

Jack Anderson Elementary

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Student Last	First/Middle	Preferred Name	Date	Grade
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Address	City/Zip Code
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List sibling(s) & age currently attending Summer County Schools:

(1)	(2)	(3)	(4)
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School Last Attended:	Address:	Phone:	Dates:
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Date of Birth: _____ <small>(MM/DD/YY)</small>	Race: (check all that apply):	Ethnicity:	Birth Information:
Age: _____	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	City of Birth: _____
Gender: _____	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Non-Hispanic	County of Birth: _____
	<input type="checkbox"/> American Indian		State of Birth: _____
	<input type="checkbox"/> Pacific Islander/Native Hawaiian		Country of Birth: _____

Custody: (please circle) Mother Father Both Other: _____	If Applicable (Please Answer Yes or No) Custody Papers On File in Office?: _____ Non Custodial Parent May Pick Up From School?: _____ Non Custodial Parent May Attend School _____ Functions & Join Child for Lunch?: _____
Father/Guardian: _____ Address: _____ Primary Phone: _____ Employer: _____ Email: _____	Visitation Restrictions: (if Applicable) Please List Any Person(s) with Whom Your Child Should NEVER Be Allowed Contact. You Must Provide a Valid No-Contact Order for Us to Deny Contact w/Non-Custodial Parent. Name: _____ Relationship: _____ Name: _____ Relationship: _____

() Primary Residential Parent () Child Lives at This Address	() Primary Residential Parent () Child Lives at This Address
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List Persons (over 18) Who Have Permission To Sign Out & Transport Your Child If You Cannot Be Reached. Parents Must Notify The School Office In Writing If Any Information Changes.	
Name:	Relationship:

I affirm that all information given is complete and accurate, and that the home address provided is the legal residence of the student and the student's primary custodian. I understand the student's assignment to a school is based on the legal residence of the primary custodian.

Parent or Guardian's Signature: _____ Date: _____

Car: a.m. _____ p.m. _____ both _____	Bus #: _____	a.m. _____ p.m. _____ both _____
Jags: a.m. _____ p.m. _____ both _____	Daycare: a.m. _____ p.m. _____ both _____	

Does your child have an IEP? _____	Yes _____ No _____
Does your child have a 504 Plan? _____	Yes _____ No _____