



Pathways

JONESVILLE COMMUNITY SCHOOLS
JONESVILLE PATHWAYS
202 WRIGHT ST
JONESVILLE, MI 49250
(517) 849-7304

TODAY'S DATE ____/____/____ LAST GRADE COMPLETED _____

SCHOOL DISTRICT LAST ATTENDED _____

RESIDENT DISTRICT _____

STUDENT'S NAME _____
(AS SHOWN ON BIRTH CERT) LAST FIRST MIDDLE

DATE OF BIRTH ____/____/____ CURRENT AGE _____

CITY/STATE OF BIRTH _____

STUDENT'S ADDRESS _____
STREET CITY ZIP

ETHNICITY White _____ African American _____ Hispanic _____
Asian (Including India) _____ Alaska Native _____ Pacific Islander/Hawaiian _____

STUDENT RESIDES WITH (other than parent) _____
RELATIONSHIP _____

HOME PHONE _____ STUDENT PHONE _____

HOME EMAIL _____ STUDENT EMAIL _____

Has your child received special ed services? Yes _____ No _____

Is your child currently on Probation? Yes _____ No _____

Probation Officers Name _____ Work # _____

Are you a McKinney-Vento Student? Yes _____ No _____

Primary Nighttime Residence _____

PRIMARY GUARDIAN #1

PRIMARY GUARDIAN #2

Name _____

Name _____

Relationship to Student _____

Relationship to Student _____

Address _____

Address _____

Home Phone # _____

Home Phone # _____

Cell # _____

Cell # _____

Employer _____

Employer _____

Work # _____

Work # _____

Email _____

Email _____

Please list below names that may pick up and temporarily care for your child in case of emergency or illness or at anytime you cannot be reached

Name _____

Name _____

Phone # _____

Phone # _____

Does your child have any health issues/allergies that we should be aware of?

Please explain _____

Name of any Siblings	Date of Birth	School Attending	Grade

I confirm that I am the legal guardian of this student or a student living on my own and that the above information I have given is accurate to the best of my knowledge and in the event of an emergency and I am unable to be reached, I authorize the school to seek any medical attention deemed necessary.

Signature of Parent/Guardian _____ Date _____

Student living on my own (signature) _____ Date _____