

# STUDENT INFORMATION (K-12)

*This form is required for new students only*

Student Full Name (Middle Name required)	Gender	Grade	Birthdate	Race (see key below)	Latino/Hispanic? Yes or No	Birth-Place
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Race Key: 5 – White; 4-Black-African American; 3--Hawaiian/Pacific Islander; 2-Asian; 1-American Indian-Alaskan Native;

**HOME LANGUAGE SURVEY RECEIVED AND COMPLETED?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**FATHER'S NAME** \_\_\_\_\_ **EMPLOYER** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**PHONE NUMBERS** \_\_\_\_\_  
Home Phone Work Phone Cell Phone

**EMAIL ADDRESS** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ **EMPLOYER** \_\_\_\_\_

**HOME ADDRESS** (If different) \_\_\_\_\_

**PHONE NUMBERS** \_\_\_\_\_  
Home Phone Work Phone Cell Phone

**EMAIL ADDRESS** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_  
*Emergency contacts will be used in individual cases of injury or emergency, not in weather-related events. (Parents will be called first)*

**RELATIONSHIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**DO YOU REQUIRE BUS TRANSPORTATION?** \_\_\_\_\_

## ELEMENTARY STUDENT INFO ONLY

**DAY CARE BEFORE SCHOOL** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**DAY CARE AFTER SCHOOL** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**PRESCHOOL ATTENDED (Y or N):** \_\_\_ **HOW MANY YEARS** \_\_\_ **NAME OF PRESCHOOL** \_\_\_\_\_  
*(Preschool information needed only for Kindergarten Students)*

## JMC PARENT ACCESS

**REQUESTED PASSWORD – IF NOT ALREADY ON FILE** \_\_\_\_\_

### REPORT CARD INFORMATION SENT TO:

- Mother
- Father
- Both

### LEGAL GUARDIANSHIP

- Mother
- Father
- Both

### LUNCH BALANCE NOTICES

- Mother
- Father

*cannot be both in a split family*

Office Use Only  ELEMENTARY  HIGH SCHOOL  NURSE