



Student Enrollment Form

www.jacksonsaves.org

Student Information (REQUIRED)		School
First Name	Middle Name	
Last Name	Birth Month/Day/Year	

What Is Jackson Saves?

The Jackson Saves Program provides local kindergarteners with a savings account funded with an initial deposit of \$50.00*, and is designed to help students save money to pay for their college or career training expenses after high school. Jackson Saves is a savings program brought to you by the Jackson Community Foundation, TRUE Community Credit Union, the Jackson County Intermediate School District and your school. For more information, visit www.jacksonsaves.org.

☐ YES! I want my child to begin saving for their future with Jackson Saves!

I understand that the following information is needed to participate in the Jackson Saves Program:

- Student's Full Name
- Birth Date
- Mailing Address (including city and zip code)
- School Building
- District Name
- Grade Level
- UIC Code (state assigned unique student number)

Printed Parent/Guardian Name

X

Parent/Guardian Signature

Date

I understand that the Family Educational Rights and Privacy Act (FERPA), a federal law, allows my student's school district to disclose designated "directory information" about my student to third parties without my consent, unless I tell them not to do so, in writing. The law also says that I can give permission to my student's district to share additional information about my student, such as birth date and student UIC code, by providing written consent. By signing below I am authorizing my student's school/district to share the above stated information with the Jackson Community Foundation and TRUE Community Credit Union in order to start my Jackson Saves Program account, receive and track additional donations, and otherwise administer my student's account information. I am further authorizing my student's school to work with the Jackson County Intermediate School District to facilitate my student's participation in the Jackson Saves Program.

☐ Please add me as a contact record on my child's account.

Home Address

Phone

Email Address

☐ No, thank you. I would like to OPT OUT.

I have "opted out" of the Jackson Saves Program for my student, I understand that my student's school will not share the information needed to enroll my student in the Jackson Saves Program with the Jackson Community Foundation and/or TRUE Community Credit Union. I understand my student will not be part of this Program and that I **will not be able to enroll them at a later date.**

Printed Parent/Guardian Name

X

Parent/Guardian Signature

Date

Financial Institution Disclosure

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person on an account. For this reason, we will need your child's full name, address, date of birth, and other information that will allow us to identify your child. This is a deposit-only account. Withdrawals are prohibited until the student meets eligibility requirements. Accounts will be opened in January for all students enrolled by September 30 of their initial kindergarten enrollment year.

*Subject to the availability of program funds.

Revised 10/20

Federally Insured by NCUA