

## ESSEX COMMUNITY SCHOOL

**School Year**     **2021-2022**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ State ID# \_\_\_\_\_

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? \_\_\_\_\_

If your child is going into Kindergarten, did they attend preschool? Yes    No    If yes, where did they attend: \_\_\_\_\_

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  
Parent Password for JMC \_\_\_\_\_ to 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.**

**I give my child permission to access the Internet and use school-owned technology.        Yes \_\_\_\_\_ No \_\_\_\_\_**

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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