

Jack Anderson Elementary Enrollment Card

Student Last	First/Middle	Preferred Name	Grade	Date of Birth

Address	Zip Code

Parent/Guardian Information:

<p style="text-align: right;">Primary Custodial Parent: <input type="checkbox"/></p> Father/Guardian: _____ Address: <input type="checkbox"/> Check here if address is the same as student. If address is different, please list below: _____ _____ Primary Phone: _____ Employer: _____ Work Phone: _____	<p style="text-align: right;">Primary Custodial Parent: <input type="checkbox"/></p> Mother/Guardian: _____ Address: <input type="checkbox"/> Check here if address is the same as student. If address is different, please list below: _____ _____ Primary Phone: _____ Employer: _____ Work Phone: _____
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Emergency Contacts:

Persons (over 18) who have permission to sign out / transport your child if you cannot be reached. Parents must notify the office in writing if information changes.

Name:	Relationship:	Primary Phone Number:

Student Support:

Does your child have an IEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have a 504 Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Transportation:

Morning Transportation	Afternoon Transportation
<input type="checkbox"/> Car	<input type="checkbox"/> Car
<input type="checkbox"/> Bus # _____	<input type="checkbox"/> Bus # _____
<input type="checkbox"/> Walker	<input type="checkbox"/> Walker
<input type="checkbox"/> Jags	<input type="checkbox"/> Jags
<input type="checkbox"/> Daycare Van	<input type="checkbox"/> Daycare Van

Custody Information:

Mother Father Both

Other: _____

Only complete the following custodial information if applicable:

Court documents must be provided EACH YEAR to restrict access to a parent or guardian.

<p>Custody papers on file in office? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Non-custodial parent may pick up from school? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Non-custodial parent may attend school functions and join child for lunch? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>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.</p> <p>Name: _____ Relationship: _____</p> <p>Name: _____ Relationship: _____</p>
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