JENNINGS COMMUNITY SCHOOL ENROLLMENT FORM 2016-2017



DATE:				
FIRST NAME:	LAST NAME:	MIDDLE NAME:		
Address:				
APARTMENT/UNIT#:				
CITY/STATE/ZIP CODE:				
PARENT CONTACT:	STUDENT CONTACT:	LANGUAGE:		
Номе:	Номе:			
CELL:	CELL:	LANGUAGE SPOKEN AT HOME:		
Work:				
GRADE: 7 8 9 10 11 12	D.O.B.:	DO YOU HAVE AN IEP OR 504 PLAN?		
WHAT IS YOUR ETHNICITY? 1 AMERICAN INDIAN ; 2 ASIAN OR PACIFIC ISLANDER; 3 HISPANIC; 4 BLACK; 5 WHITE, NOT HISPANIC				
Previous Schools				
SCHOOL NAME & ADDRESS:				
DATE OF ENROLLMENT:				
FROM:	То:			
SCHOOL NAME & ADDRESS:				
DATE OF ENROLLMENT:				
FROM:	То:			
SCHOOL NAME & ADDRESS:				
DATE OF ENROLLMENT:				
FROM:	То:			

EMERGENCY CONTACT INFORMATION:				
FULL NAME:		RELATIONSHIP TO STUDENT	r:	
HOME PHONE:	CELL PHON	NE:	WORK PHONE:	
FULL NAME:		RELATIONSHIP TO STUDENT	r:	
Номе Рноме:	CELL PHON	NE:	WORK PHONE:	
ADDITIONAL INFORMATION				
Does this student have a probation officer, social worker, psychologist etc.?				
NAME: NAME:				
PHONE:	PHONE:			
TITLE:		TITLE:		
DOES THIS STUDENT HAVE ANY HEALTH CONCERNS WE SHOULD KNOW ABOUT? (I.E. ASTHMA, FOOD ALLERGIES, DIABETES, ETC.) IF YES PLEASE EXPLAIN: OTHER INFORMATION Jennings Community School is an experiential-based high school. We frequently participate in school day trips. By signing this form you are giving permission for Jennings School to take your child/children on school field trips.				
AUTHORIZED SIGNATURE				
TO THE BEST OF MY KNOWLEDGE, I CERTI			COMPLETE.	
PARENT SIGNATURE:		DATE:		
STUDENT NAME:				
STUDENT SIGNATURE:		DATE:		
JENNINGS COMMUNITY SCHOOL	Рн	ONE: 651-649-5403		
2455 University Avenue West St. Paul, MN 55114	FAX	x: 651-649-5408	JENNINGS COMMUNITY SCHOOL	
· ,			GRADES 7-12	