

# JACKSON CENTER LOCAL SCHOOLS

## Student Registration / Emergency Worksheet

Please Print

SCHOOL (circle one) – SHELBY HILLS PRE-K KIND. ELEM MS HS CURRENT GRADE: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Last) (First) (Middle Name) (Called Name)

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

PO Box No. \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Unlisted: yes \_\_\_\_ no \_\_\_\_ County: \_\_\_\_\_ District of Residence: \_\_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_ Place of Birth (City) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**Ethnic Origin:** (Federal Requirement) **U.S. Citizen:** yes \_\_\_\_ no \_\_\_\_ **Homeless Status:** yes \_\_\_\_ no \_\_\_\_  
 Hispanic/Latino Heritage? Yes or No  
 \_\_\_\_ Asian/Pacific Islands If no, check one: Exchange student \_\_\_\_ If yes, check one: Lives in public operated shelter \_\_\_\_  
 \_\_\_\_ Black or African American Other: \_\_\_\_ Lives in privately operated shelter \_\_\_\_  
 \_\_\_\_ Hispanic Country of Origin: \_\_\_\_\_ Lives with relatives or friends \_\_\_\_  
 \_\_\_\_ American Indian or Alaskan Native Other: \_\_\_\_\_  
 \_\_\_\_ White Limited English Proficiency: yes \_\_\_\_ no \_\_\_\_ If yes, then language spoken: \_\_\_\_\_

Child has IEP: Yes or No  
 Did your child attend Head Start? Yes or No Did your child attend Private PreSchool? Yes or No 0-11Months \_\_\_\_ 12 months or more \_\_\_\_

## Parent/Guardian Information: (This information will also be used as an emergency contact)

Father Mother Step Parent Guardian Foster Parents Other  
 (circle appropriate status)

**First Contact -**  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Pager** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

Father Mother Step Parent Guardian Foster Parents Other  
 (circle appropriate status)

**Second Contact -**  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_ **Pager** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City/Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

### OFFICE USE ONLY:

Birth Certificate: \_\_\_\_\_ Grades/Transcripts \_\_\_\_\_ Proof of Residency: \_\_\_\_\_ (specify)  
 Immunization Records: \_\_\_\_\_ Withdrawal Papers: \_\_\_\_\_ Custody Papers \_\_\_\_\_  
 Social Security Card: \_\_\_\_\_ Court Order \_\_\_\_\_  
 other \_\_\_\_\_

revised 3/2010

## Custodial Information

IT IS OHIO STATE LAW THAT EACH STUDENT PROVIDE A CERTIFIED COPY OF ANY CHILD CUSTODY ORDER OR DECREE, WHICH HAS BEEN ISSUED WITH RESPECT TO THE STUDENT. THE CUSTODIAL PARENT OF SUCH A STUDENT MUST ALSO PROVIDE THE BOARD OF EDUCATION WITH CERTIFIED COPIES OF ANY LATER COURT ORDERS, WHICH MODIFY THE ORIGINAL CUSTODY ORDER OR DECREE. [Ohio Revised Code 3313.672(b)]

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS THAT APPLIES TO YOUR CHILD:

- ☐ A. Child lives with natural parent(s) or with legally adoptive parents.
- ☐ B. Parents are divorced or legally separated; child resides with parent that has legal custody by court order.  
(if this is your situation, you must provide the school with a copy of the court order within 30 days)
- ☐ C. Parents are divorced or legally separated; for court order shared custody.  
(if this is your situation, you must provide the school with a copy of the court order within 30 days)
- ☐ D. Child lives with a Guardian who has been granted legal custody by court order.  
(if this is your situation, you must provide the school with a copy of the court order)
- ☐ E. Child lives with Foster Parents.  
(if this is your situation, you must have a representative of the custodial agency with you and all necessary court orders, proof of district responsibility for educational costs and previous school records at the time of enrollment. YOUR CHILD WILL NOT BE ENROLLED WITHOUT MEETING ALL THESE REQUIREMENTS)
- ☐ F. Child is 18 years of age or older and lives apart from his/her parent or guardian.

My child has permission to be given non-prescription medicine by school personnel, which will be provided by the Parent/Guardian when needed. Yes ☐ No ☐

**\*This information will be shared with appropriate personnel when deemed necessary.**

### School History:

School previously attended: \_\_\_\_\_

School Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Has student ever attended any school in this district    yes    no

Name of School District last attended: \_\_\_\_\_

Year last attended that District: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Information:** in case of emergency, third contact other than parent:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give consent for the following medical care providers and local hospital to be contacted:

Name of preferred Doctor: \_\_\_\_\_

Doctors Phone: \_\_\_\_\_

Name of preferred Dentist: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_

**Family Information:** Names of brothers/sisters now living at home

| First Name | Last Name | Date of Birth  |
|------------|-----------|----------------|
| _____      | _____     | ____/____/____ |
| _____      | _____     | ____/____/____ |
| _____      | _____     | ____/____/____ |
| _____      | _____     | ____/____/____ |

**Refusal to Consent:** I **do not** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_