

JCC STUDENT REGISTRATION INFORMATION

Jackson County Central Schools 2021 - 2022

STUDENT Legal/ Birth Name: First _____ Middle _____ Last _____

Grade _____ Birth date: _____ Sex: M _____ F _____

Physical Address _____ Social Security # _____

Mailing Address _____ Home Phone _____

City _____ St _____ Zip _____

*Have you ever attended a MN Public School? _____ If yes, please list LAST District attended _____

*Have you ever attended JCC before? _____ If so, what was the last grade you were in? _____

MOTHER Name _____ FATHER Name _____

Mailing Address _____ Mailing Address _____

Physical Address _____ Physical Address _____

MOTHER Work Place _____ FATHER Work Place _____

MOTHER Work Phone _____ FATHER Work Phone _____

MOTHER Cell _____ FATHER Cell _____

MOTHER e-mail _____ FATHER e-mail _____

PERSON AUTHORIZED to remove child from school: _____

PERSONS NOT AUTHORIZED to remove child from school: _____

(If there are any legal papers involved, please get a copy to the school office.)

IF THERE ARE ANY SAFETY/SECURITY ISSUES PERTAINING TO YOUR CHILD THAT SCHOOL PERSONNEL SHOULD BE AWARE OF, PLEASE EXPLAIN BELOW OR SUBMIT A WRITTEN EXPLANATION TO THE SCHOOL OFFICE.

SIBLINGS: (name & grade/age) _____

If we need to contact you for a Non-Emergent question or concern, how do you prefer to have us contact you? (Complete One)

Email _____ or Phone _____