

Jackson County Middle School  
21<sup>st</sup> Century Learning Grant  
Tutoring Enrollment Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Physical Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Mother's Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Contact # \_\_\_\_\_

Custody: Both Mother Father Other: \_\_\_\_\_

Student lives with: \_\_\_\_\_ Relationship \_\_\_\_\_

Contact # for Pickup: Cell \_\_\_\_\_ Home \_\_\_\_\_ Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

In case of an emergency, do you give permission for your child to be taken to a doctor? Y N

Pick up List - Only names listed may pick up this Student. (Please keep current.)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Medical Alert: Y N (if yes, specify) \_\_\_\_\_

Legal Alert: Y N (if yes, specify) \_\_\_\_\_

I give permission for my child to participate in the Tutoring Program. I understand that all school rules apply. If there is a problem, I will be contacted to pick up my child. Once a child is enrolled, he/she is expected to attend regularly but mandatory attendance is not required. I understand that transportation will not be provided and I, or my designee, must pick my child up at 5:00p.m. daily.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date