

Johnson County Central Public Schools

One UPDATE per site (Cook, Tec Elem, HS)

PLEASE FILL OUT COMPLETELY

2022-2023 Registration Form

Child's name:	
Date of Birth	
Grade Level <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> NOT Hispanic	
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander	
List your child's allergies:	
List your child's medications:	

Child's name:	
Date of Birth	
Grade Level <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> NOT Hispanic	
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander	
List your child's allergies:	
List your child's medications:	

Space for Additional children in the home on the back

Home Address:	
Mailing Address:	
City/ Zip:	
Home Phone # if applicable	
Child's Phone # if applicable	

*** Alternate/Emergency Contacts**

PARENTS will be called first. List two adult alternate contacts (**NOT PARENTS**) who can be called if parent is not available. Alternate Contacts must be local & able to pick up your student.

Contact 1 Name	
Relationship to Student	
Cell Phone #	
Work Phone #	
Home Phone #	
Contact 2 Name	
Relationship to Student	
Cell Phone #	
Work Phone #	
Home Phone #	

Marital Status of Parents (circle one)
Married / Not Married / Divorced / Separated / Widowed

Father:	
Cell Phone #	
Mailing Address	
City, State, Zip	
Email:	
Employer:	
Work phone:	
Stepparent Name	
Cell Phone #	
Employer:	
Work Phone	

Mother:	
Cell Phone #	
Mailing Address	
City, State, Zip	
Email:	
Employer:	
Work phone:	
Stepparent Name	
Cell Phone #	
Employer:	
Work Phone	

Other Information

Is there someone who should NOT pick up your student from school?	

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Signature of Parent or Guardian Date

*Emergency Contacts must be submitted yearly & when information changes

Information for Additional children - if needed

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Notes: