



# SOUTH CENTRAL MICHIGAN VIRTUAL

1060 Jackson Crossing • Jackson, Michigan 49202 • Phone: 844-252-7268 • www.miscmv.org

Re-enrollment form

## SOUTH CENTRAL MICHIGAN VIRTUAL ENROLLMENT FORM

UIC# \_\_\_\_\_ Student # \_\_\_\_\_ (Office Use Only) School Year \_\_\_\_\_  Fall  
 Winter  
 Summer

STUDENT INFORMATION		
<b>Student Name:</b> (As it appears on the birth certificate- first name, middle name, last name)		
<b>Student Address Information:</b>		
Home Street Address:	Apartment #:	
City:	State:	Zip Code:
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth (mm/dd/yr):</b>	<b>Grade:</b>
<b>Ethnicity: (If more than one, check all that apply)</b>		
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> NativeHawaiian/PacificIslander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American		
<b>Responsible Party:</b>		
Name of Parent or Guardian Student Lives With:		
Relationship to Student:		
<b>Phone/Email Information:</b>		
Student Home Phone:	Preferred method of communication:	
Student Cell Phone:	<input type="checkbox"/> Text <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail	
Student E-Mail Address:	Best number to receive text messages:	
<b>Prior School Information:</b>		
Name and Address of Last School Attended:		
<b>Special Education Information:</b>		
Does your child currently receive special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, does your child have an active IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is your child's certification?		
<b>Residency Information:</b>		
Resident of JPS District _____ Non-resident _____		
District of Residency _____ County of Residency _____		
<b>School of Choice Information:</b>		
Is student a School of Choice Student <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has student attended JPS in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, when (mm/yr):		
Contact Info	Female Head of Household	Male Head of Household
Name/Relationship		
Home Phone		
Cell Phone		
E-Mail		
Mailing Address		
Mailing City, State, Zip		

**Certification of Truthfulness-** I certify that all statements on this student registration form are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false, will be sufficient reason for possible removal of this student from enrollment in the Jackson Public School District and may result in legal action.

Signature of Parent/Guardian

Date