

CENTRAL CITY PUBLIC SCHOOLS

STUDENT REGISTRATION FORM

Page 1 of 2

Elementary
 Middle School
 High School
 Today's Date: _____

PLEASE COMPLETE THE FOLLOWING VITAL INFORMATION

Legal Last Name	First Name	Middle Initial	Present Grade	Gender
Social Security Number *	Birthdate	Birthplace - City & State or Country (if other than USA)		Home Phone
				Check if unlisted <input type="checkbox"/>
Check One				
Is the Individual Hispanic/Latino? Yes No		Asian Black or African American		American Indian or Alaska Native
			Native Hawaiian or Other Pacific Islander White	
Home Language	Date this child first attended a school in the USA(Mo/Yr)		City & State of school that child first attended in the USA.	

PRIMARY HOUSEHOLD INFORMATION: Name(s) of person(s) **WITH WHOM STUDENT IS LIVING.**

Living With: (Check one) Use page 2 to supply information concerning other parent(s) and/or guardian(s).

Both Parents
 Mother Only
 Father Only
 Self
 Agency(Foster)
 Guardian
 Mother/Stepfather
 Father/Stepmother
 Stepfather/Stepmother
 Other _____

Title (circle): Mr. Mrs. Miss Ms. Last Name	First Name	Work Place & City	Business Phone	Ext.
			Cellular/Pager:	email address
Title (circle): Mr. Mrs. Miss Ms. Last Name	First Name	Work Place & City	Business Phone	Ext.
			Cellular/Pager:	email address
Parent/Guardian Street Address		City	Zip	County
Parent/Guardian Mailing Address (if different than above)		City	Zip	County

EMERGENCY INFORMATION: List two local persons (other than yourself) usually available during the school day who have agreed to care for and provide transportation for your student if he/she becomes ill or injured and you cannot be reached. We attempt to contact parents first.

Last Name	First Name	Relationship to Student	Daytime Phone	<input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W	Ext.
Last Name	First Name	Relationship to Student	Daytime Phone	<input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> W	Ext.

Enter the name of your family physician who may be contacted by school staff when parent cannot be reached and medical assistance is indicated. If you have no family doctor, you can state any local physician.

Family Doctor	Phone Number	Ext.
Family Dentist	Phone Number	Ext.

We occasionally receive requests from news media to take photographs or videotape in the classroom. Please indicate below whether or not you agree to allow your child to appear in media products.

Yes, I agree
 No, I do not agree

* Disclosure of a student's social security number is voluntary. The number is used as a student identifier. It will be used solely for state and local statistical purposes.

2ND MAILING INFORMATION, if any: Name of Parent(s) and/or Guardian(s) OTHER than those listed under Primary Household Information.

Title (circle): Mr. Mrs. Miss Ms. Last Name, First Name	Address, City, ST, Zip	Relationship to Student	Business Phone Cellular/Pager:	Ext. email address
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PARENT NOTIFICATION: According to the Family Educational Rights & Privacy Act (FERPA), both custodial and non-custodial parents have the same access to the child and to educational records concerning their child, UNLESS the school has been provided with a court order or other legally binding document relating to such matters as divorce, separation, or custody that specifically revokes those rights. (34 CFR99.4) The school MUST have a copy of the most recent court order on file; otherwise either parent has access to school records and may also check the child out of school (with proper identification). Your signature and date on this application acknowledges only that you have read this notification.

LIST ALL OTHER CHILDREN LIVING IN PRIMARY HOUSEHOLD THAT ARE UNDER THE AGE OF 20 YEARS

Last Name	First Name	Birthdate	Gender	Grade	Birthplace - City & State

PREVIOUS SCHOOL INFORMATION:

Last School or Daycare Attended	Grade	Address of Former School - City, State, Zip
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Has this student ever attended Central City Public Schools? _____ Yes _____ No
 If yes: Name of School Attended _____ Grade(s) Attended _____

Has this student ever been enrolled in Special Education? ___ Yes ___ No Is student currently enrolled in this program? ___ Yes ___ No
 Has this student ever been enrolled in ELL? ___ Yes ___ No Is student currently enrolled in this program? ___ Yes ___ No
 Has this student ever been enrolled in a Gifted Program? ___ Yes ___ No Is student currently enrolled in this program? ___ Yes ___ No
 Is this student a ward of the State? ___ Yes ___ No Is this student a ward of the Court? ___ Yes ___ No

If the student is a ward, our office needs a copy of state or court ward papers prior to admission.
 Temporary guardianship: Our office needs Limited Durable Power of Attorney papers completed.

Name of student's caseworker _____ Phone Number _____

RESIDENCY VERIFICATION; The residency information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any other fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

Signature of Parent/Guardian _____ Date _____

OFFICE USE ONLY

Registration Entered _____ (Initials) Birth Certificate _____ Immunizations _____ Records Requested _____
 Kindergarten OR 7th Grade OR Out of State New Student Physical _____