## JACKSON TOWNSHIP SCHOOL DISTRICT STUDENT REGISTRATION FORM

## Central Registration Office Use Only!

SRS

**Emergency Contact Information:** (Someone other than parent/guardian)

Name:	Phone:		Relation	elationship to student:		
Parent/Guardian has give		Yes	No			
Name:	Phone:			Relationship to student:		
Parent/Guardian has give		Yes	No			
Name:	Phone:			Relationship to student:		
Parent/Guardian has given this emergency contact permission to pick student (s) up from school				Yes	No	

Sibling Information: Please list ALL children in the family from oldest to youngest. If additional room is needed, please list on back of page.

Name:	Male	Female	Date of Birth:	

Does sibling attend school in Jackson?

Yes No