



**Central Community School System
Student Registration and Data Verification Form**

SCHOOL YEAR 2016/2017

- New Student Due to Being Displaced from Flooding New Student and Currently Reside in CCSS District Status Update (ie Re-Register, Change of Address Name Change, Guardianship)

STUDENT INFORMATION

PARENTS: Please complete all blank items in each section. Male Female Foster Placement **Grade Entering:** _____

Student's LEGAL Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Social Security # _____ Birth Certificate # _____

Student's Current Address _____ Apt. ____ City _____ Zip _____

Indicate if address is Temporary _____ or Permanent _____

If address is Temporary, Student's Previous Address _____ Apt. ____ City _____ Zip _____

If student is displaced from recent flooding, indicate what school the Student would have otherwise attended for 2016/2017 school year.

Name of Louisiana school: _____ in _____ Parish

Has the Student previously been enrolled in the school above? ____ YES ____ NO

Primary Ethnic: (Choose One) 0 White 1 Black or African American 2 Hispanic 3 Asian 4 Native American/ Alaskan Native 5 Hawaiian/ Pacific Islander

Secondary Ethnic: (Choose One) 0 White 1 Black or African American 2 Hispanic 3 Asian 4 Native American/ Alaskan Native 5 Hawaiian/ Pacific Islander

Has the student ever attended a school in Louisiana? Y / N
Last school attended? _____

Has the student ever attended a school in Central? Y / N
If school is not in Central, please list Address: _____

Language spoken at home _____
Language first acquired by student _____

Address: _____
City _____ State _____ Zip: _____

Has this student ever received services as a **Special Education** student? Y / N Does your child have an **IEP**? Y / N

If yes, please indicate the student's **exceptionality**: __ Speech __ Gifted __ Talented __ Other

Has this student ever received **504 services**? Y / N

Where did the student attend Pre-K? _____

Brothers/Sisters in a Central School This Year

Date of Birth

School

Grade

Brothers/Sisters in a Central School This Year	Date of Birth	School	Grade

PARENT / GUARDIAN INFORMATION

Are parents divorced? Yes No If *divorced*, name of parent deemed the **domiciliary parent** by a judge? _____

Is Parent/Guardian's residence: Owned Leased Resides with someone who lives in CCSS District

Relation _____ Last Name _____ First Name _____ Does the student reside at this address? Y / N

Street Address _____ Apt. ____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Other Phone _____ Email: _____

Place of Employment _____ Work Phone _____

Relation _____ Last Name _____ First Name _____ Does the student reside at this address? Y / N

Street Address _____ Apt. ____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Other Phone _____ Email: _____

Place of Employment _____ Work Phone _____

***Court papers (signed by a judge) MUST be provided at the time of registration indicating which parent is the Domiciliary Parent OR who is the Legal Guardian of the child(ren).**

GENERAL INFORMATION

Person authorized to pick up your child _____ Home Phone _____ Other Phone _____

Person authorized to pick up your child _____ Home Phone _____ Other Phone _____

Emergency Contact _____ Home Phone _____ Other Phone _____

Emergency Contact _____ Home Phone _____ Other Phone _____

After school, how does the student get home or to after school care? _____

Student's Doctor/Clinic _____ Doctor/Clinic Phone _____

Hospital of Choice _____

Special medical conditions/allergies/procedures of which the school should be aware: _____

ALL OF THE ABOVE INFORMATION IS CORRECT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____