

If address, household, relationship and contact information is the same for all children, this form should only be filled out ONCE - not once for each child.



HOUSEHOLD CENSUS INFORMATION

Enrollment for School Year: 2018 - 2019 Today's Date: _____

Household 1

Adult #1

Name _____ Gender M F

Work Phone _____ Cell Phone* _____ Email** _____

Adult #2

Name _____ Gender M F

Work Phone _____ Cell Phone* _____ Email** _____

*Cell phone numbers will receive an option for text messages. Text messages may include information related to school closings, emergencies, event reminders, fundraisers, etc. Check here if you do NOT want to receive text messages. Adult #1 Adult #2

**E-mail addresses will be used for various district communications.

Address _____ City _____ State _____ Zip _____

Main Phone _____ Jefferson City Public Schools provide phone alerts to all families through an automated calling system. The phone number listed here will be the number to receive these calls.

Student Relationship to Adults in Household 1

FULL NAME of students who are currently enrolling or enrolled in JCPS and living in household	JCPS School	Birth Date mm/dd/yy	Adult #1 Relationship to Student	Adult #2 Relationship to Student
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____

Household 2

Adult #3

Name _____ Gender M F

Work Phone _____ Cell/Pager* _____ Email** _____

Adult #4

Name _____ Gender M F

Work Phone _____ Cell/Pager* _____ Email** _____

*Cell phone numbers will receive an option for text messages. Text messages may include information related to school closings, emergencies, event reminders, fundraisers, etc. Check here if you do NOT want to receive text messages. Adult #3 Adult #4

**E-mail addresses will be used for various district communications.

Address _____ City _____ State _____ Zip _____

Main Phone _____ Jefferson City Public Schools provide phone alerts to all families through an automated calling system. The phone number listed here will be the number to receive these calls.

Student Relationship to Adults in Household 2

FULL NAME of students who are currently enrolling or enrolled in JCPS and living in household	JCPS School	Birth Date mm/dd/yy	Adult #3 Relationship to Student	Adult #4 Relationship to Student
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____
_____	_____	__/__/__	_____	_____

EMERGENCY CONTACTS - Other Than Parents - Please list one name per line.

Please provide contact information for three individuals to whom the student may be released from school and who can make emergency decisions if a situation arises and the parents/legal guardians cannot be reached. List these contacts in the order that you would like them contacted.

1.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
	Name	Relationship to student(s)	Gender
	_____	_____	_____
	Work Phone	Cell Phone	Other Phone
2.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
	Name	Relationship to student(s)	Gender
	_____	_____	_____
	Work Phone	Cell Phone	Other Phone
3.	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
	Name	Relationship to student(s)	Gender
	_____	_____	_____
	Work Phone	Cell Phone	Other Phone

DECLARATION OF STUDENT RESIDENCY

In order to comply with Missouri law regarding the eligibility of children to attend the public schools, the Jefferson City Public School District is required to compile certain information. Under penalty of perjury and subject to the laws of the State of Missouri making it a crime under Section 575.050 and Section 575.056 to make a false affidavit or false declaration, the undersigned hereby submits this form, under oath, for the purpose of establishing residency and enrollment in the Jefferson City Public School District. I hereby affirm that the student(s) and a parent/legal guardian reside within the boundaries of Jefferson City Public Schools.

Signature of Parent/Legal Guardian
(Student may sign if 18 yrs. of age and not living with parents)

Date

Signature of person with whom student is residing

Date