

For office use only:

Student ID _____ Enrollment Date _____ Grade _____
Registration completed _____ Teacher's Name _____
Need Birth Cert Immunization Record Tuition pd. _____ Date _____
Forms ret'd. Physical Med.Auth. Hld.Hrmls. Gen.Con MediaRels. Other

JETER LEARNING CENTER
STUDENT ENROLLMENT APPLICATION

Legal Name _____
Of Student: _____ Birthdate: ____/____/____ Sex: Male Female
MM / DD / YY

Student Address: _____
Number & Street City State Zip

Previous school _____ Grade Level last semester _____

Family Information (The legal guardian should fill out this information)

Mother's Name _____	Father's Name _____
Address _____	Address _____
Home phone _____	Home phone _____
Employer _____	Employer _____
Address _____	Address _____
Work phone _____ Cell _____	Work phone _____ Cell _____
Email _____	Email _____
Custody; Mother _____ Father _____	Both _____ Other _____

In the event of an emergency if we are unable to reach you by any of the above numbers:

Emergency Contact Name _____ Phone Number _____
Relationship to student: _____

ARE THERE ANY ALLERGIES OR FOOD ALLERGIES OR PHYSICAL LIMITATIONS THE TEACHER SHOULD BE MADE AWARE OF:

Yes No **If Yes, please explain on a separate sheet of paper.**

BY SIGNING BELOW, AND CHECKING THE APPROPRIATE BOXES, THE PARENT/GUARDIAN AFFIRMS THAT THEY HAVE RECEIVED, FILLED OUT AND RETURNED THE NECESSARY DOCUMENTATION LISTED BELOW.

PARENT SIGNATURE: _____

PRINT PARENT NAME: _____

- MEDICAL FORM RECEIVED (DATE) _____
- FOOD RESTRICTIONS RECEIVED (DATE) _____
- PHYSICAL LIMITATIONS RECEIVED (DATE) _____
- HOLD HARMLESS AGREEMENT (DATE) _____
- GENERAL CONSENT (DATE) _____

PLEASE SEE REVERSE SIDE FOR MORE REQUIRED INFORMATION

Please list the name(s), relationship and phone number of any person(s) who has/have the parent's/guardian's permission to pick up the student. * Such person will be required to produce a photo id at the time of pick-up as well as sign the student out. IF SOMEONE IS NOT LISTED, OR IF THEY DO NOT HAVE A PHOTO ID, THE STUDENT WILL NOT BE RELEASED TO THAT PERSON, AND THE PARENT/GUARDIAN WILL BE NOTIFIED.

NAME	ADDRESS	PHONE #	RELATIONSHIP

The above-named person(s) has/have my permission to pick up my child. I understand if they are not able to present a photo ID at time of pick up, they will not be allowed to take my child and I will be notified at the number given below.

Parent Signature: _____ Date: _____

Parent Name: _____ Phone #: _____

PLEASE PRINT

* The parent/guardian has the right to add or delete any names they may wish, provided that they do so in person.