

JCC STUDENT REGISTRATION INFORMATION

Jackson County Central Schools 2023 - 2024

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

Grade _____ Birth date: _____ Sex: M _____ F _____

Physical Address _____ Social Security # _____

Mailing Address _____ Home Phone _____

City _____ St _____ Zip _____

*Have you ever attended a MN Public School? _____

If yes, please list LAST District attended _____

School Name: _____

School Address: _____

School Phone Number _____

MOTHER Name _____ FATHER Name _____

Mailing Address _____ Mailing Address _____

Physical Address _____ Physical Address _____

MOTHER Work Place _____ FATHER Work Place _____

MOTHER Work Phone _____ FATHER Work Phone _____

MOTHER Cell _____ FATHER Cell _____

MOTHER e-mail _____ FATHER e-mail _____

PERSON AUTHORIZED to remove child from school: _____

PERSONS NOT AUTHORIZED to remove child from school: _____

SIBLINGS: (name & grade/age) _____

If we need to contact you for a Non-Emergent question or concern, how do you prefer to have us contact you? (Complete One)

Email _____ or Phone _____