

# Johnson County Central Public Schools

One UPDATE per site (Cook, Tec Elem, HS) **PLEASE FILL OUT COMPLETELY** **2026-2027** Registration Form

<b>Child's name:</b>		<b>Marital Status of Parents</b> (circle one)
<b>Date of Birth</b>		Married / Not Married / Divorced / Separated / Widowed
<b>Grade Level</b>	Gender: Male Female	<b>Father:</b>
Ethnicity: Hispanic <b>NOT</b> Hispanic		Cell Phone #
Race: American Indian Asian White Black or African American Pacific Islander		Mailing Address City, State, Zip
List your child's allergies:		Email:
List your child's medications:		Employer:
<b>Child's name:</b>		Work phone:
<b>Date of Birth</b>		Stepparent Name
<b>Grade Level</b>	Gender: Male Female	Cell Phone #
Ethnicity: Hispanic <b>NOT</b> Hispanic		Employer:
Race: American Indian Asian White Black or African American Pacific Islander		Work Phone <b>Mother:</b>
List your child's allergies:		Cell Phone #
List your child's medications:		Mailing Address
<b>Space for Additional children in the home on the back</b>		City, State, Zip
<b>Home Address:</b>		Email:
<b>Mailing Address:</b>		Employer:
City/ Zip:		Work phone:
Home Phone # if applicable		Stepparent Name Cell Phone #
Child's Phone # if applicable		Employer:
		Work Phone
<b>* Alternate/Emergency Contacts</b>		<b>Other Information</b>
<p><b>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 &amp; able to pick up your student.</b></p>		<p>Is there someone who should NOT pick up your student from school?</p>

<b>Contact 1 Name</b>		
<b>Relationship to Student</b>		
Cell Phone #		
Work Phone #		
Home Phone #		
<b>Contact 2 Name</b>		
<b>Relationship to Student</b>		
Cell Phone #		<b>Signature of Parent or Guardian Date</b>
Work Phone #		
Home Phone #		

\*Emergency Contacts must be submitted yearly & when information changes

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Information for Additional children - if needed

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

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

<b>Notes:</b>
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