



The following must be attached to this form:

1. Copy of Certified Birth Certificate
2. Copy of Immunization Records (121 form)
3. Copies of 2 address identification forms (Provide your Light and Gas Bill)
4. Copy of Social Security Card
5. Transfer Students: Must present Transcripts/Report Card



Jonestown Elementary Pupil Registration Form

A. STUDENT INFORMATION

School Year: _____

Student Name (first, middle, last, suffix)			Social Security number		
Gender <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth (mm/dd/yy) / /	Grade Level	Has the student previously attended this school district <input type="checkbox"/> Y <input type="checkbox"/> N		
School previously attended					
Entering Kindergarten Student Information When my child was four years old they received care or attended (Please check the appropriate box): <input type="checkbox"/> Attended Head Start <input type="checkbox"/> Attended a Licensed Child Care/ Day Care Center <input type="checkbox"/> Attended a Pre-K Public School <input type="checkbox"/> Attended a Pre-K Private School <input type="checkbox"/> Cared for at home or by a family member Please provide the name and location of licensed Child Care Center, Pre-K at Public School, or Pre-K at Private School _____					
Race/ Ethnic Origin <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Multiracial					
Birth City	Birth State	Birth County	Permanent County		

B. Environmental Risk Factors (Please check all that apply)

<input type="checkbox"/> Economically Disadvantaged	<input type="checkbox"/> Single Parent Home	<input type="checkbox"/> Neglected /Delinquent	<input type="checkbox"/> Homeless		
<i>(Complete Homeless Survey if any of these boxed are checked)</i>					
<input type="checkbox"/> Limited English	<input type="checkbox"/> Migrant	<input type="checkbox"/> English Second Language	<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Immigrant	
<i>(Complete Home Language Survey if any of these boxes are checked)</i>					

C. Insurance Information

Is the student insured? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, please check the appropriate box <input type="checkbox"/> CHIPS <input type="checkbox"/> Private insurance <input type="checkbox"/> Medicaid				
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D. Parent Information

Physical Address and Post Office Box					
City	State	Zip			
Home Phone	Cellular Phone	E-mail address			
Mother's Name			Mother's Workplace		
Father's Name			Father's Workplace		
Guardian's Name					

E. Emergency Contact Information

Name (first, middle, last, suffix)				Relationship to Student	
Street Address		City	State	Zip Code	
Home Phone	Work Place	Work Phone			

F. Check-Out Information

The following people are authorized to check out/pick-up my child:					

My signature certifies that the information recorded above is accurate. I also certify that the address listed is my residence and is located within the Coahoma County School District. I also agree to contract with the school in which my child enrolls to be supportive of educational efforts and to be an active partner in the education of my child.

Signature of Parent/Guardian

Date

Registration Approved By (School Official)

JONESTOWN ELEMENTARY SCHOOL IS A PLACE WHERE TEACHERS LOVE TO WORK, STUDENTS LOVE TO LEARN, AND PARENTS LOVE TO VISIT