



JONESVILLE PATHWAYS

JONESVILLE PATHWAYS AND VIRTUAL SCHOOL
(JONESVILLE COMMUNITY SCHOOLS)

202 WRIGHT STREET, JONESVILLE, MI 49250 517-849-7304

ON-SITE LEARNING LAB AND VIRTUAL/ONLINE FORM

***** ARE YOU FILLING THIS FORM OUT FOR;
1) OUR ON-SITE LEARNING LAB
OR 2) OUR VIRTUAL/ONLINE CLASSES? *****

CHOOSE ONLY ONE ANSWER PLEASE	<input type="checkbox"/> 1 ON-SITE	<input type="checkbox"/> 2 VIRTUAL

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



ON-SITE LEARNING LAB AND VIRTUAL/ONLINE FORM (CONTINUED)

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 of the best of my knowledge and in the event of an emergency where 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 ____/____/____