



STUDENT REGISTRATION INFORMATION

Jackson County Central Schools

Student Legal/Birth Name: First: _____ Middle: _____ Last: _____

Grade: _____ Date of Birth: _____ Social Security #: _____ M ☐ F ☐

Physical Address: _____ Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Student Cell Phone (if applicable): _____

Has student previously attended a Minnesota School? Yes No

Date Student was in Previous School: _____

Previous School Name: _____

Previous School if not in Minnesota: _____

Is the student enrolled in Special Education Classes or on an IEP? Yes No

Did the student receive English Language Learner (ELL) services in their previous school? Yes No

Child lives with:

_____ Both Biological Parents

_____ Mother/Stepfather

_____ Father/Stepmother

_____ Other Relative/s: _____

_____ Court-appointed Guardian (**Attach Court Order**)

_____ Foster Parent(s) (**Attach Social Services form**)

Who has legal custody rights? Father _____ Mother _____ Both _____

(**Attach copy of court order or decree**)

If the student does NOT reside with biological parents, have parental rights been terminated? Yes No

If No, what school district do biological parents reside in _____

If the parents do NOT have the same address, to whom shall we send mailings: Father / Mother / Both

Current Living Situation: ☐ Own Home ☐ with relatives ☐ Shelter ☐ Hotel ☐ Vehicle/Campground
☐ Homeless ☐ Other

[Over]

INSPIRING EXCELLENCE



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Active Duty:

In the past year, were any of the students' parents/guardians on active duty with the Army, Navy, Air Force, Marine Corps, or Coast Guard? (This does include training as a member of any of the five branches, as well as active duty when deployed. It does not include National Guard Duty.) Yes or No

MOTHER Name: _____	FATHER Name: _____
Mailing Address: _____	Mailing Address: _____
Physical Address: _____	Physical Address: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Work Place: _____	Work Place: _____
Work Phone: _____	Work Phone: _____

Emergency Contacts

(Other than Parent/Guardian)

1st Contact

Name: _____
Relationship: _____
Cell Phone: _____ **Home Phone:** _____
Can the above-listed contact pick up students from school? Yes No

2nd Contact

Name: _____
Relationship: _____
Cell Phone: _____ **Home Phone:** _____
Can the above-listed contact pick up students from school? Yes No

Person authorized to remove child from school: _____

Person(s) not authorized to pick up child: _____

If we need to contact you for a Non-Emergency question/concern, how would you prefer we contact you?

Email: _____ **Phone:** _____

Parent/Guardian Signature: _____