

Jackson Elementary School

1105 Brownlee Road

Jackson, Georgia 30233

Office 770.775.9480 ~ Fax 770.775.9488

Heather Stamoules

Principal

BeLinda Boyd

Assistant Principal

Afterschool Program

Date: _____

Child's Name: _____ Age: _____

Grade: _____ Teacher: _____

Other children in the family:

Name _____ Age _____ Enrolled? Yes No

Name _____ Age _____ Enrolled? Yes No

Name _____ Age _____ Enrolled? Yes No

Parental information:

Mother _____ Mother's Workplace _____

Home _____ Work _____ Cell _____

Father _____ Father's Workplace _____

Home _____ Work _____ Cell _____

Child lives with _____

Address _____

Departure Procedures:

List the two people (other than parents) authorized to take your child from the campus.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Emergency Information:

Please list the name, address, and phone number of two people that can be notified in case of an emergency when parents or guardian cannot be contacted.

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Medical Information:

Please list any medications your child takes: _____

Please list any allergies your child has: _____

Please list any medical conditions we should be aware of: _____