

STUDENT INFORMATION (K-12)

This form is required for new students only

Student Full Name (Middle Name required)	Gender	Grade	Birthdate	Race (see key below)	Latino/Hispanic Yes or No	Birthplace	IEP?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Race Key: 5 – White; 4-Black-African American; 3--Hawaiian/Pacific Islander; 2-Asian; 1-American Indian-Alaskan Native;

HOME LANGUAGE SURVEY RECEIVED AND COMPLETED? _____ Yes _____ No

FATHER'S NAME _____ **EMPLOYER** _____

HOME ADDRESS _____

PHONE NUMBERS _____
Home Phone Work Phone Cell Phone

EMAIL ADDRESS _____

MOTHER'S NAME _____ **EMPLOYER** _____

HOME ADDRESS (If different) _____

PHONE NUMBERS _____
Home Phone Work Phone Cell Phone

EMAIL ADDRESS _____

EMERGENCY CONTACT _____
Emergency contacts will be used in individual cases of injury or emergency, not in weather-related events. (Parents will be called first)

RELATIONSHIP _____ **PHONE** _____

DO YOU REQUIRE BUS TRANSPORTATION? _____

ELEMENTARY STUDENT INFO ONLY

DAY CARE BEFORE SCHOOL _____ **PHONE** _____

DAY CARE AFTER SCHOOL _____ **PHONE** _____

PRESCHOOL ATTENDED (Y or N): ___ **HOW MANY YEARS** ___ **NAME OF PRESCHOOL** _____
(Preschool information needed only for Kindergarten Students)

JMC PARENT ACCESS

REQUESTED PASSWORD – IF NOT ALREADY ON FILE _____

REPORT CARD INFORMATION SENT TO:	LEGAL GUARDIANSHIP	LUNCH BALANCE NOTICES
<input type="radio"/> Mother	<input type="radio"/> Mother	<input type="radio"/> Mother
<input type="radio"/> Father	<input type="radio"/> Father	<input type="radio"/> Father
<input type="radio"/> Both	<input type="radio"/> Both	<i>cannot be both in a split family</i>

Office Use Only ELEMENTARY HIGH SCHOOL NURSE