

Essex Community School

School Year 2017-2018

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ State ID # \_\_\_\_\_

Birthdate \_\_\_\_\_ Primary Language \_\_\_\_\_

Birthplace \_\_\_\_\_ What was the first language the student learned? \_\_\_\_\_

Birth County \_\_\_\_\_ Is any other language spoken in the home? \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ If yes, what language? \_\_\_\_\_

Does student reside with both parents? Yes No If not which parent? \_\_\_\_\_ Neither parent? Yes No

Parent or Guardian with whom student resides? \_\_\_\_\_

If guardian: Relationship to Student: \_\_\_\_\_ Appointed: \_\_\_\_\_

Contact Type \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ *P.O. Box*

City, State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ HmPh Descr \_\_\_\_\_

Work Phone1 \_\_\_\_\_ WkPh1 Descr \_\_\_\_\_

Work Phone2 \_\_\_\_\_ WkPh2 Descr \_\_\_\_\_

Cell Phone1 \_\_\_\_\_ CPh1 Descr \_\_\_\_\_

Cell Phone2 \_\_\_\_\_ CPh2 Descr \_\_\_\_\_

Email \_\_\_\_\_

***Please provide this information for Internet Access to JMC Student Data.***

Password \_\_\_\_\_

Contact information for parent who does not live with student:

Name \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is this person to be included in our mailing list: Yes No

Other Emergency Contacts \_\_\_\_\_

\_\_\_\_\_

Siblings: \_\_\_\_\_

In the event of emergency the school officials are hereby authorized to take whatever action deemed necessary in their judgement, for the health of this child. The school district will not be held financially responsible for the emergency care and/or transportation for this child.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

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