

Student Data Form/ New Student Registration

Johnson County School System- Confidential Form

(updated: November 3, 2017)

| | |
|--|-------------------------|
| Student's Name: _____ First Middle Last | Date of Birth: _____ |
| Address: _____ Street | Telephone: _____ |
| City State Zip Code County | Social Security # _____ |

Sex: ___ Male ___ Female Race/Ethnicity (Please choose 1 or more): White ___ Black ___ Hispanic ___ AI/AN ___ Asian ___ PI ___

Bus# _____ AM _____ PM Miles from home to school _____

Is a parent or guardian a member of the US Armed Forces: ___ Full-time Army, Navy, Air Force, Marine Corps, or Coast Guard;
___ Full-time National Guard; ___ Full-time Reserve Duty; ___ Part-time National Guard; ___ Part-time Reserves; ___ does not apply

Who has legal custody of the student: Both Parents ___ Mother ___ Father ___ Guardian ___ Other ___
Current Custody papers are required when applicable.

Student lives with: Both Parents ___ Mother ___ Father ___ Mother/Stepfather ___ Father/Stepmother ___ State Guardianship ___
Other ___ Relationship _____ Name _____

List Primary Parent/Guardian First (only complete address and telephone information that is different from student information above)

| | |
|--------------------------------------|---------------------------|
| Parent/Guardian: _____ First Last | Home Telephone: _____ |
| Address: _____ Street | Cell: _____ |
| City State Zip Code | Work: _____ |
| Parent/Guardian: _____ First Last | Email: _____ |
| Address: _____ Street | Place of employment _____ |
| City State Zip Code | Home Telephone: _____ |
| Parent/Guardian: _____ First Last | Cell: _____ |
| Address: _____ Street | Work: _____ |
| City State Zip Code | Email: _____ |
| | Place of employment _____ |

I hereby certify that the above information, including my home address, is true and correct.

Signature of the person giving the information: _____

Relationship to the student: _____ Date _____

Complete Only if you are a New Student or Transferring from Another School:

| | | | |
|---|--------------------------------|------------------------------------|------------------------------------|
| Students Birth Information (State required) | | | |
| Country Code: _____ (i.e. US) | State Code: _____ (i.e. TN) | County: _____ (i.e. Washington) | City: _____ (i.e. Johnson City) |
| Was this Student born in the USA: ___ Yes ___ No If no, when did the student enter the USA: _____ | | | |
| Mother's Maiden Name _____ | | | |

Special Services: Special Education: ___ Speech: ___ Section 504: ___ ELL: ___ Gifted: ___

Completed Home Language Survey: Y ___ N ___ Do you have a sibling registered at another Johnson Co. School? Y ___ N ___

Please Circle if you reside in any of the following circumstances:

Doubled Up with Another Family Hotel/Motel Homeless Shelter Campground

Is Student transferring from another school: ___ Yes ___ No If yes, give last date attended: _____

Date Enrolled: _____ Grade: _____ Year Student entered the 9th grade if applicable : _____

Last School Attended: _____ Year: _____ Last School Phone #: _____