

**JEFFERSON COUNTY SCHOOLS
ENROLLMENT FORM**

School _____

Teacher: _____

Current Grade _____

Enroll Date: _____

Student Information: (all fields in this section must be completed)

Last Name: _____ First Name: _____ Middle Name: _____ Suffix _____

Social Security Number: ____ - ____ - ____ Birth date: ____ - ____ - ____

Gender: _____ Male _____ Female Must check one Ethnicity: _____ Hispanic _____ Non-Hispanic

Please mark one or all that apply in the next question about race.

Race: _____ White _____ Black or African American _____ Asian
_____ American Indian or Alaskan Native _____ Native Hawaiian or Pacific Islander

Names of Brothers/sisters in this school: _____

Mother's Name: _____ Father's Name: _____

Who is legal custodian of student: _____ Relation of person(s) who has legal custody: _____

Is student a ward of the state? _____ Yes _____ No

Court Documents _____ Yes _____ No (If yes provide to school within 5 days)

School last attended: School Name _____ County _____ State _____

Address _____

Information for person(s) student lives with (primary home address)

Last Name _____ First Name(s) _____ Middle Initial _____ Suffix _____

Relation of person(s) students lives with: _____

Home Phone: _____ Cell Phone(s): _____

Emergency Phone _____ Work Phone(s) _____

Email: _____ Emergency One Call Notification System #: _____

House # _____ Street: _____ City: _____ Zip: _____

Mailing Address (only if different) Street or PO Box: _____ City: _____ Zip: _____

Where does your child stay at night? (Please check one)

- Home/apartment owned or rented by the parent(s)/guardian(s)
- With a relative or friend (family does not have a residence)
- In a shelter
- In a motel
- In an automobile
- A campsite
- In housing that is inadequate (i.e. no electricity, running water, etc.)

Other housing (please explain) _____

Auxiliary Information:

Mother's Maiden Name _____ State in which Student was born _____

Did you move into this area for agricultural work? Yes No Language spoken in your home? _____

In USA 3 yrs or less? Yes No If YES, date entered US Schools _____ Country of Origin: _____

Current School Information:

Usually a car rider? Yes No Bus (if student **ever** rides) AM # _____ Miles _____ PM # _____ Miles _____

After-School Program? Yes No Receive special services? Yes No

Home Internet access? Yes No School Internet Permission? Yes No

My child may be individually pictured and/or identified in a media resource (Newspaper, authorized website, local TV for school purposes)

Yes No (If no, please complete media release form.)

In case of Early Dismissal (due to weather or school closure), my child should:

Ride the bus Remain at school until picked up by someone authorized by parent/guardian

Parent/Guardian Signature _____ Date: _____

“Permission to pick up student” list/Emergency/Other Contact Information

Use this area to complete information for parents the student does not live with, and/or other relatives, friends, etc. who you would like to be contacted in case of an emergency and/or have permission to pick up your child; please fill in as much information as possible for at least one contact.

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Relation to student: _____ Can they pick student up? Yes No Home Phone: _____

Cell Phone _____ Emergency Phone _____ Work Phone _____

See Clinic Form to list additional emergency contact information