

CENTENNIAL DISTRICT STUDENT REGISTRATION FORM

Please print in BLUE or BLACK ink only

LM LV LW PV BC PL OE CMS CPS CHS

This Shaded Area for Office Use Only

Student ID #	Entry Date	Grade	Home Room Teacher	Entry Code
E-SIS				
SSID	<input type="checkbox"/> P/P	<input type="checkbox"/> Special Education	<input type="checkbox"/> TAG	<input type="checkbox"/> Title 1
	<input type="checkbox"/> 504	<input type="checkbox"/> ELL	Locker No.	

Student Information

Legal Last (Family) Name	Legal First Name	Legal Middle Name	Birth Date (mm/dd/yy)
Preferred Last (Family) Name (if different than legal)	Preferred First Name (if different than legal)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address	Apt/Space	City	State Zip
Home Phone Number <input type="checkbox"/> Unlisted	Student Cell or Pager Number(s) Optional		OR County Multnomah <input type="checkbox"/> Clackamas <input type="checkbox"/>
Mailing Address (if different)	City	State	Zip
Ethnicity: Hispanic/Latino? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No Race: (check at least one, and all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> White	Social Security Number (Optional)		
Was the student born outside the United States or Puerto Rico? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has the student attended school in the United States for less than 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the student ever been in an ELL and/or Bilingual program: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			
Language first used by the student: <input type="checkbox"/> English Other: _____ Language student speaks at home: <input type="checkbox"/> English Other: _____			
Previous School and Grade Level		Previous School Address / City & State	

Parent and Other Information

Does the student or his/her parents live or work on Federal property: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the student, or parent, or grandparent a member of a U.S. Federally recognized American Indian Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide tribe name: _____			
Student lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Blended Family <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparents <input type="checkbox"/> Other		Are there any current legal restrictions or restraining orders regarding contact by a non-custodial parent or other person(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes (legal proof is required), who? _____	
1 st Parent/Guardian Last (Family) Name:	1 st Parent/Guardian First Name	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, which language? _____
Relationship to student:		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Send printed materials (when available) in this language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone # <input type="checkbox"/> Unlisted	Work Phone #	Address (if different than student's) Include city, state, and zip	
Cell/Pager #	Address (if different than student's) Include city, state, and zip		
Email	Address (if different than student's) Include city, state, and zip		
Migrant Worker <input type="checkbox"/> Yes <input type="checkbox"/> No To qualify for migrant education services, a child must have moved within the past 3 years across the school district, city, county, or state lines with their parents or guardians to obtain temporary or seasonal employment in an agricultural or fishing activity.			
2 nd Parent/Guardian Last (Family) Name:	2 nd Parent/Guardian First Name	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, which language? _____
Relationship to student:		Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Send printed materials (when available) in this language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone # <input type="checkbox"/> Unlisted	Work Phone #	Address (if different than student's) Include city, state, and zip	
Cell/Pager #	Address (if different than student's) Include city, state, and zip		
Email	Address (if different than student's) Include city, state, and zip		
Migrant Worker <input type="checkbox"/> Yes <input type="checkbox"/> No To qualify for migrant education services, a child must have moved within the past 3 years across the school district, city, county, or state lines with their parents or guardians to obtain temporary or seasonal employment in an agricultural or fishing activity.			

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Emergency Contact Numbers if Parent/Guardians are not available

1 st Contact Last (Family) Name	1 st Contact First Name	Home Phone # <input type="checkbox"/> Unlisted
		Work Phone #
		Cell #
Relationship to student:	Authorized to pick student up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which language? _____
2 nd Contact Last (Family) Name	2 nd Contact First Name	Home Phone # <input type="checkbox"/> Unlisted
		Work Phone #
		Cell #
Relationship to student:	Authorized to pick student up from school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, which language? _____

Medical Information

Doctor's Name	Doctor's phone #	Health Policy#	Insurance Carrier
Dentist's Name	Dentist's Phone #	Preferred Hospital	
Please check any on-going health problems: <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure Disorder Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II Diagnosis Date: _____ Serious Allergies: _____		Please note any health information that should be brought to our attention:	

Other Siblings Attending Centennial District Schools

School	Grade	Last (Family) Name	First Name	Relationship	Gender
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F
					<input type="checkbox"/> M <input type="checkbox"/> F

Permissions / Authorizations

In case of illness, accident, or other emergency involving the student, the Principal is authorized to send my child to the preferred hospital specified above. <input type="checkbox"/> Yes <input type="checkbox"/> No	My student has permission to take part in school sponsored field trips. <input type="checkbox"/> Yes <input type="checkbox"/> No
I do not want my child's name, address and phone number released to: <input type="checkbox"/> Military Recruiters <input type="checkbox"/> College Recruiters <i>This request to not release information may be made by a secondary school age student or his/her parent.</i>	

Student Records <i>Annual Parent Notification for Family Education Rights and Privacy Act. Parent Rights:</i> 1. May inspect and review the student's education records. 2. May request an amendment to correct inaccurate or misleading information. 3. May consent to disclosure of record information except where the law allows disclosure without parental consent. 4. May file a complaint with the US Department of Ed. concerning District failure to comply with the requirements of this Act. 5. May obtain a copy of the District's policy on Student Records from this school.	Release of General Information About Student. The information on this form may be used by the District to meet its duty to monitor and enforce school attendance. The following information is designated as " directory information " which schools may release for school purposes without parent consent: student's name, telephone listing, photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees of awards received, and the most recent previous school attended. A parent who does NOT want the release of directory information must submit a note in writing to the school principal.	Transferring Records - Grades K-12. Student records will be transferred within 10 days of receipt of a request and notice of enrollment in a new school. Records Retention. Student records will be retained the minimum time set by the State of Oregon. The District will retain speech pathology and physical therapy records until the student reaches age 21 or five years after last seen, whichever is longer. The District will retain all other special education records for a minimum of five years after the school year in which the records were created. The district may destroy these records after these periods of time unless the parent or adult student requests these records.
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Signature of Parent/Guardian	Date
X	