



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 student listed above has enrolled in the Central City School District.
 Please send all pertinent school records including

- Transcript: grades, test scores
- Health Records: Immunization dates, pertinent health information, medications
- Official Administration Records: Birth Certificate, Attendance Record
- Special Education Records: Current IEP, Individual IQ test, psychological evaluations, MDT Report, OT/PT Report
- Nebraska State Student Record System # (NSSRS)
- Free and Reduced Lunch Information

Please send or fax information to the school below. Thank you for your cooperation.

Central City Elementary
 1711 15th Avenue
 PO Box 57
 Central City, NE 68826-0057
 308-946-3057 (Office)
 308-946-3149 (Fax)

Central City Middle School
 2815 17th Avenue
 PO Box 57
 Central City, NE 68826-0057
 308-946-3056 (Office)
 308-946-2124 (Fax)

Central City High School
 1510 28th 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 listed below to release the requested information to the Central City School District.

Name of Previous School _____

City, State, Zip _____

Parent or Guardian Signature _____

CENTRAL CITY PUBLIC SCHOOLS

STUDENT REGISTRATION FORM

PLEASE COMPLETE THE FOLLOWING VITAL INFORMATION

Student 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"/>

Race/Ethnicity

Is the student of Hispanic/Latino ethnicity or heritage (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? Yes No
 White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Title (circle): Mr. Mrs. Miss Ms. Last Name	First Name	Work Place & City	Business Phone	Ext.
			Cellular Phone	
			Email Address	

Title (circle): Mr. Mrs. Miss Ms. Last Name	First Name	Work Place & City	Business Phone	Ext.
			Cellular Phone	
			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	H <input type="checkbox"/>	C <input type="checkbox"/>	W <input type="checkbox"/>	Ext.
Last Name	First Name	Relationship to Student	Daytime Phone	H <input type="checkbox"/>	C <input type="checkbox"/>	W <input type="checkbox"/>	Ext.

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

* 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.