

- New enrollment for JPS
- Re-enrollment for JPS
(last school attended was not JPS)
- Transfer from another JPS school
- School of Choice

Today's Date _____
 Student Start Date _____

REGISTRATION FORM
Jackson Public Schools

- Birth Certificate
- Immunizations
- Social Security

County No. 38 District No. 170

Student Number _____ **BUS RT#** _____ **STOP** _____

PART 1: STUDENT INFORMATION

Please fill in all information requested below for the student being enrolled.

Last Name		First Name		Middle
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: ____/____/____ <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Court Paper <input type="checkbox"/> Baptismal Certificate		US City/State of Birth or Country Date entered US if born in another country: _____ (Month/Day/Year)	
Address: Number and Street Apt.#		City/Township		Zip Code
Home Phone:		Race/Ethnicity: Is the student Hispanic/Latino? ____ YES ____ NO <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian American <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multi-Racial		
Cell Phone:				
Cell Phone:				
Name of last school attended (and address)		City	State	

Room _____ **Grade** _____

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> BEN: Bennett | <input type="checkbox"/> FRO: Frost | <input type="checkbox"/> NOR: Northeast | <input type="checkbox"/> MSP: Parkside |
| <input type="checkbox"/> CAS: Cascades | <input type="checkbox"/> HNT: Hunt | <input type="checkbox"/> SHPK: Sharp Park | <input type="checkbox"/> JHS: Jackson High |
| <input type="checkbox"/> DIB: Dibble | <input type="checkbox"/> MCC: McCulloch | | <input type="checkbox"/> WIL: Wilson |

PART C: SPECIAL NEEDS INFORMATION

- YES NO Has your child received special help?
 YES NO Has your child ever been in special education classes?
 If yes, what certification: AI CI ECDD EI HI LD OHI PI SLI TBI VI
 (Check One)
 If yes, in what school or city? _____
 Has the student been previously suspended or expelled, and if so from where? YES NO _____

PART D: FAMILY INFORMATION

MALE HEAD OF HOUSEHOLD		FEMALE HEAD OF HOUSEHOLD	
LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
Relationship to student <input type="checkbox"/> 1. Father <input type="checkbox"/> 2. Stepfather <input type="checkbox"/> 5. Court Guardian <input type="checkbox"/> 6. School Guardian <input type="checkbox"/> Other: _____		Relationship to student <input type="checkbox"/> 3. Mother <input type="checkbox"/> 4. Stepmother <input type="checkbox"/> 5. Court Guardian <input type="checkbox"/> 6. School Guardian <input type="checkbox"/> Other: _____	
US State or Country of Birth		US State or Country of Birth	
Occupation		Occupation	
Marital Status		Marital Status	
If you are not the natural parent, where does the natural parent reside? <input type="checkbox"/> In JPS District <input type="checkbox"/> Out of JPS District			

PART D: (Continued) FAMILY INFORMATION

Is a second language spoken in the home, other than English? Yes No What: _____

Is the student bilingual? Yes No

Other people at the same residence:

Name	Relationship

PART E: EMERGENCY INFORMATION

Father's Employer	Work Phone
Mother's Employer	Work Phone

In case of illness or non-life threatening injuries, and the parents cannot be reached, please list relative or close friends, other than parents/ guardians, who have your permission to pick up your child.

Name	Relationship	Phone

PART F: HEALTH INFORMATION

Date of 1st DPT/Waiver _____ Name of Child's Doctor _____

Does the student have special health problems such as:

- Diabetes Allergies Heart Asthma Seizures

Explain: _____

If Student has allergies, what are they? (Example: insect, sting, medication, foods, etc.) _____

PART G: PERMISSIONS

Check all appropriate:

FIELD TRIPS: Part of our work with the children consists in acquainting them with their own community. They need to make nature observations and visit places of historical interest and community service. To be able to furnish these various experiences for our students, it is necessary to take them away from the school premises.

If you are willing to have your child go on these field trips that are sponsored by the school, please fill out the form below. This form will only be used when explicit permission slips are not returned.

I give permission for my child to be photographed or videotaped while they attend school. I understand that these photographs may be used for classroom projects or displays, for informational displays in public settings, in the school or district newsletter, or by the local media for informational or promotional purposes.

I give permission for my child to be photographed and displayed on the school website, using **FIRST NAME ONLY**.

Parent Signature

Date

Registrar Signature

It is the policy of the Jackson Public Schools District that no discriminatory practices based on sex, race, color, national origin, religion, height, weight, marital status, handicap, age, political affiliation, sexual orientation or disability or any other status covered by federal, state or local law be allowed in providing instructional opportunities, programs, services, job placement assistance, employment or in policies governing student conduct and attendance. Any person suspecting a discriminatory practice should contact the Community Relations Office at Jackson Public Schools, 522 Wildwood Avenue, Jackson, Michigan 49201 or call (517) 841-2208.