

# Johnson County Central Public Schools

2010-2011 Registration

Child's name:	
Home Address:	
Mailing Address:	
City:	
Zip:	
Date of Birth	
Grade Level	

**Circle Answers**

Sex:	Male	Female
Ethnicity:	Hispanic	NOT Hispanic
Race:	Amer Indian / Asian / White	Black or African American / Pacific Islander
Home Phone #:		
Child's Cell #:		

**Emergency Contacts**

Alternate contact's name:	
Phone 1: H / W / C	
Phone 2: H / W / C	
Alternate contact's name:	
Phone 1: H / W / C	
Phone 2: H / W / C	
Alternate contact's name:	
Phone 1: H / W / C	
Phone 2: H / W / C	

**Health Information**

Doctor's Name:	
Location:	
Phone:	
Dentist Name:	
Location:	
Phone:	
List your child's allergies:	
List your child's medications:	

Marital Status of Parents (circle one)  
 Married-Remarried / Divorced / Separated / Widowed

<b>Father:</b>	
Employer:	
Work phone:	
Cell phone:	
Email:	
Mailing Address	
City, State, Zip	
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Stepparent Name	
Employer:	
Work phone:	
Email:	

<b>Mother:</b>	
Employer:	
Work phone:	
Cell phone:	
Email:	
Mailing Address	
City, State, Zip	
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Stepparent Name	
Employer:	
Work phone:	
Email:	

**Siblings (Circle One)**

Name: _____	Brother / Sister	Date of Birth _____
Name: _____	Brother / Sister	Date of Birth _____
Name: _____	Brother / Sister	Date of Birth _____
Name: _____	Brother / Sister	Date of Birth _____
Name: _____	Brother / Sister	Date of Birth _____
Name: _____	Brother / Sister	Date of Birth _____
Name: _____	Brother / Sister	Date of Birth _____
Name: _____	Brother / Sister	Date of Birth _____

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Additional Student Information:

Is the Student a single parent? Y / N

Is the Student a Ward of the State or County? Y / N

If the Student was not born in the U.S. answer the following question:

1. When did the student first arrive in the US? \_\_\_\_\_
2. When did the student first enroll in a US School? \_\_\_\_\_
3. Has the student had previous ESL instrustion? Y / N - If Yes, When did the ESL instruction begin? \_\_\_\_\_

ALERT NOW	
Name : Priority 1	H/W/C
Name : Priority 2	H/W/C
Name : Priority 3	H/W/C
Name : Priority 4	H/W/C
Name : Priority 5	H/W/C

\*\*\*\*\*  
 If you are interested in having our automated phone system call you for school closing, field trip information, or other school activities. You can list upto 5 individual phone numbers for each to be called. The emergency numbers will only be called incase of a school emergency .  
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**Notes:**

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*\*A new Emergency Contacts sheet must be submitted yearly, and every time information changes.*