

**JORDAN PUBLIC SCHOOLS
DISTRICT 717
RE-ENROLLMENT FORM**

FORM A-1

Student LAST Name (Legal): _____ Student FIRST Name (Legal): _____ Student MIDDLE Name (Full): _____

Gender: Male Female Birth Date (mm/dd/yyyy): _____ Grade Entering: _____

Last School Attended: _____
Name of Last School City State

Student's PRIMARY Household – all information will be sent to the primary household

- Student lives with:**
- Mother
 - Father
 - Step-Parent
 - Foster-Parent
 - Family Relative
 - Other (please list): _____

Note: Please notify the school office and provide legal documentation if there is a custodial issue.

Primary Street Address

City State Zip Code

	Primary Parent/Guardian	Primary Parent/Guardian
Name (include maiden)		
Date of Birth		
Home Phone		
Cell Phone		
Work Phone		
Email Address		

Data provided on this registration form will be used by personnel in the Jordan School District 717 to identify the student and family for school placement, open enrollment, and transportation. You are not required to respond to all requests for information on this form; however, be advised that incomplete information may limit the ability of the Jordan Schools to fully provide educational services.

I certify the information given above is true and complete to the best of my knowledge.

Parent/Guardian Signature Parent/Guardian Printed Name Date