



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: _____

Have you ever attended a MN Public School? Yes No

Please list LAST school attended: _____

School Address: _____ Phone: _____

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: _____

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 do you prefer to have us contact you?

Email: _____ Phone: _____