision Exam

Records Requested: Yes No Date: _____

Comments: _____