

District Use Only

Student #: _____
Building: _____
Grade: _____



CENTENNIAL SCHOOL DISTRICT
433 Centennial Road, Warminster, PA 18974-5448
(215) 441-6000, Extension 11046 FAX: (215) 441-5883

STUDENT REGISTRATION INFORMATION

Section 1: Student Information

Student Name: _____ Gender: Male Female
Last First Middle

Address: _____
Street City State Zip Code

Home Phone Number: _____ Type of Registration: New Re-enrollment

Birthdate: _____ Age: _____ Birth Certificate Number: _____

Place of Birth (City, State, and Country): _____

Race/Ethnicity:

Check all that apply.

- American Indian/Alaskan Native
- Black/African American/Non-Hispanic
- Native Hawaiian or Other Pacific Islander
- Asian
- Hispanic/Latino
- White/Non-Hispanic

Does your child speak a language other than English at home? Yes No

If YES, what is the primary home language? _____

What is the student's primary language? _____

If YES, was the student receiving English as a Second Language services when he/she left the previous school? Yes No

List the prior school(s) attended, including pre-school for Kindergarten registrants:

School Name: _____ Date Last Attended: _____

Address: _____ Phone Number: _____

School Name: _____ Date Last Attended: _____

Address: _____ Phone Number: _____

School Name: _____ Date Last Attended: _____

Address: _____ Phone Number: _____

★★ Please complete the Release of Records form. ★★

If YES is checked to any of the below, please provide documentation:

Is there a custodial agreement for the student? Yes No

Does the student have an Individual Education Plan (IEP), Gifted Individual Education Plan (GIEP), or 504 Plan? Yes No

Other Children Living in the Household

Name	Birthdate

Section 2: Parent/Guardian Information

Child resides with: Both Parents Mother Father Foster Other: _____

Parent/Guardian (enrolling student)	
Guardian Type: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other: _____	
Name: _____ Last First Middle	
Address: _____	
E-mail Address: _____	
Phone Number (home): _____	Phone Number (mobile): _____
Employer: _____	Occupation: _____
Employer's Address: _____ Street City State Zip Code	
Work Phone Number: _____	
Parent/Guardian (other)	
Custodial Parent/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	
Guardian Type: <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Other: _____	
Name: _____ Last First Middle	
Address: _____	
E-mail Address: _____	
Phone Number (home): _____	Phone Number (mobile): _____
Employer: _____	Occupation: _____

Emergency Contact(s) (other than parents/guardians)
Include At Least 2 Emergency Contacts

Full Name	Phone Number	Relationship

I certify that to the best of my knowledge, the above information is correct. I have received a copy of the Centennial School District's Public Awareness Notice.

Parent/Guardian Signature: _____ Date: _____

Relationship to the Student: _____ Date: _____

Section 3: Parent/Guardian Permissions

Do you give permission for the student's name and photograph to be printed or posted in any district publication, in print or on-line?

Yes No Parent/Guardian Signature: _____

Do you give permission for the student to be videotaped or photographed as part of a school activity to be shown on the district cable channel or website?

Yes No Parent/Guardian Signature: _____

Do you give permission for the student's name and photograph to be given to the news media in relation to a school event?

Yes No Parent/Guardian Signature: _____