



How to fill out enrollment form PDF:

- 1. Click to download fillable PDF from the website. (Using Chrome, Edge or Explorer works best)**
- 2. Click on each box on the document and fill in corresponding information.**
- 3. Click to Print PDF.**
- 4. When prompted to choose printer select: "Download as PDF"**
- 5. Attach new downloaded PDF to email and send to:
sbetru@jenningsclc.org or krissy@jenningsclc.org**

JENNINGS COMMUNITY SCHOOL
ENROLLMENT FORM 2020-2021



DATE: _____		
FIRST NAME: _____	LAST NAME: _____	MIDDLE NAME: _____
Are you homeless or living with someone who is NOT a parent or guardian? Yes No		
ADDRESS: _____		
APARTMENT/UNIT#: _____		
CITY/STATE/ZIP CODE: _____		
PARENT CONTACT: PHONE: WORK: EMAIL:	STUDENT CONTACT: CELL:	LANGUAGE: LANGUAGE SPOKEN AT HOME:
GRADE: 7 8 9 10 11 12	D.O.B.:	DO YOU HAVE AN IEP OR 504 PLAN?
ETHNICITY (Check all that apply) 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: _____ To: _____		
SCHOOL NAME & ADDRESS: _____ _____		
DATE OF ENROLLMENT: FROM: _____ To: _____		
SCHOOL NAME & ADDRESS: _____ _____		
DATE OF ENROLLMENT: FROM: _____ To: _____		

EMERGENCY CONTACT INFORMATION:

FULL NAME:

RELATIONSHIP TO STUDENT:

HOME PHONE:

CELL PHONE:

WORK PHONE:

FULL NAME:

RELATIONSHIP TO STUDENT:

HOME PHONE:

CELL PHONE:

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 CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE.

PARENT NAME: _____

PARENT SIGNATURE: _____ DATE: _____

STUDENT NAME: _____

STUDENT SIGNATURE: _____ DATE: _____

JENNINGS COMMUNITY SCHOOL

PHONE: 651-649-5403

2455 UNIVERSITY AVENUE WEST

FAX: 651-649-5408

ST. PAUL, MN 55114

**JENNINGS**
COMMUNITY SCHOOL

GRADES 7-12

Jennings Community School does not discriminate on the basis of race, sex, marital status, national origin, age, color, religion, ancestry, status with respect to public assistance, sexual orientation or disability.



JENNINGS
COMMUNITY SCHOOL

GRADES 7-12

ADDITIONAL ENROLLMENT QUESTIONS 2020-21

LEARNING MODEL

JCS will be offering 2 models of learning at the beginning of the 2020-21 School Year: **HYBRID** (in-person and online) and **DISTANCE** (all online) Which model of learning do you choose to start the year? *Please answer either HYBRID OR DISTANCE.*

WORK BASED LEARNING

Students are able to earn credits for working. If you have a job and would like to earn credit, please answer the following:

Name of Employer:

Name of Supervisor:

Phone number of Supervisor: