Jefferson High School Student Enrollment Form



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| **STUDENT INFORMATION** | Last Name: | ETHNICITY *(check all that apply)* |
| First and Middle Name: |  White |
| Birthdate: |  American Indian/Alaska Native |
| Grade: | Gender: Male Female |  Hispanic/Latino |
|  |  Black/African American |
| Student Resides With: |  Asian |
| Physical Address: |  Native Hawaiian/Pacific Islander |
| City, State, Zip: |  Other: |
| Mailing Address: |  |
| City, State, Zip: |

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| **PARENT INFORMATION\*** | ***\*Primary Household Members (Please list only those members who live at above address)*** |
| **PARENT/GUARDIAN 1** | **PARENT/GUARDIAN 2** |
| Relationship to Student: | Relationship to Student: |
| First Name: | First Name: |
| Last Name: | Last Name: |
| Employer: | *(Please check all that apply)* | Employer: | *(Please check all that apply)* |
| Day | Mobile | Text | Day | Mobile | Text |
| Preferred Phone #: |  |  |  | Preferred Phone #: |  |  |  |
| Work Phone #: |  |  |  | Work Phone: |  |  |  |
| Alternate Phone #: |  |  |  | Alternate Phone #: |  |  |  |
| Email Address: | Email Address: |

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| **NON-HOUSEHOLD PARENT/GUARDIAN INFORMATION** | Relationship to Student: | Relationship to Student: |
| First Name: | First Name: |
| Last Name: | Last Name: |
| Employer: | *(Please check all that apply)* | Employer: | *(Please check all that apply)* |
| Day | Mobile | Text | Day | Mobile | Text |
| Preferred Phone #: |  |  |  | Preferred Phone #: |  |  |  |
| Work Phone #: |  |  |  | Work Phone: |  |  |  |
| Alternate Phone #: |  |  |  | Alternate Phone #: |  |  |  |
| Email Address: | Email Address: |
| Home Address (if different): | Home Address (if different): |
| City, State, and Zip: | City, State, and Zip: |
| Mailing Address (if different): | Mailing Address (if different): |
| City, State, and Zip: | City, State, and Zip: |

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| **EMERGENCY CONTACT** | Emergency Contact #1 | Emergency Contact #2 |
| Name: | Name: |
| Relationship to Student: | Relationship to Student: |
| Phone #: | Phone #: |

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| **LAST SCHOOL ATTENDED** | Name of School: |
| City, State: |  |
| Dates Attended: |  |
| Has student ever been expelled or considered for expulsion? Yes No If yes, please explain:  |

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| **SOCIAL SERVICES** | Does this student have special needs? Yes No If yes, check: 504 IEP |
| Court Protection Order? Yes No If yes, against:  |
| Parenting Plan? Yes No  |

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| **MEDICAL** | Medical Condition(s): |
| Medication taken at home? Yes No If yes, what and when:  |
| Medication taken at school?\* Yes No *\*Must complete and return Medical Authorization Form*  |
| Allergies? Yes No If yes, please share further details:  |

Is any individual named on this enrollment form (including parent, guardian, student, sibling, caretaker, relative, emergency contact) currently or formerly a registered sex or violent offender? Yes\* No

\*If yes, state name and relationship to student:

\**Current or former individuals on the Sex/Violent Offender registry are not permitted on school property or have limited access per District Policy #4550.*

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| **SIGNATURE** | *I certify that I am the legal guardian of the student and that all information provided is true and accurate to the best of my knowledge. I verify that I reside within the school district boundaries or have an approved non-resident status for my child.* |
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| Signature of Parent/Guardian Date Please print name |