

# ESSEX COMMUNITY SCHOOL

## School Year 2025-2026

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Grade \_\_\_\_\_

BirthDate \_\_\_\_\_ Primary Language \_\_\_\_\_

BirthPlace \_\_\_\_\_ Birth County \_\_\_\_\_

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 \_\_\_\_\_

### We use JMC for student information- parents of new students only please provide the following:

Email \_\_\_\_\_ JMC Password \_\_\_\_\_

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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