

STUDENT INFORMATION

Student's Legal Name (as it appears on birth certificate)

Last _____

First _____ Middle _____

Birthdate _____

Gender: Male Female

Primary Language Spoken at Home _____

Birth Country _____

Grade for 2024-25 School Year _____

School Transferring From _____

Date of Original Entry in U.S. School _____

Race (check all that apply)

- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Asian
- Middle Eastern or North African
- Two or More Races (check all that apply)

Ethnicity (check one)

- None
- Hispanic/Latino

Has the student ever received special education services? Yes No

PRIMARY HOUSEHOLD

Primary Parent/Guardian Information (Household information where student resides)

Legal Parent/Guardian and Spouse Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Primary Phone Number(s) _____

E-mail Address(es) _____

Do parents need an interpreter for school functions? Yes No

Please specify language: _____

FAMILY INFORMATION

Is there a parental custody agreement, court order restricting contact to the student (s), or any other legal documentation that would prohibit access to the student (s)? Yes No

Evidence of non-parent's custody, control, and responsibility of a student is required if considered a guardian. Evidence of documentation is required in order for the school to enforce.

Biological Father, if known _____ Check if child resides here

Address _____ Phone Number _____

Biological Mother, if known _____ Check if child resides here

Address _____ Phone Number _____

Legal Guardian _____ Check if child resided here

Proof of guardianship provided Yes No

Step-Parent _____ Check if child resides here

Address _____ Phone Number _____

Other, see emergency contact section

Name and age of any other children Birth through High School

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

EMERGENCY CONTACT

This section is for anyone authorized to care for and authorized to pick up the student other than biological parent and/or legal guardian.

Name _____ Relationship to Student _____ Phone _____

Name _____ Relationship to Student _____ Phone _____

Name _____ Relationship to Student _____ Phone _____

Name _____ Relationship to Student _____ Phone _____

I verify that the above information is correct

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

For Office Use Only:

Sent for Records – Date _____

Received: Immunization Birth Certificate Physical Dental Vision

Proof of Residency: (at least three)

- Tax Bill or Proof of Payment
- Mortgage Papers
- Utility/Water Bill
- Signed and Dated Lease
- Driver's License
- Voter Registration
- Letter of Residence from Landlord in Lieu of Lease
- Public Aid Card



RICH HISTORY, BRIGHT FUTURE

JACKSONVILLE SCHOOL DISTRICT 117

Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Student's Name: _____

1. Is a language other than English spoken in your home?

Yes What language? _____

No

2. Does your child speak a language other than English?

Yes What language? _____

No

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent/Legal Guardian Signature

Date