

**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**