

Johnson County Central Public Schools

One UPDATE per site (Cook, Tec Elem, HS)

PLEASE FILL OUT COMPLETELY

2025-2026 Registration Form

Child's name:			
Date of Birth			
Grade Level	<input type="checkbox"/>	Gender: Male	<input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> NOT Hispanic	
Race:	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Pacific Islander	

List your child's allergies:

List your child's medications:

Child's name:			
Date of Birth			
Grade Level	<input type="checkbox"/>	Gender: Male	<input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> NOT Hispanic	
Race:	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> White
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Pacific Islander	

List your child's allergies:

List your child's medications:

Space for Additional children on the back

Home Address:			
Mailing Address:			
City/ Zip:			
Home Phone # if applicable			
Child's Phone # if applicable			

* Alternate/Emergency Contacts

PARENTS will be called first. List two adult alternate contacts (NOT Parents) who can be called if parent is not available. Alternate Contacts must be local & able to pick up your student.

Contact 1 Name			
Relationship to Student			
Cell Phone #			
Work Phone #			
Home Phone #			
Contact 2 Name			
Relationship to Student			
Cell Phone #			
Work Phone #			
Home Phone #			

Marital Status of Parents (circle one)
Married / Not Married / Divorced / Separated / Widowed

Father:			
Cell Phone #			
Mailing Address			
City, State, Zip			
Email:			
Employer:			
Work phone:			
Stepparent Name			
Cell Phone #			
Employer:			
Work Phone			
Mother:			
Cell Phone #			
Mailing Address			
City, State, Zip			
Email:			
Employer:			
Work phone:			
Stepparent Name			
Cell Phone #			
Employer:			
Work Phone			

Other Information

Is there someone who should NOT pick up your student from school?

Signature of Parent or Guardian

Date

*Emergency Contacts must be submitted yearly & when information changes

Information for Additional children - if needed

Child's name:			
Date of Birth			
Grade Level <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		
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Race: <input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> White	
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List your child's medications:			
Child's name:			
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List your child's allergies:			
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