



**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) Migrant

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

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

Student's Address _____ Apt. _____ Zip Code _____

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: _____

Date of Entry into the United States (if not born in the U.S.) _____ Address: _____
City _____ State _____ Zip: _____

Language spoken at home _____

Language first acquired by student _____

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

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 _____

Rev 10/19/17

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 PREK-4TH 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
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 _____