

**East Jackson Community Schools
Registration Form**

Instructions:

Fill this enrollment form out to the best of your ability.

Required fields are marked with a *.

Name, date of birth, and city of birth must match information on the birth certificate.

| Student Information | Please print clearly | | | | | | | | | | | | |
|---|--|------------------|-----|------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Student Name* | <i>As it appears on the birth certificate</i> | | | | | | | | | | | | |
| Preferred Name/Nickname | | | | | | | | | | | | | |
| Gender* <i>Circle One</i> | Male / Female | | | | | | | | | | | | |
| Date of Birth* | <i>Must match birth certificate</i> | | | | | | | | | | | | |
| City of Birth* | <i>If not born in U.S.A. enter Country of birth</i> | | | | | | | | | | | | |
| Is this student Hispanic/Latino?* <i>Circle One</i> | No, not Hispanic/Latino Yes, Hispanic/Latino | | | | | | | | | | | | |
| Race* <i>Circle one or more</i> | American Indian/Alaskan Native Asian Black or African American Native Hawaiian/Pacific Islander White | | | | | | | | | | | | |
| Student Home Phone* | | | | | | | | | | | | | |
| Student Cell Phone | | | | | | | | | | | | | |
| Student Lives With* | <i>Name and relationship</i> | | | | | | | | | | | | |
| Single Parent Household | Yes / No | | | | | | | | | | | | |
| Name and address of last school attended: | | | | | | | | | | | | | |
| Daily medications or other special medical considerations | | | | | | | | | | | | | |
| Allergies | | | | | | | | | | | | | |
| Medical Alert Information (Info for teachers and other office staff) | | | | | | | | | | | | | |
| Is a language other than English spoken in the home? * <i>Circle One</i> Yes/No If Yes, please indicate other languages on the line below. | | | | | | | | | | | | | |
| Languages spoken at home include: | | | | | | | | | | | | | |
| Student Address Information – Home address is where the student lives; mailing address is where school/district mailings will be sent. | | | | | | | | | | | | | |
| Home Street* | <i>Apt. No.</i> _____ <i>Lot No.</i> _____ | | | | | | | | | | | | |
| Home City* | | | | | | | | | | | | | |
| Home State* | | | | | | | | | | | | | |
| Zip Code* | | | | | | | | | | | | | |
| Mailing Street or PO Box | <i>Apt. No.</i> _____ <i>Lot No.</i> _____ | | | | | | | | | | | | |
| Mailing City | | | | | | | | | | | | | |
| Mailing State | | | | | | | | | | | | | |
| Mailing Zip Code | | | | | | | | | | | | | |
| Name of Brothers/Sisters: | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Name</th> <th style="width: 20%; text-align: center;">Age</th> <th style="width: 30%; text-align: center;">School Attending</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Name | Age | School Attending | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Age | School Attending | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| Residency Information: Resident ____ Non-resident ____ District of Residency _____ County of Residency _____ | | | | | | | | | | | | | |
| School of Choice ____ Tuition ____ Has student attended EJ in the past? Yes / No If yes, when? _____ | | | | | | | | | | | | | |

| | |
|---|--|
| Contact 1* | |
| Name/Relationship | |
| Home Phone | |
| Work Place/Work Phone/Ext. | |
| Cell Phone | |
| Email | |
| Mailing Street/PO Box | |
| Mailing City, State Zip | |
| Employer | |
| Receive Separate Mailings: Y / N Legal Guardian: Y / N Custodial Parent/Guardian: Y / N | |
| Contact 2* | |
| Name/Relationship | |
| Home Phone | |
| Work Place/Work Phone/Ext. | |
| Cell Phone | |
| Email | |
| Mailing Street/PO Box | |
| Mailing City, State Zip | |
| Employer | |
| Receive Separate Mailings: Y / N Legal Guardian: Y / N Custodial Parent/Guardian: Y / N | |
| Contact 3* | |
| Name/Relationship | |
| Home Phone | |
| Work Place/Work Phone/Ext. | |
| Cell Phone | |
| Email | |
| Mailing Street/PO Box | |
| Mailing City, State Zip | |
| Employer | |
| Receive Separate Mailings: Y / N Legal Guardian: Y / N Custodial Parent/Guardian: Y / N | |
| Contact 4* | |
| Name/Relationship | |
| Home Phone | |
| Work Place/Work Phone/Ext. | |
| Cell Phone | |
| Email | |
| Mailing Street/PO Box | |
| Mailing City, State Zip | |
| Employer | |
| Receive Separate Mailings: Y / N Legal Guardian: Y / N Custodial Parent/Guardian: Y / N | |

The emergency contacts you supply in this section are the people/numbers that will be called after we have tried to contact the contacts listed on the previous page. By providing their information here, it is assumed that you are authorizing these contacts to pick up your child from school in the event of an emergency. These contacts will only be called for emergencies involving your child as an individual or should conditions arise which make it necessary for early dismissal. Otherwise **a note must be provided by a parent for anyone to pick your child up from school.**

| Emergency Contact 1* (required) | |
|--|--|
| Name/Relationship | |
| Home Phone | |
| Work Phone | |
| Cell Phone | |
| Email | |
| Emergency Contact 2* (required) | |
| Name/Relationship | |
| Home Phone | |
| Work Phone | |
| Cell Phone | |
| Email | |
| Emergency Contact 3* | |
| Name/Relationship | |
| Home Phone | |
| Work Phone | |
| Cell Phone | |
| Email | |
| Emergency Contact 4* | |
| Name/Relationship | |
| Home Phone | |
| Work Phone | |
| Cell Phone | |
| Email | |

| Special Education Information | | | |
|--|-------------------|--|--------------------------------------|
| Does your child currently receive special education services? Yes / No | | | |
| If yes, does your child have an active IEP? Yes / No | | | |
| If Yes, what certification: | <i>Circle One</i> | LD (Learning Disabled) | CI (Cognitively Impaired) |
| | | HI (Hearing Impaired) | EI (Emotionally Impaired) |
| | | PI (Physically Impaired) | VI (Visually Impaired) |
| | | S/LI (Speech & Language Impaired) | TBI (Traumatic Brain Injury) |
| | | ASD (Autism Spectrum Disorder) | OHI (Other Health Impairment) |
| | | ECDD (Early Childhood Developmental Delay - K & 1 st Grade Only) | |
| Has your child received special help? _____ | | | |
| Explain: _____ | | | |

Continued on next page

- In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call 911 and to follow their instructions.

Physician's Name _____ Phone _____

- I give permission for my child's picture and writings to be published on East Jackson's webpage, Jackson Citizen Patriot, the Trojan Press, and all TV media.

Parent/Legal Guardian Signature Date

- Parent/Student Handbook** - I verify that I have read, or will read, and familiarize myself with the Parent/Student Handbook.

Parent/Legal Guardian Signature Date

- Technology Acceptable Usage Agreement Responsibility Declaration** - I have read the East Jackson Community Schools Technology Usage Agreement (found @ www.eastjacksonschools.org) and agree to adhere to the privileges, responsibilities, and consequences as outlined.

Parent/Legal Guardian Signature Date

I agree to follow the technology requirement.

Student Signature Date

- Field Trip Permission** – I understand that transportation to and from field trip activities will be by school bus or other school sanctioned vehicle, and that my automobile insurance is the primary carrier under Michigan No-Fault Insurance, and I will not hold East Jackson Community Schools, Board of Education, or employees liable in case of accident, injury, or other mishaps. All trips will be chaperoned by school employees.

I hereby give permission for my child to take part in said school sponsored activities. This approval is considered to be permanent until further notice.

Parent/Legal Guardian Signature Date

- Certification of Truthfulness** - I certify that all statements on this student registration form are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false, will be sufficient reason for possible removal of this student from enrollment in the East Jackson Community School District and may result in possible legal action.

Parent/Legal Guardian Signature Date

Office Use Only

District Entry Date:
School Entry Date:
Expected Graduation Year:
UIC:
Rev. 3/10, 4/10

District Entry Grade Level:
School Entry Grade Level:
GAD Cohort Graduation Year:
Student Number:

____ Birth Certificate
____ Immunization Record
____ Proof of Residence
____ Fees Paid
____ Book ____ Band ____ Choir

