

 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 No	
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		
	<i>If yes, please complete the medical form available from the school nurse.</i>				
	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:				
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				
	Speech Only (SPED)				
	504				
	Gifted and Talented				
Transportation	To School (fill in the blank)			Home from School (fill in the blank)	
	Bus # _____ Car _____			Bus # _____ Car _____	
<p>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):</p> <p>Directions to your house:</p> 					
<p>PERMISSION IS HEREBY GRANTED FOR:</p> <p>*The release of medical, educational, or psychological information regarding my child.</p> <p>*My child will be transported by EMS in the event of an emergency to a local hospital.</p> <p>Parent to responsible for fees of this service, not the school.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; text-align: center;"> _____ Signature of Parent/Legal Guardian </div> <div style="width: 20%; text-align: center;"> _____ Date </div> <div style="width: 30%; text-align: center;"> _____ Please Print Name </div> </div> <p style="margin-top: 20px;">* 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.</p>					