

Student's Full Legal Name (Last, First, Full Middle)	Gender	Father/Legal Guardian Name	Birth Date	Home Phone w/ area code
Birth Date (MM/DD/YYYY)	Home Phone w/area code	House Number/Street/Apt.	City	State
House Number/Street/Apt.	City	State	Zip	Work w/area code
				Cell w/area code
				E-mail

Federal Codes This question refers to ethnicity: Is this student Hispanic or Latino? <i>Please circle one:</i> Yes No Continue to answer the following What is the student's race? (Must choose one or more race) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	State Codes Choose Only One: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> White, not Hispanic	Student Lives With: <i>(please select all that apply)</i> <input type="checkbox"/> Natural Father <input type="checkbox"/> Natural Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Other	Who Holds Legal Custody? <i>(please select all that apply)</i> <input type="checkbox"/> Natural Father <input type="checkbox"/> Natural Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Other
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Mother/Legal Guardian Name	Birth Date	Home Phone w/area code
House Number/Street/Apt.	City	State
Work w/area code	Cell w/area code	E-mail
<i>We will always try to reach a parent/legal guardian BEFORE calling the listed emergency contacts.</i>		
First Emergency Contact Name/Relationship (other than parents/legal guardians)		Phone w/area code
Second Emergency Contact Name/Relationship (other than parents/legal guardians)		Phone w/area code

Other people living in student's household (use back of form if necessary)

Last Name	First Name	Full Middle Name	Relationship	Gender	Birth Date	Grade	*Status	*Status Codes: X – Not Attending School N – Attends Non-Public School (Please specify) P – Attends Public School (Please specify school district, if other than Centennial) E – Open Enrollment Option

1. Which language did your child learn first? English Other Language (specify): _____
2. Which language is most often spoken in your home? English Other Language (specify): _____
3. Which language does your child usually speak? English Other Language (specify): _____
4. Early childhood screening completed? Centennial ISD No. 12 Other School District (specify): _____
5. Is your child on an IEP (Individual Education Plan)? Yes No If yes, in what School District: _____
6. Pre-school experience? Yes No
7. Did your child participate in Head Start? Yes No
8. Have you recently moved to our district within the past 36 months for temporary or seasonal agricultural or fishing work? Yes No
9. Your income may qualify your child for reduced tuition for the Kindergarten Plus program and free or reduced lunches. Would you like to receive an Application for Educational Benefits? Yes No

I certify the information given above is true and complete to the best of my knowledge.

Parent/Legal Guardian Signature

Date

FOR SCHOOL USE ONLY:

Kindergarten Assignment: **KA KB KC**

School # _____

Student ID # _____

Start Date _____ Start Code _____

Immunizations: _____

Birth Certificate: _____

Early Childhood Screening: _____

Transportation Form: _____

Address Verified: _____