



Centennial School District STUDENT REGISTRATION FORM

Your student's registration form: Important for you and our school district

Student registration forms are **very important** — for your family and for the school district. The information you provide allows us to:

- * Distribute important school or school district information to you, including your student's academic progress (report cards) and attendance information.
- * Respond appropriately in the event of a medical situation involving your student.
- * Contact you or others if there is a school emergency.

Information from registration forms also supports students' academic success by allowing the school district to:

- * Help your student receive support such as language services.
- * Seek grants to strengthen classroom instruction.
- * Evaluate our work on behalf of student groups (racial/ethnic, socioeconomic, etc.).
- * Ensure that we are in compliance with civil rights laws regarding students and staff.

INSTRUCTIONS: The registration form is a required official record. The questions on this form ask for important information that will help provide services for your child. If you need help filling out this form, please contact your school. **Please print using a black pen, complete all pages and sign the last page.** If any information should change during the school year, notify your school immediately.

SHADED AREA FOR OFFICE USE ONLY: ENTRY DATE _____ SCHOOL _____ STUDENT ID # _____

STUDENT NAME _____ GRADE _____ HOMEROOM _____

BUS # _____ BUS STOP _____ PICK UP TIME _____ FTE _____

PROOF OF AGE _____ PROOF OF RESIDENCE _____ IMMUNIZATION _____

STUDENT INFORMATION

1. LEGAL LAST NAME _____ 2. LEGAL FIRST NAME _____

3. LEGAL MIDDLE _____ 4. GRADE _____ 5. GENDER Female Male 6. HOME LANGUAGE _____

7. FIRST NAME "GOES BY" _____ 8. LAST NAME "GOES BY" _____

9. BIRTHDATE _____ 10. BIRTH STATE _____ 11. BIRTH COUNTRY _____

Federal and State Regulations require schools to gather the information in 12a and 12b for statistical reports. For more information, your school can help.

12a. ETHNICITY - HISPANIC/LATINO? Yes No (Note: both Ethnicity & Race must be selected)

12b. RACE *select at least one* American Indian/Alaska Native Asian Black Native Hawaiian or Other Pacific Islander White

13. HOME ADDRESS _____ 14. CITY _____ 15. STATE _____ 16. ZIP _____

17. MAILING ADDRESS (if different) _____ 18. CITY _____ 19. STATE _____ 20. ZIP _____

21. FAMILY PRIMARY PHONE (cell? Yes No) _____ 22. STUDENT CELL PHONE _____

Note: Family primary phone number will be used for attendance and emergency notifications

PREVIOUS SCHOOL INFORMATION

| | 23. School (most recent first) | 24. City and State | 25. Years Attended (ex 2007-09) |
|----|--------------------------------|--------------------|---------------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

PARENT/GUARDIAN INFORMATION—Contact phone numbers and email addresses will be used to distribute important information.

PARENT/RESPONSIBLE ADULT #1: 26. LIVING WITH STUDENT: Y N (If no, provide mailing address on #33; check if you want copy of correspondence)

27. MOTHER FATHER GUARDIAN OTHER: _____

28. LAST NAME _____ 29. FIRST NAME _____

30. PRIMARY LANGUAGE _____ 31. E-MAIL ADDRESS _____

32. MILITARY STATUS: **Active?** Yes No **Reserve?** Yes No **Veteran?** Yes No

33. MAILING ADDRESS _____ 34. CITY _____ 35. STATE _____ 36. ZIP _____

37. PRIMARY PHONE _____ Cell? Yes No 38. SECONDARY PHONE _____ Cell? Yes No

39. WORK PHONE _____ 40. EMPLOYER _____

41. Contact allowed with student? Yes No 42. Has Custody of student? Yes No 43. Permission to pick up? Yes No

44. INTERESTED IN VOLUNTEERING? Yes No 45. Interpreter needed for school meetings? Yes No

PARENT/RESPONSIBLE ADULT #2: 46. LIVING WITH STUDENT: Y N (If no, provide mailing address on #53; check if you want copy of correspondence)

47. MOTHER FATHER GUARDIAN OTHER: _____

48. LAST NAME _____ 49. FIRST NAME _____

50. PRIMARY LANGUAGE _____ 51. E-MAIL ADDRESS _____

52. MILITARY STATUS: **Active?** Yes No **Reserve?** Yes No **Veteran?** Yes No

53. MAILING ADDRESS _____ 54. CITY _____ 55. STATE _____ 56. ZIP _____

57. PRIMARY PHONE _____ Cell? Yes No 58. SECONDARY PHONE _____ Cell? Yes No

59. WORK PHONE _____ 60. EMPLOYER _____

61. Contact allowed with student? Yes No 62. Has Custody of student? Yes No 63. Permission to pick up? Yes No

64. INTERESTED IN VOLUNTEERING? Yes No 65. Interpreter needed for school meetings? Yes No

ADDITIONAL EMERGENCY CONTACTS—In an emergency, parent/guardian(s) in the prior section will be called first. By listing names in this section as emergency contacts, you are authorizing these people to pick up your child at school if you cannot be reached.

66. RELATIONSHIP TO STUDENT _____ 67. FIRST AND LAST NAME _____

68. HOME PHONE _____ 69. WORK PHONE _____ 70. CELL PHONE _____

71. RELATIONSHIP TO STUDENT _____ 72. FIRST AND LAST NAME _____

73. HOME PHONE _____ 74. WORK PHONE _____ 75. CELL PHONE _____

76. RELATIONSHIP TO STUDENT _____ 77. FIRST AND LAST NAME _____

78. HOME PHONE _____ 79. WORK PHONE _____ 80. CELL PHONE _____

SIBLINGS—Please list student's sibling(s) currently attending a district school.

81. SIBLING LAST NAME _____ 82. SIBLING FIRST NAME _____

83. RELATIONSHIP TO STUDENT _____ 84. SCHOOL _____ 85. GRADE _____

86. SIBLING LAST NAME _____ 87. SIBLING FIRST NAME _____

88. RELATIONSHIP TO STUDENT _____ 89. SCHOOL _____ 90. GRADE _____

91. SIBLING LAST NAME _____ 92. SIBLING FIRST NAME _____

93. RELATIONSHIP TO STUDENT _____ 94. SCHOOL _____ 95. GRADE _____

PARENTS

EMERGENCY

SIBLINGS

EMERGENCY

STUDENT MEDICAL INFORMATION—School staff need to know if your student has a medical condition for which he/she may require assistance during the school day. Remember to advise the school of any changes in information.

96. PHYSICIAN'S NAME (optional) _____ 97. PHONE (optional) _____

98. PREFERRED HOSPITAL _____ EMS (Emergency Medical System) makes the final decision for site of best available care when serious illness, accident, or other emergency event directs need for transporting to a hospital. If possible, the school will advise EMS of your hospital preference.

99. CHECK ANY CURRENT MEDICAL CONDITIONS:

ASTHMA HEART DISEASE SEIZURE DISORDER DIABETES - TYPE I DIABETES - TYPE II
 SERIOUS ALLERGIES: _____ LIFE THREATENING? Y N

100. OTHER SPECIAL HEALTH NEEDS AT SCHOOL:

HEALTH

101. MEDICATIONS TO BE TAKEN AT SCHOOL (please list and also complete the Authorization for Medication form):

KINDERGARTEN STUDENTS ONLY

102. In the year before Kindergarten, did your child usually spend 5 hours or more per week in a preschool or preschool classroom (such as in a school, Head Start, or childcare center)? Yes No

103. Name of preschool _____

STUDENTS AGE 7 AND UNDER ONLY

104. Did this student receive a dental screening or exam by a provider other than at school? Yes No

105. If you answered No, what is the reason for no dental screening? (select only one)

Burden to student or parent/guardian Religious reasons Submitted to prior education provider

ENROLLMENT

PERMISSIONS / AUTHORIZATIONS—For annual notices on Directory Information, Student Records, Military Recruiting and Protection of Student Rights, please see the *District Parent and Student Handbook*.

* Under federal law and school policy, the school district may release the following information without prior parental consent: Student name, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, major field of study, dates of attendance, and the most recent school attended. **If you do not want this information released, please contact your school to submit a written request. This request must be completed each year.**

* Student photographs are commonly used in yearbooks, newsletters, websites, and other school-related publications. **If you do not want your student's photograph used or released for these purposes or for news media, please contact your school to submit a written request.**

* Students occasionally have the opportunity to participate in school field trips and health screenings. We will send out detailed information about these events when they arise. **If you do not want your student to automatically have permission for these events, please contact your school to submit a written request.**

* All students have access to use district-provided email. **If you do not want your student to have access to district-provided email, please contact your school to submit a written denial.**

I have read and understand the Permissions / Authorizations information above _____ (Initials of Parent or Responsible Adult)

HIGH SCHOOL STUDENTS ONLY

106. I do not want my child's name, address and phone number released to: Military Recruiters College Recruiters

Federal law requires school districts to provide, upon request, the names, addresses and phone numbers of high school juniors and seniors to military recruiters, colleges and universities. If you do not want the school district to provide information about your student to either the military or colleges and universities, you have the opportunity to "opt out." In order to do so, you must check one or both of the categories above.

ADDITIONAL

PROGRAMS

PROGRAM INFORMATION

- 107. Does your student have a current Individualized Education Plan (IEP)? Yes No
- 108. Does your student have a current Section 504 Plan? Yes No
- 109. Is your student in a Talented and Gifted (TAG) program? Yes No

LANGUAGE

LANGUAGE INFORMATION

- 110. What was the first language your child learned to speak? _____
- 111. What language does the student speak at home most of the time? _____
If a language other than English is given to any of the above questions, your child will be referred for English language assessment to determine if he/she qualifies for ESL services.
- 112. Is the student in, or has the student been in, an English as a Second Language Program? Yes No
- 113. If Yes to 112, what was the student's first day in a U.S. school? _____
- 114. Is the student in, or has the student been in, a Bilingual/Dual Program? Yes No
- 115. Is there anything else you would like the school to know about your child's language use?

Your family has the right to receive information in your home language.

- 116. Does your family need an interpreter for school meetings? Yes No

FEDERAL TITLE PROGRAM QUESTIONS (note to school staff: if a family checks 'yes' for any of these questions, please scan this page to Student Services)

Indian Education Program — This information establishes the district's eligibility for a federal grant. You may receive more information if you mark "Yes."

- 117. Is the student, a parent, or a grandparent, a member of a U.S. federally recognized American Indian Tribe? Yes No
- 118. If YES, please fill in tribe name: _____

Migrant Education Program — This program helps children and young adults ages 3-21 who move frequently (on their own or with their parents) in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities.

- 119. A person in my family has worked in, or has planned to work in, agriculture, forestry and/or fishing. This can include work on farms, ranches, canneries, nurseries, trees or fishing. Yes No

McKinney-Vento Program — This program guarantees that students, no matter their living situation, have access to public education, including transportation to and from school. A school district representative may be in touch if you check a box.

- 120. Please place a check in the appropriate box if it applies:
 - You are staying in a motel, car or campsite until you can find affordable housing
 - You are sharing housing with another family due to economic hardship
 - Your child is living with a relative/friend/or anyone other than his/her custodial parents
 - You are living in a shelter, temporary housing or moving from place to place without permanent housing

BY SIGNING THIS FORM, I AGREE THAT ALL THE INFORMATION IS TRUE. IF IT IS DETERMINED THAT THE ADDRESS I HAVE PROVIDED IS FALSE, I ACKNOWLEDGE THAT MY STUDENT COULD BE IMMEDIATELY REMOVED FROM THE SCHOOL.

- 121. SIGNATURE OF PARENT/RESPONSIBLE ADULT (required) _____ DATE _____
- 122. SIGNATURE OF PARENT/RESPONSIBLE ADULT _____ DATE _____