

**ONLINE REGISTRATION
PARENT GUIDE**



STUDENT INFORMATION SYSTEMS
JEFFERSON COUNTY SCHOOL DISTRICT
MONTICELLO, FL 32344

May 2, 2023

It is recommended to gather and scan the following documents prior to starting the online registration process:

[RegistrationChecklist_ENG\(1\).pdf](#)

The Online Registration process is for NEW students who have never enrolled in a Jefferson County school. This would include Jefferson Sommerset, McKay Scholarship, or the Family Empowerment Scholarship.

The process begins with the parent/guardian creating a Focus Parent Portal account which will require a valid email address. Parents that are also Jefferson County School District employees must use their personal email address and not their school district email address.

Parents/guardians start the process at: <https://jefferson.focusschoolsoftware.com/focus/auth>

Complete the fields and mark the checkbox “I’m not a robot” and click Submit.

Note: Your parent portal account has been created after this step has been completed. At any point beyond this step, you can log back into your account to complete the registration process.

*Once you log in navigate to Forms > Online Application.

[Jefferson County \(focusschoolsoftware.com\)](https://jefferson.focusschoolsoftware.com)

- After your student is enrolled you check on your student’s grades, schedule, testing history, etc. via your parent portal account.
- Your username is the email address you used when you created your parent portal account.

Select "I would like to APPLY FOR ENROLLMENT for a new child"



Students

You do not have any linked students at this time.

I would like to ADD A CHILD who is already enrolled. I would like to APPLY FOR ENROLLMENT for a new child. I am FINISHED adding students. Please take me to the Portal.



Complete the fields and click "Begin Application"



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Jefferson County

[Return to the Parent Portal Registration](#)

Application for New Students Continue Application

All fields marked with an asterisk (*) are required.

Student's First Name*

Student's Last Name*

Student's Birthdate*

Language* English [EN]

Form Type* 2022-2023 Online APP

Desired School* -- Please select --

Please read the instructions on the next page and then click “Next Page”

As a reminder, this application is used for NEW STUDENTS only. If your child has ever attended a public school in Jefferson County, please contact the school you wish to enroll for re-enrollment instructions.

After clicking **Next** at the bottom of this page, click in the field you would like to edit. Once you have completed all the required fields, click next to continue. If the page does not advance, check to be sure you have completed all of the required fields.

To expedite your student's enrollment, at the end of this application, you will have the opportunity to upload the documents needed to complete the registration process. The required documentation is listed below. This is the preferred option, however, you can bring the documents to the district office.

The **Submit** button will be found on the last page of the application. However, you also have the option to **Save and Continue Later** if you would like to come back and complete the enrollment form at a later time (i.e. upload any required documentation).

Required Documents:

- Child's Birth Certificate
- Immunization Record
- Social Security Card
- Proof of Residency (phone, cable, electric, internet bill)
- School Physical
- Parent/Guardian Photo ID
- Custody Documentation (if applicable)
- Voluntary Pre-K Registration (if, applicable)

Complete fields/Answer the questions. * Are questions that require an answer to move forward.

STUDENT INFORMATION

Enrollment Year* N/A

Applicant Grade Level* N/A

YOUR CHILD MUST HAVE A VPK CERTIFICATE FOR ADMISSION TO THE VPK PROGRAM!
Before continuing this application, upload the certificate in the field below.

to get your certificate for VPK, go to the following website:
<https://familyservices.floridaearlylearning.com/>

Select "Apply for Voluntary PreKindergarten"

Voluntary Pre-K (VPK)
Certificate: File Upload

No Files

Previous School Name (if applicable)

Previous School - City, State (if applicable).

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Complete fields/Answer questions/Upload documents.



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First Name*	Jack
Middle Name	
Last Name*	Bailey
Suffix	Max 3 characters
Gender*	N/A
Birthdate*	April 2 2010
Social Security Number	
Location of Birth*	
Country of Birth*	United States [US]
Birth Certificate: File Upload	No Files
Proof of Residency (Utility Bill, Photo ID, Other Government Correspondence, etc.)	
Proof of Residency: File Upload	No Files
Residence County*	Jefferson (33)

- Proof of Residency (Utility Bill, Photo ID, Other Government Correspondence, etc.)
 - Current mortgage statement, lease agreement, electric, gas, or water bill – must include address and name of enrolling parent/guardian.
 - Official employer/company statement providing housing to enrolling parent/guardian and family.
 - Copy of Migrant Services Certificate of Eligibility.
 - Government-issued ID/DL with new address or processed USPS change of address documentation AND a notarized statement from the owner/lessee of the residence listing names of all people residing at the address accompanied by a current utility bill (power or water) with the owner/lessee's name and address.

These are required for registration.

Complete fields/Answer student demographic questions.

Out-of-County Applicants

Jefferson County School District Annual Application for Controlled Open Enrollment

All approved students participating in the Controlled Open Enrollment Plan must adhere to the Jefferson County School District attendance policy and Code of Student Conduct. All out-of-county voluntary prekindergarten and kindergarten students will be put on a waiting list after May 1.

Applications will be processed in the order in which they are received. A lottery will be instituted if a school nears 95% capacity.

[Click to view our Student Code of Conduct](#)

Was your child granted an Out-of-Zone Reassignment last school year for the same school you are requesting?*	No
Ethnicity: Hispanic or Latino*	No
Race: White*	Yes
Race: Black or African American*	No
Race: Asian*	No
Race: Native Hawaiian or Other Pacific Islander*	No
Race: American Indian or Alaska Native*	No
(if yes, you will be contacted to submit a Military Student Form) *	No, this student is not a child of a military family [N]
Do you have internet at home?*	Yes
Do you have a laptop, chromebook, or tablet at home?*	Yes

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[Save and Continue Later](#)

Complete fields/Answer previous enrollment questions.



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Enrollment History - Other Information

Has student been enrolled in special classes at previous school? (Such as alternative, gifted, or special educational program)*

My child has had a previous school expulsion.*

My child is currently under expulsion from another school.*

My child has an arrest record resulting in a charge.*

My child has been under Juvenile Justice.*

My child is currently placed in an alternative school location.*

Complete fields/Answer questions for residency information.



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Student Residency Questionnaire

This survey is intended to address the requirements of the No Child Left Behind Act: Title IX/Part C, and Title I/Part C. The answers to questions below will assist us in determining if your student may qualify for additional educational support services.

If you answered "Yes" to some or all of the questions below, an education representative may contact you to find out whether your child is eligible for additional educational services.

[Click here to learn more about the McKinney-Vento of Florida Program.](#)

Note: After you enter the name you **MUST** hit Enter in order for the **Save** Button to Appear.

Names of Students Enrolled in School or Adult Ed (living in the household)

Name of Student	School Student Attends
<input type="text"/>	<input type="text"/>

A child/youth is represented by a Guardian ad Litem*

If applicable, what is the Guardian ad Litem's Name?

If applicable, what is the Guardian ad Litem's phone number?

We rent/own our home where the student permanently resides with parent/guardian*

My family lives in an emergency or transitional shelter or FEMA trailer.*

Complete fields/Answer questions concerning language(s) spoken at home.

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Test, Test

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Home Language Survey

Is a language, other than English, used in the home? **Yes**

If yes, what language? **Espanol**

Does the student have a first language other than English? **Yes**

If so, which language? **Spanish [SP]**

Does the student most frequently speak a language other than English? **Yes**

What other language(s) does the student speak? **Spanish**

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Save and Continue Later

Please ensure to read the directions. There must be at least one address and one contact added, but multiple addresses and contacts can be added.

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ADDRESS AND CONTACT INFORMATION

ONLY parent or guardian information should be added here.
Non-parent/guardian information may be added on the pages that follow.

TO ADD AN ADDRESS
The student's primary residence should be entered first.

1. Open the address screen by selecting **+ Add New Address**
2. Enter the student's PRIMARY residence first
3. Once all fields are completed select click **Save Address**
4. If additional parent or guardian addresses are needed the process may be repeated

+ Add New Address

TO ADD PARENTS/GUARDIANS
The student's primary parent should be added first. ALL parents or guardians should be added below.

1. Open the new contact screen by selecting **+ Add New Contact**
2. Enter the student's PRIMARY parent information
3. Each contact should have a unique email address - no duplicate email addresses please
4. The primary contact will have a priority of 1
5. When finished select **Save Contact** at bottom
6. If the student has additional parents or guardians the process may be repeated

+ Add New Contact

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Save and Continue Later

Answer the question concerning any custody issues. Please upload corresponding documents if applicable.



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Custody Information

By law, if parents are separated or divorced, each parent has equal rights to the custody of their children **UNLESS** one parent has a court order indicating that they have sole custody of their children. The school **MUST HAVE A COPY OF THAT COURT ORDER ON FILE.**

Otherwise, **EITHER** parent may, with proper identification:

- Check children in and OUT of school
- Request copies of records
- Have contact with children on campus

(This is for information only. This is not a legal document.)

If this applies to your family, please check the box below and upload documents or bring a copy of the documentation to your child's school.

If this does not apply to your family, leave the box blank and proceed to the next page.

Is there a CURRENTLY a custody issue regarding this student?*

N/A 

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Save and Continue Later

Please ensure that you read the instructions for Student Transportation carefully.

Please note... After typing your address you MUST hit Enter button in order for the Save button to turn red.



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Student Transportation

It is **EXTREMELY** important that we know how your child is to get home each day. This part of the form must be completed. Your child will be dismissed according to the information that you entered into this application unless **WRITTEN NOTICE** (signed by parent/guardian) is given to his/her teacher.

A new form is required for permanent changes during the school year. Forms are available in the front offices of the district and main campus, as well as online at <https://www.jeffersonschools.net/>

Below you will select how your student arrives and departs school.

If you select bus you will be prompted to enter the physical street address and city.

Next, you will indicate if this address is for the morning (AM) pick-up or afternoon (PM) drop-off. If it is both, check the box for "Pick-up/Drop-off Same as Residence."

Please select if an address is the Primary or Secondary Location... meaning both are valid addresses, but the Primary will be used more often than the Secondary.

You are allowed to enter multiple addresses.

After typing your address you MUST hit Enter button in order for the Save button to turn red.

How will your child arrive to school each MORNING?

How will your child DEPART school each AFTERNOON?

Transportation Address (After typing your address you MUST hit Enter to Save)

Physical Street Address	City	AM	PM	Primary	Secondary	Pick-up/Drop-off Same as Resi
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 E	Monticel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2000 Merc	Monticel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Other arrangements (for emergencies only) should be made before 10:00 am. A note from the parent or guardian must be given to the homeroom teacher. A Bus Pass will be completed by the transportation staff and forwarded to the driver. Notes to the bus driver will not be accepted. If your child attends an after school program, your child will go there every day. In the event of an emergency, you must make other arrangements.

Answer questions concerning your student's health. Upload documents required for enrollment.

Answer question concerning non-prescription medication. You will be prompted to digitally sign.

Answer question concerning health screenings performed at the school.

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School Health Screenings

The Florida Department of Health in Jefferson County and Jefferson County Public Schools cooperate annually to provide state-mandated health screenings for students in specific grades in Jefferson County Schools. Health screenings may help identify the need for medical care.

If a suspected health problem is identified, you will be notified in writing and advised to seek medical care. Florida law requires that parents be informed in writing at the beginning of each school year that children will receive such services.

Screening Descriptions

Vision and Hearing: These screening procedures determine the ability of your child to see and/or hear as well as most children of the same age.

Scoliosis: This visual check is designed to check for abnormal curvature of the spine while wearing everyday clothing.

Growth & Development: This screening determines your child's height, weight, and Body Mass Index (BMI) wearing normal clothing without shoes. The BMI calculation tells us if a child is in the normal range for height and weight, or is outside the norm and has increased potential to develop certain chronic diseases during childhood or adulthood.

SCREENING*	GRADE(S)
Vision/Hearing/Growth and Development	K, 1, 3, & 6
Scoliosis (abnormal curvature of the spine)	6

***New Students in Grades K-5 will be screened in vision, hearing, and growth development**

I want my student to participate in all health screenings offered for his/her grade level.*

If no, I want my student to ONLY participate in the following health screenings:

Answer question concerning providing consent to emergency medical treatment. Signature required.

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School Health Services

School Health Services are provided by the Jefferson County Health Department Staff. If you do not wish for your child to participate in the school health services program, you must submit a letter to the school nurse. Please list any services you do not desire for your child on the letter you submit.

Child Pickup/Emergencies

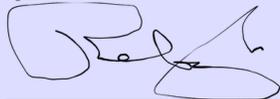
Child Pickup/Emergencies: Should my child become ill or injured during the day and the is unable to contact me, I hereby give the school permission to contact one or more of the persons listed on the Transportation and Pick-up Authorization Form to pick-up my child at school and care for my child during my absence. (Must be at least 18 years of age). NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THOSE PERSONS LISTED.

In case of an accident or serious illness during the school day, I request that the school contact me. In case of an emergency, I hereby understand and authorize that my child's medical records or other medical information, furnished to the school, will be shared with school officials and emergency personnel who have a legitimate purpose for accessing such information. I give my authorization and consent to this school to obtain emergency medical care and necessary emergency transportation to a healthcare facility. I understand that I will be responsible for any and all related charges. I understand that it is the parent's/guardian's responsibility to notify the school of any change in this information throughout the school year.

I approve emergency treatment by the hospital physician and/or qualified medical technician for my child while participating in school-related trips and any extracurricular activities in or out of Jefferson County, Florida. This form is carried to all extracurricular functions and is readily available in the event it is needed by emergency personnel.

Required

Emergency Medical Treatment*

Emergency Medical Treatment: Parent/Guardian Signature* 

Signature Required

Signed (5/3/2023) (click to clear)

My signature indicates I have read and understood the information contained in the Medical and Emergency Information Sections of this form and have marked my decision.

Answer questions concerning field trips and please sign.



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Field Trip/Extracurricular Participation

INTRODUCTION- The privacy of medical records and information is protected and insured by new legislation entitled the Health Insurance Portability and Accountability Act ("HIPAA"). This law was developed to safeguard information about an individual's medical status from improperly being shared, discussed or released without their knowledge. The law is totally inclusive and does not allow for the beneficial communication about medical conditions or status absent valid authorization.

CONCERN - When an individual, especially a minor, participates in an extracurricular activity/field trip, there is always potential for injury or illness that may limit or prohibit participation. In order to make good decisions about the participation status of an individual, sponsors, coaches, directors, and chaperones need information concerning the individual participant's health status. Under the HIPAA regulations, that information may only be given by the parent or guardian of the minor participant (under 18) or the non-minor participant (18 or over). Medical providers including doctors, physical therapists, nurses, trainers, etc. may not directly discuss any medical condition of an extracurricular activity participant with the director of the activity without written consent from a parent or guardian or the adult participant.

REQUEST FOR CONSENT - Medical providers respect the right to privacy but also understand the need to communicate with activity directors about the participation status of individuals in their care. To accomplish this, a written consent form must be completed indicating the extent that this communication may occur. Three basic levels of consent are possible. These are **A. TOTAL CONSENT, B. NO CONSENT, C. LIMITED CONSENT.** This form is a request for a parent/guardian or adult participant to choose the level of consent desired. Included in the completion of this request form is the designation of what medical providers from whom medical information can be requested. There should be an understanding that total consent is still communication only **BETWEEN** those individuals who **NEED** to know the medical status of the participant. Since knowledge of certain medical information is necessary to determine the participation status and/ or the limitations of that participation (such as pre-season medical screening), failure to release such information to the authorized sponsoring individual may disqualify the student from participating in extracurricular activities

*By marking "Yes" the box below, you give permission for your child to attend the all school-sponsored **EXTRACURRICULAR/FIELD TRIPS** and/or **PARTICIPATE IN SPORTS** events during the next 12 months (from July to June for the upcoming school year). You also are stating that you understand there will be adult supervision at these events and that if there are any disciplinary problems with the above-named student, it will be your responsibility to pick up your child at the site of the event and they will not be eligible for future events without specific approval of the school staff in charge of those events or sports.*

Permission for Extracurricular Participation and Field Trip* Yes

Answer required.

Permission for Field Trip/Extracurricular Participation *

Signature Required

Signed (5/3/2023) (click to clear)

Read and answer questions concerning Field Trip Medical Treatment. Signature required.



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Field Trip/Extracurricular Participation Authorization for Treatment

I/We, the undersigned, parent(s)/Guardian(s) of the child named above on this consent form, do hereby authorize the school district, it's staff, our representatives, as agent(s) for the undersigned to consent to a X-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care that is deemed advisable by, and is to be rendered under the general supervision of any physician, physician extender, and surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff of any Hospital or medical clinic whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, assessment at time of injury treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment deem advisable; and to include emergency or urgent care as deemed necessary by supervising personnel.

The authorization is given pursuant to the provisions of Section 456.057, Florida Statutes, which allows Parent(s) or Guardian(s) to authorize an adult to consent to medical or dental treatment as stated in the above paragraphs).

This authorization shall remain effective from the date signed unless sooner revoked in writing delivered to said agent(s).

PAEC Acknowledgement for Treatment*

Authorization for Treatment Electronic Signature*



Signed (5/3/2023) (click to clear)

Authorization for Treatment Electronic Signature Date*

All Required



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Field Trip/Extracurricular Participation Medical Information Release Authorization

The Federal Health Insurance Portability and Accountability Act, commonly referred to as HIPAA, requires an individual, or the individual's legal representative (parent of a minor, legal guardian, trustee, power of attorney) to provide permission for the release and exchange of that individual's health information in certain circumstances. If you sign this form, you are giving the health care providers designated below permission to share the information you indicate below. This form complies with the provisions of 45 C.F.R. § 164.508(c) regarding authorizations for release and exchange of protected health information. This form must be filled out entirely.

Purpose of Authorization: This form is designed to allow designated coaches, sponsors, athletic trainers, and school appointed chaperones to obtain health information necessary to determine a student's fitness and eligibility to participate in extracurricular/sports activities and/or field trips.

I/we the parents or legal guardian of said student, an extracurricular/sports participant of the school or person/student traveling on a field trip, give the authorization as indicated below for the communication between medical providers and activity sponsors relative to the status of participation.

Authorized Medical Providers

Release Health Record to Coaches, Sponsors, Athletic Trainers or Appointed Chaperones

Enter the date that you want this authorization to expire. (If you do not enter a date, this authorization will expire one year from the date this form is signed.)

Read and answer question concerning photo releases.



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Photo Release and Waiver

I hereby grant Jefferson County School District (JCSD) the absolute and irrevocable right and unrestricted permission to use, reuse, publish, and republish photographic portraits, pictures, or video (collectively "Photographs") taken of my son/daughter, in whole or in part, individually or in any and all media and for any purpose whatsoever, including internal or external school publications, for media illustration, promotion, art, editorial, and advertising during the academic year. For example, JCSD may use:

- Photos of Student(s) taken at or by JCSD during school events and activities for school publications and the school website for promotional purposes.
- Photos of Student(s) taken at or by JCSD during school events and activities to be published in external publications such as newspapers and magazines both in print and online.

In addition, I understand and agree that the Student's or Student's schoolwork or artwork may be published on JCSD's website and in various print publications during the academic year. I further agree that such photos, artwork, or schoolwork may identify my child by name and grade and as an JCSD Student.

Further, I hereby release and discharge JCSD from any and all claims and demands arising out of or in connection with the use of the photographs, including without limitation, any and all claims for libel or violation of any right of publicity or privacy. I hereby waive any right that I may have to inspect or approve the finished product or products and advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

This release shall be binding upon me and my heirs, legal representatives, and assigns. The authorization and release shall inure the benefit of the employees, legal representatives, licensees, agents, and assigns of JCSD. I have read the foregoing and fully understand the contents thereof. As a parent or legal guardian of Student(s).

I have read the foregoing and fully understand the contents thereof. As a parent/guardian of the student(s), I agree to the foregoing and understand that this checkbox is a representation of my electronic signature.

Permission to Photograph/Video
 Yes - Parent/Guardian has given permission for child to be photographed/videoed

Read and answer question concerning the release of directory information.



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Directory Information - Parent/Guardian Understanding

The Board designates as student "directory information": a student's name; photograph; address; telephone number, if it is a listed number; e-mail address; date and place of birth; participation in officially-recognized activities and sports; height and weight, if a member of an athletic team; dates of attendance; grade level; enrollment status; date of graduation or program completion; awards received; and most recent educational agency or institution attended. Designation of directory information shall occur at regularly scheduled Board meetings. At the meeting, the Board shall consider whether the designation of such information would put students at risk of becoming targets of marketing campaigns, the media, or criminal acts.

Directory Information will be released to:

- Yearbook publishers, school ring vendors, school photograph vendors, as selected by each school;
- Law enforcement and other governmental agencies, both state and federal (official request only);
- U.S. Armed Forces recruiting officials (as required by federal law); and
- College and university recruiters

By clicking the checkbox, I understand JCSD reserves the right to release Directory Information. JCSD will routinely publish this information in conjunction with press releases regarding student activities, honor roll announcements, athletic events, and other such activities.

Do you give permission to JCSD to release Directory Information?

Please read and sign. Attesting to truthfulness of the information provided.

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Parent/Guardian Acknowledgement:

By signing below, I certify that the information included in this application of enrollment is true and correct to the best of my knowledge and I hereby grant permission for the Jefferson County School District Personnel to request my child's records from their previous school to include, scholastic records, attendance records, behavioral records, physical and immunization records, birth certificate, IEP and psychological testing records and any other pertinent information.

Parent/Guardian Acknowledgement* **Signature required.**



Signed (5/3/2023) (click to clear)

Read and upload documents.

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You now have the opportunity to upload the required documents that are required for registration.

PLEASE REMEMBER... ENROLLMENT IS NOT COMPLETE UNTIL THE SCHOOL RECEIVES THE FOLLOWING INFORMATION.

Please, **CALL** the school of enrollment to set-up an appointment to provide the following documentation if you *do not* upload your documents in the dropbox fields below (Please note, if documents are uploaded, staff may still request an original be brought to the school should it be deemed necessary):

- Parent/Guardian's Photo ID

Parent/Guradian Photo ID: **Required**

- Social Security Card

According to Florida Statute 1008.386, school districts are required to request parents/guardians to provide a copy of the child's social security card upon enrollment; however, parents/guardians are not required to provide this information as a condition for enrollment or graduation.

Social Security Card : File Upload **Not required.**

Please ensure to click Submit and Finish.

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Thank you for completing the Jefferson School District Online Application!

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[Submit and Finish](#)