



Central Community School System
Student Registration and Data Verification Form

SCHOOL YEAR 2017/2018

[ ] New Student [ ] Re-register [ ] Status Change [ ] Address Change [ ] Name Change [ ] Guardianship

PARENTS: This is your child's registration form. Please complete ALL blank items in each section.

STUDENT INFORMATION

GRADE ENTERING [ ] Male [ ] Female [ ] Foster Placement (FOS Program)

Student's LEGAL Last Name First Name Middle Name

Date of Birth SSN/ID# Birth Certificate #

Student's Address Apt. Zip Code

Date of Entry into the United States (If not born in the U.S.)

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 Address: Language first acquired by student City State Zip: Language most often spoken by student

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

Table with 4 columns: Brothers/Sisters in a Central School This Year, Date of Birth, School, Grade. Contains 3 empty rows.

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 Active/Reserve/Retired Military/National Guard? Yes No

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 Active/Reserve/Retired Military/National Guard? Yes No

\*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