

 JAC-CEN-DEL COMMUNITY SCHOOLS		Date Received: _____ Time Received: _____			
Student Information	Last Name (Legal): _____		Ethnicity		
	First Name: _____		Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Middle Name: _____		Race (check all that apply)		
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> American Indian/Alaskan Native		
	Grade: _____		<input type="checkbox"/> Black/African American		
	Birthdate: _____		<input type="checkbox"/> Native Hawaiian/Pacific Islander		
	Birthplace: _____		<input type="checkbox"/> Asian		
	Student Resides With: _____		<input type="checkbox"/> White		
	Home Address: _____		<input type="checkbox"/> Other: _____		
	City, State, Zip: _____ Student Phone: _____		Is parent/guardian of student active duty military? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is this a temporary living arrangement <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has this student previously attended school in Jac-Cen-Del School District?		<input type="checkbox"/> Yes <input type="checkbox"/> No Dates: _____			
Parent/Guardian Information	Father's Information		Mothers Information		
	Last Name _____		_____		
	First Name _____		_____		
	Address _____		_____		
	City, State, Zip Code _____		_____		
	Work/Day Phone _____		_____		
	Employer _____		_____		
	Home Phone _____		_____		
	Cell (Alt) Phone _____		_____		
	Email Address _____		_____		
Other Parent/Guardian Information	Relationship to Student: _____		Relationship to Student: _____		
	Last Name _____		_____		
	First Name _____		_____		
	Address _____		_____		
	City, State, Zip Code _____		_____		
	Work/Day Phone _____		_____		
	Employer _____		_____		
	Home Phone _____		_____		
	Cell (Alt) Phone _____		_____		
	Email Address _____		_____		
Emergency Contact Information (Other than listed above)	Emergency Contact #1 _____		Sibling Information	Name (First, Last) _____ School/Grade _____	
	Relationship to Student _____			_____	
	Daytime Phone _____			_____	
	Emergency Contact #2 _____			_____	
	Relationship to Student _____			_____	
	Daytime Phone _____			_____	

***If one parent has been awarded custody of the student by the courts, the parent of custody shall provide the school with a copy of the custody order and inform the school in writing of any limitations in the rights of the noncustodial parent. Absent such order, the school will presume that the student may be released into the care of either parent.

Custody Alerts: (Describe in detail below)

Custody Papers on file

☐ Yes ☐ No

Last School Attended	Name of School:	Phone Number:
	Address:	Fax Number:
	City, State, Zip Code	Dates Attended:
	Has this student ever been expelled or considered for expulsion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical History	My child has a medical condition (Example: Allergies, asthma, diabetes, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please complete the medical form available from the school nurse.		
	If YES, please list allergies:		
	If YES, please list all medical conditions:		
	List any treatment for these conditions (i.e. inhaler, medications, etc.)		
	Can the student receive Tylenol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family Doctor Name & Phone:
	Can the student receive Benadryl?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Can the student receive Tums?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	List any prescription or over the counter medication your child takes regularly:		
	List any other medical or behavioral concerns:		

Social Services	This Student:	Has NEVER received this service	Is CURRENTLY receiving this service	Has been exited from this service	FOR OFFICE USE ONLY
	Special Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Speech Only (SPED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	504	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Gifted and Talented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Transportation	To School (fill in the blank)		Home from School (fill in the blank)	
	<input type="checkbox"/> Bus # _____		<input type="checkbox"/> Bus # _____	
	<input type="checkbox"/> Car		<input type="checkbox"/> Car	

In case of EARLY DISMISSAL or that no one is home, my child is to do the following (Phone lines may be out, please do not have student call someone):

Directions to your house:

PERMISSION IS HEREBY GRANTED FOR:

*The release of medical, educational, or psychological information regarding my child.

*My child will be transported by EMS in the event of an emergency to a local hospital.

Parent to responsible for fees of this service, not the school.

Signature of Parent/Legal Guardian

Date

Please Print Name

* **PLEASE NOTE:** If your child has medical issues that may need attention while at school, please notify the nurse, teachers, coaches, and bus drivers. This medical consent will be used as long as your child remains a student at Jac-Cen-Del. Please notify the school of any changes immediately.