



REGISTRATION DOCUMENT CHECKLIST

New Student and Currently Reside in CCSS District

Online Registration

Status Update (i.e. Re-register, Change of Address, Name Change, Guardianship)

STUDENT DOCUMENTS

- 1 ___ Birth Certificate
- 2 ___ Social Security Card
- 3 ___ Immunization Records
- 4 ___ Last Report Card
- 5 ___ Withdrawal Slip from previous school attended
- 6 ___ Copy of test results from State testing (grades 3-8)
- 7 ___ Transcripts (if student is in high school)
- 8 ___ Current custody papers signed by a JUDGE showing domiciliary parent.

STUDENTS ENTERING:

Pre-K or K:	Documents 1-3
1 st - 3 rd :	Documents 1-5
4 th - 9 th :	Documents 1-6
10 th - 12 th :	Documents 1-7

****Custody Papers are Needed for all students if applicable.****

Student Name(s) and Grade:

NOTE: Provisional Custody by Mandate is not accepted.

RESIDENCY DOCUMENTS:

IF THE PARENT IS THE HOMEOWNER OR LESSEE:

- 1 ___ Ownership of Home (i.e. Cash Sale) **OR** ___ Homestead Exemption
OR ___ Property Tax Bill **OR** ___ Lease (Term must be during current school year and names of all persons living at residence must be listed as occupants on lease)
- 2 ___ Drivers License of Parent (**address must match residence address**)
ID only accepted if flags or fines on drivers license, Passports NOT accepted
- 3 ___ Electricity Bills (Previous 2 month bills) **DISCONNECT NOTICES NOT ACCEPTED**
- 4 ___ Gas or Water Bills (Previous 2 month bills) **DISCONNECT NOTICES NOT ACCEPTED**
- 5 ___ If utilities are included in lease, must provide another bill (**address must match residence address**)
(cable, phone, SNAP, insurance, etc.)

IF THE PARENT RESIDES WITH SOMEONE (DOUBLE UP):

- 1 ___ Drivers License of Parent (**address must match residence address**)
ID only accepted if flags or fines on drivers license, Passports NOT accepted
- 2 ___ Bill in Parent/Guardian name (**address must match residence address**)
(cable, phone, SNAP, insurance, etc.)

AND the following Documentation of the Homeowner/Lessee as follows:

- 3 ___ Ownership of Home (i.e. Cash Sale) **OR** ___ Homestead Exemption
OR ___ Property Tax Bill **OR** ___ Lease (Term must be during current school year and names of all persons living at residence must be listed as occupants on lease)
- 4 ___ Copy of Drivers License of Homeowner/Lessee (**address must match residence address**)
ID only accepted if flags or fines on drivers license, Passports NOT accepted
- 5 ___ Electricity Bills (Previous 2 month bills) **DISCONNECT NOTICES NOT ACCEPTED**
- 6 ___ Gas or Water Bills (Previous 2 month bills) **DISCONNECT NOTICES NOT ACCEPTED**
- 7 ___ Notarized Affidavit of Residency

NOTE: Affidavit of Residency may be required in other circumstances as directed by CCSS.

Double up students will be required to re-register each school year.



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

SCHOOL YEAR 2021-2022

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 _____ Male Female Foster Placement (FOS Program) Migrant

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

Date of Birth _____

Student's Address _____ Apt. _____

City _____ Zip Code _____

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

PARENT / GUARDIAN INFORMATION

***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).**

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

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 _____

**CENTRAL COMMUNITY SCHOOL SYSTEM
Bus Stop Request Form**

**New Student and Currently
Reside in CCSS District**

Status Change
____ Re-register ____ Change of Address
Other _____

REQUEST MUST BE SIGNED BY STUDENT SERVICES OR SCHOOL ADMINISTRATION BEFORE A BUS NUMBER IS ASSIGNED.
PLEASE NOTE: A MAXIMUM OF **THREE** DAYS COULD BE REQUIRED TO EFFECTIVELY INSTITUTE THE REQUESTED CHANGE.
CHILDREN IN PRE-K-5TH GRADE MUST HAVE SOMEONE VISIBLE IN ORDER TO BE RELEASED FROM THE BUS.

Student Name: _____ **Date:** _____

Parent/Guardian's Name: (please print) _____ **DO ()
DO NOT () WANT BUS SERVICE FOR MY CHILD.**

Parent/Guardian's Signature: _____

If requesting bus service, please complete the following information for your child.

Student Grade: _____ **School Attending:** _____

Primary Phone # of Parent/Guardian: _____ **Secondary Phone # of Parent/Guardian:** _____

Student's Current Address: _____
Street Name/Number City Zip

*****STUDENT MAY ONLY BE ASSIGNED TO 2 BUSES*****

Complete Physical Address of Requested Bus Stop in the MORNING	Date Stop to Begin:
_____	_____
_____	_____

Complete Physical Address of Requested Bus Stop in the AFTERNOON	Date Stop to Begin:
_____	_____
_____	_____

Complete Physical Address of Requested Bus Stop for ADDITIONAL Bus Stop: ____ AM ____ PM	Date Stop to Begin:
_____	_____
_____	_____

If your child receives Special Education Services, does your child's I.E.P. indicate special transportation services be provided? Yes No

Emergency Contact and Phone Numbers: _____

School Administrator Signature: _____

TO BE FILLED OUT BY FIRST STUDENT OFFICE ONLY			
Bus #	Stop Location	P/U Time	_____
Bus #	Stop Location	D/O Time	_____