

School Year

JACKSON COUNTY SCHOOLS
STUDENT ENROLLMENT FORM

JC-36

CHILD'S NAME _____ BIRTHDATE _____ GENDER ____F ____M
Last First Middle

Enrolling School _____ Enrollment Date _____ Grade _____

Transferred From: ____ Public or Private School, School Name & Address _____
____ Homeschool ____ Virtual ____ Other, explain _____

Verification of Birth: ____ Certificate of Live Birth ____ Court Record Birthplace _____

Was child previously enrolled in Jackson County Schools? ____ Yes ____ No

Did child previously participate in WVSSAC athletics? ____ Yes ____ No

Did child previously receive: Title 1 Services ____ Yes ____ No

Special Education/504 Services? ____ Yes ____ No

Student lives with: ☐ Both parents ☐ Mother only ☐ Father only ☐ Mother & stepfather ☐ Father & stepmother

☐ Agency ☐ Self ☐ Legal guardian ☐ Other, explain _____

Custody Restrictions? ____ No ____ Yes, explain _____

Legal Records Provided? ____ No ____ Yes

ENROLLING PARENT/GUARDIAN NAME _____

Relationship to child _____

Phone (H) _____ (C) _____ Email _____

Last grade in school _____ Living in the Home ____ Yes ____ No

Employer _____ Employer Phone _____

ENROLLING PARENT/GUARDIAN NAME _____

Relationship to child _____

Phone (H) _____ (C) _____ Email _____

Last grade in school _____ Living in the Home ____ Yes ____ No

Employer _____ Employer Phone _____

MAILING ADDRESS

Street _____ City _____ State _____ Zip _____

PHYSICAL ADDRESS (If different from mailing address)

Street _____ City _____ State _____ Zip _____

ADDRESS VERIFICATION ON FILE ____ No ____ YES (Source) _____

DIRECTIONS TO HOME (Be as specific as possible.) _____

Living Arrangement: Is child residing in a permanent residence that is fixed, regular and adequate? ____ Yes ____ No

If no, provide housing arrangement: ____ Foster Home ____ In a shelter or transitional housing ____ In a hotel/motel
____ Temporarily with more than one family in a house or apartment ____ In a car, campground or abandoned building
____ In a home without adequate heat or plumbing ____ With friends or family, other than parent or guardian
____ Other, explain _____

ETHNIC GROUP-Check all racial groups with which you identify.

☐ Asian
☐ Black or African American
☐ Hispanic
☐ Native American/Native Alaskan
☐ Pacific Islander
☐ White
☐ Multiple Races

NATIVE LANGUAGE-Language spoken in the home

☐ English ☐ Spanish ☐ French
☐ Asian ☐ Japanese ☐ German
☐ Italian ☐ Polish ☐ Other

TRANSPORTATION-Please check one:

☐ **BUS STUDENT** Bus Number _____ AM _____ PM
☐ **NON-BUS STUDENT**
 ☐ Walker ☐ Privately Transported

Current Health History:

	No	Yes		
Does your child have vision problems?	☐	☐	☐ Contacts	☐ Glasses
Does your child have hearing problems?	☐	☐	☐ Hearing aid	☐ Other: _____
Allergy – food (type) _____	☐	☐	☐ EPI-PEN*	
Allergy – insect (type) _____	☐	☐	☐ EPI-PEN*	
Asthma	☐	☐	☐ INHALER*	☐ NEBULIZER*
Diabetes	☐	☐	☐ INSULIN INJECTION*	☐ INSULIN PUMP*
Heart problem (type) _____	☐	☐		
Seizures (type) _____	☐	☐	☐ EMERGENCY MEDICATION*	
ADHD	☐	☐	☐ MEDICATION @ SCHOOL*	

Explain any other health history or issues (including learning disabilities) _____

Does your child need additional medication while at school or after-school functions? ☐ No ☐ Yes* If yes, explain _____

Does your child take medications of any kind at home? ☐ No ☐ Yes* If yes, explain _____

Health Information: It is important that you keep the school informed of any changes in health or medication which would affect your child's performance. Please notify the school nurse if your child needs to take medication at school. This includes overnight field trips or sporting events that may extend past normal school hours. The school nurse must sometimes share health information with school staff. If you have concerns about sharing this information, please contact the school nurse. *Students requiring medication (prescription or non-prescription) at school, **MUST** have a written order by a Licensed Health Care Professional and written parent consent.

I certify the information provided is accurate to the best of my knowledge.

Signature of Parent/Guardian

Date

Signature of Staff

Date