

L.M. Jacobs School: STUDENT REGISTRATION



PARENT CHECKLIST

Student Name: _____ Grade: _____

Address: _____

Primary Phone: _____

Primary Email: _____

Registration: All Students*
School Forms Completed/Submitted:
Registration Form
Home Language Survey
Release of Records
Parent Consent for Medicaid Reimbursement
Forms To Return within 1st week
Emergency/Medical Info Form
Handbook Signature Page
Documents Provided by Parent/Guardian
Birth Certificate
Form and Proof of Residency (2)
IEP/504
Documents Provided to Nurse
Current Physical
Immunizations

Additional for Kindergarten Only
Early Childhood Education Experience Survey

Additional for Preschool Only
Preschool Parent Questionnaire
IEP Information/signed IEP if applicable
\$300/\$400 Deposit if applicable

For Office Use Only:
Office Intake Initialed:
Nurse Initialed:
Principal Initialed:
Teacher Assigned:
Start Date:

*Required documentation for enrollment of prek-12 McKinney-Vento (homeless), foster care and military students is an exception.