

Jackson Middle School Registration Form—2018

Consent to Participate in the JMS Morning & Afterschool Tutoring Program

Please fill out the form below and return it to the JMS office. All students **must** return a completed consent form before participating in the **JMS Afterschool Tutoring Program**.

General Information:

Student's Name: (please print) _____

Student's Grade: _____ Age: _____ Birth Date: _____

Parent/Guardian Name: (please print) _____

Parent/Guardian Name: (signature) _____

Home Address: _____

Cell Phone Number: _____ Home Phone: _____ Work Phone: _____

Transportation Information:

My child will be going home from the **JMS Afterschool Tutoring Program** by:

- being picked up by parent, guardian, or other designated person.
 walking home
 bus home

Planning to Stay:

- am (7:00-7:45)
 pm (2:55-4:45)

Please list anyone who is allowed to pick up this child other than the parent or guardian.

Name: _____ Relationship: _____ Contact Number _____

Name: _____ Relationship: _____ Contact Number _____

Student's Needs and Additional Information:

List any subject area and/or additional information on this form that the after-school personnel need to know concerning this child's academic needs, health, safety, or general well-being.

Check Areas of Concern Math Language Arts Science Social Studies Other: _____

(For Office Use Only) Admission Date: _____