

JEFFERSON CITY SCHOOLS REGISTRATION FORM

Students Name First ~Middle~Last	
Name Student Is Called	
Grade	
Gender	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
911 Residence Address	
Mailing Address	
City, State, Zip Code	
Home Telephone and Email address	
Age as of September 1	
Social Security Number (optional)	
Birth Date	
Birthplace	
Ethnicity	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Latino <input type="checkbox"/> Other
Mother's last name, first name	
Mother's address (<i>if different from above</i>)	
Mother's city, state, zip code	
Mother's work telephone and extn.	
Mother's work e-mail address (<i>optional</i>)	
Mother's cell phone/beeper	
Mother's employer	
Father's last name, first name	
Father's address (<i>if different from above</i>)	
Father's city, state, zip code	
Father's work telephone and extn.	
Father's work e-mail address (<i>optional</i>)	
Father's cell phone/beeper	
Father's employer	
IF PARENTS CANNOT BE REACHED, LIST 3 NEARBY PERSONS WHO WILL ASSUME CARE FOR YOUR CHILD.	
1-Emergency Contact Name / relationship	
Emergency Contact Phone Number	
2-Emergency Contact Name / relationship	
Emergency Contact Phone Number	
3-Emergency Contact Name / relationship	
Emergency Contact Phone Number	
Address in city limits of Jefferson?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Residence Address (describe exact location) Name of Subdivision if applicable	
Name of Person Registering Student	
Relationship to Student	

Medical Information (Allergies, medications, etc.)	
Did your child attend Pre-K? Where?	
Does your child receive special instruction?	<input type="checkbox"/> Special Education <input type="checkbox"/> Gifted <input type="checkbox"/> Speech/Language <input type="checkbox"/> EIP/Title
Names and phone numbers of persons allowed to pick up your child.	
Names of persons NOT allowed to check out your child.	
Legal or Custody Issues Regarding Your Child?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are there any languages, other than English, spoken in your home?	<input type="checkbox"/> No <input type="checkbox"/> Yes--Language:

Out of District Guidelines

*I understand that if I live out of the Jefferson City Limits at the time of registration, that I must complete an out of district application and related contract.

*I understand that if I move out of the city limits of Jefferson I am responsible for completing the required out of district paperwork prior to or at the time of the move. Failure to do so could result in my child being removed from the JES roll.

*Beginning in the fall of 2004, any out of district students are assessed tuition as determined by the Jefferson Board of Education. This also applies to any student accepted who moves out of district at any point after July 2004.

Parent Signature: _____ **Date:** _____