ESSEX COMMUNITY SCHOOL

School Year 2024-2025

Student Name _____Middle_____ Grade _____ Birth date_____

Primary Language _____

Birth Place _____ What was the first language the student learned? _____

Birth County _____ Is there any other language spoken in the home? Yes No

Soc. Sec. # _____ If yes, what language? _____

Does student reside with both parents? Yes No If not, which parent? _____ Neither parent? Yes No

Parent or Guardian with whom student resides?_____

If Guardian: Relationship to Student: _____ Appointed: _____

Contact Type: _____ Relationship: _____

Name _____

Address _____ P.O. Box _____

City, State, Zip _____

Home Phone _____ Home Phone Description _____

Work Phone 1 _____ Work Phone 1 Description _____

Work Phone 2 _____ Work Phone 2 Description _____

Cell Phone 1 _____ Cell Phone 1 Description _____

Cell Phone 2 _____ Cell Phone 2 Description _____

EMAIL _____ **Please provide this information for Internet Access to**

Password _____ **JMC Student Data**

Contact information for parent who does not live with student:

Name: _____

Address: _____

Home: _____ Cell Phone: _____

Is this person to be included in our mailing list: Yes No

Other Emergency Contacts: _____

_____

_____

Siblings: _____

IN THE EVENT OF AN EMERGENCY, the school officials are hereby authorized to take whatever action deemed necessary, in their judgment, for the health of this child. The school district will not be held financially responsible for the emergency care and/or transportation for this child.

I give my child permission to access the Internet and use school owned technology. Yes___No___

Parent's Signature: _____

Date: _____

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