

CENTRAL CITY PUBLIC SCHOOLS 1711 15TH AVENUE PO BOX 57 CENTRAL CITY, NE 68826-0057 308-946-3055 JEFF JENSEN, SUPERINTENDENT



REQUEST FOR STUDENT RECORDS

DATE/20		
NAME OF STUDENT	GRADE	DATE OF BIRTH
The stude	nt listed above has enrolled in the Central C Please send all pertinent school records in	City School District. Cluding
Official Administration Records	i dates, pertinent health information, medic : Birth Certificate, Attendance Record rent IEP, Individual IQ test, psychological ex System # (NSSRS)	
Please send or fax information to t	he school below. Thank you for your coope	ration.
Central City Elementary 1711 15 th Avenue PO Box 57 Central City, NE 68826-0057 308-946-3057 (Office) 308-946-3149 (Fax)	Central City (Middle School 2815 17 th Avenue PO Box 57 Central City, NE 68826-0057 308-946-3056 (Office) 308-946-2124 (Fax)	Central City High School 1510 28 th Avenue PO Box 57 Central City, NE 68826-0057 308-946-3086 (Office) 308-946-2954 (Fax)
Principal's Signature	Principal's Signature	Principal's Signature
PARENT RELEASE I hereby give my permission to the School District.	school listed below to release the requeste	ed information to the Central City
Name of Previous School		
City, State, Zip	THE RESERVE OF THE PERSON OF T	
Parent or Guardian Signature		·····

CENTRAL CITY PUBLIC SCHOOLS

STUDENT REGISTRATION FORM

STUDENT INFORMATION

	te or Country	Middle Initial (if other than US	Present Grade SA) Central American, or	Gender	
ritage (Cuban, Mexi	ican, Puerto R	ican, South or C		other Spanis	h cultur
	,	·	Central American, or	other Spanis	h cultur
Asian Americ	an Indian or .				
	an muan or z	Alaskan Native	Native Hawaiian	ı or Other Pac	ific Isla
	If yes, plea	se notify the of			
	-	E-mail _			
		Cell Phor	ne		<u>.</u>
		Work Ph	one		
	_	E-mail _			
Work Phone					
	City		Zip	County_	
					greed to
_			Cell		_Work
Relationship To Stu	dent)	(Daytime Pho	ne)		
Relationship To Stu	ident) –	(Daytime Pho		Home	_Work
	two local persons (of pecomes ill or injured Relationship To Stu	PRIMARY HOUSEHOLD City City two local persons (other than yourse	PRIMARY HOUSEHOLD E-mail Cell Phore Work Phore E-mail Cell Phore Work Phore City City City City City City Carrend Relationship To Student) (Daytime Phore	PRIMARY HOUSEHOLD E-mail Cell Phone Work Phone E-mail Cell Phone Work Phone Cell Phone Zip City Zip City Zip Two local persons (other than yourself) usually available during the school of persons ill or injured and you cannot be reached. We attempt to contact pare Cell Relationship To Student) Cell Cell	PRIMARY HOUSEHOLD E-mail Cell Phone Work Phone E-mail Cell Phone Work Phone City Zip County City Zip County Two local persons (other than yourself) usually available during the school day who have a pecomes ill or injured and you cannot be reached. We attempt to contact parents first. Cell Home Relationship To Student) (Daytime Phone)

^{*} 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.