



# Jefferson High School Student Enrollment Form

<b>STUDENT INFORMATION</b>	Last Name:		<b>ETHNICITY (check all that apply)</b>	
	First and Middle Name:		<input type="checkbox"/> White	
	Birthdate:		<input type="checkbox"/> American Indian/Alaska Native	
	Grade:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino	
			<input type="checkbox"/> Black/African American	
	Student Resides With:		<input type="checkbox"/> Asian	
	Physical Address:		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
	City, State, Zip:		<input type="checkbox"/> Other:	
	Mailing Address:			
City, State, Zip:				

<b>PARENT INFORMATION*</b>	<i>*Primary Household Members (Please list only those members who live at above address)</i>							
	<b>PARENT/GUARDIAN 1</b>				<b>PARENT/GUARDIAN 2</b>			
	Relationship to Student:				Relationship to Student:			
	First Name:				First Name:			
	Last Name:				Last Name:			
	Employer:		(Please check all that apply)		Employer:		(Please check all that apply)	
		Day	Mobile	Text		Day	Mobile	Text
	Preferred Phone #:				Preferred Phone #:			
	Work Phone #:				Work Phone #:			
	Alternate Phone #:				Alternate Phone #:			
Email Address:				Email Address:				

<b>NON-HOUSEHOLD PARENT/GUARDIAN INFORMATION</b>	Relationship to Student:				Relationship to Student:			
	First Name:				First Name:			
	Last Name:				Last Name:			
	Employer:		(Please check all that apply)		Employer:		(Please check all that apply)	
		Day	Mobile	Text		Day	Mobile	Text
	Preferred Phone #:				Preferred Phone #:			
	Work Phone #:				Work Phone #:			
	Alternate Phone #:				Alternate Phone #:			
	Email Address:				Email Address:			
	Home Address (if different):				Home Address (if different):			
	City, State, and Zip:				City, State, and Zip:			
	Mailing Address (if different):				Mailing Address (if different):			
City, State, and Zip:				City, State, and Zip:				

<b>EMERGENCY CONTACT</b>	<b>Emergency Contact #1</b>		<b>Emergency Contact #2</b>	
	Name:		Name:	
	Relationship to Student:		Relationship to Student:	
Phone #:		Phone #:		

LAST SCHOOL ATTENDED	Name of School:	
	City, State:	
	Dates Attended:	
	Has student ever been expelled or considered for expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	

SOCIAL SERVICES	Does this student have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check: <input type="checkbox"/> 504 <input type="checkbox"/> IEP	
	Court Protection Order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, against:	
	Parenting Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

MEDICAL	Medical Condition(s):	
	Medication taken at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what and when:
	Medication taken at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>*Must complete and return Medical Authorization Form</i>
	Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please share further details: _____	

Is any individual named on this enrollment form (including parent, guardian, student, sibling, caretaker, relative, emergency contact) currently or formerly a registered sex or violent offender? ☐ Yes\* ☐ No

\*If yes, state name and relationship to student: \_\_\_\_\_

*\*Current or former individuals on the Sex/Violent Offender registry are not permitted on school property or have limited access per District Policy #4550.*

SIGNATURE	<i>I certify that I am the legal guardian of the student and that all information provided is true and accurate to the best of my knowledge. I verify that I reside within the school district boundaries or have an approved non-resident status for my child.</i>	
	Signature of Parent/Guardian	Date Please print name