

WELCOME TO
CENTENNIAL HIGH SCHOOL

Home of the Eagles

3505 SE 182nd Avenue Gresham, OR 97030

Phone: 503-762-6180 FAX: 503-762-6176

To be considered for placement at Centennial High School or alternative programs through Centennial School District, please also provide the following items:

- Proof of address (utility bill or rental agreement)
- Proof of withdrawal from previous school, discipline record
- High school transcript and transfer grades
- Immunization records
- IEP (Individual Education Plan), if applicable
- Proof of date of birth

The Counseling Department will contact you to arrange an appointment for you and your student once all items are received and processed.

Please call 503-762-6147 if you have any questions or are unable to provide any of the items listed above.

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
SSID	P/P <input type="checkbox"/> Special Education <input type="checkbox"/>	TAG <input type="checkbox"/>	Title 1 <input type="checkbox"/> 504 <input type="checkbox"/> ELL <input type="checkbox"/>	Locker No.

Student Information						
Legal Last (Family) Name		Legal First Name		Legal Middle Name	Birth Date (mm/dd/yyyy)	
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 OR	Zip
Home Phone Number <input type="checkbox"/> Unlisted		Student Cell Number Optional			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)		Social Security Number (Optional)		
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Asian		For Kindergarten Only: In the year before Kindergarten, did your child usually spend 5 hours or more per <u>week</u> in a preschool or preschool classroom (such as in a school, Head Start, or childcare center)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Black or African American		<input type="checkbox"/> White				
<input type="checkbox"/> Native Hawaiian/ other Pacific Islander						
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 Bilingual program: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____						
Language first used by the student: English <input type="checkbox"/> Other: _____ Language spoken at home: English <input type="checkbox"/> 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: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is the student, or parent, or grandparent a member of a U.S. Federally recognized American Indian Tribe? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please provide tribe name: _____					
Student lives with:			Are there any current legal restrictions or restraining orders regarding contact by a non-custodial parent or other person(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father only			If yes (legal proof is required), who? _____		
<input type="checkbox"/> Blended Family <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian					
<input type="checkbox"/> Grandparents <input type="checkbox"/> Other					
1 st Parent/Guardian Last Name:		1 st Parent/Guardian First Name		Speaks English? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relationship to Student				If no, which language? _____	
Home Phone # <input type="checkbox"/> Unlisted		Work Phone #		Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cell Phone		Send printed materials (when available) in this language Yes <input type="checkbox"/> No <input type="checkbox"/>			
Email		Address (if different than student's) Include city, state, and zip			
Migrant Worker Yes <input type="checkbox"/> No <input type="checkbox"/> 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 Name		2 nd Parent/Guardian First Name		Speaks English? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Relationship to Student				If no, which language? _____	
Home Phone # <input type="checkbox"/> Unlisted		Work Phone #		Interpreter needed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cell Phone #		Send printed materials (when available) in this language Yes <input type="checkbox"/> No <input type="checkbox"/>			
Email		Address (if different than student's) Include city, state, and zip			
Migrant Worker Yes <input type="checkbox"/> No <input type="checkbox"/> 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.					

OVER

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? Yes <input type="checkbox"/> No <input type="checkbox"/>	Speaks English? Yes <input type="checkbox"/> No <input type="checkbox"/> 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? Yes <input type="checkbox"/> No <input type="checkbox"/>	Speaks English? Yes <input type="checkbox"/> No <input type="checkbox"/> 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: Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Diabetes: type I <input type="checkbox"/> II <input type="checkbox"/> Date Diagnosis: _____ Serious Allergies: _____		Please note any health information that should be brought to our attention:	

Siblings attending other Centennial District schools

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

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. Yes <input type="checkbox"/> No <input type="checkbox"/>	My student has permission to take part in school sponsored field trips. Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>I do not want my child's name, address and phone number released to: Military Recruiters <input type="checkbox"/> College Recruiters <input type="checkbox"/> <i>This request to not release information may be made by a secondary school age student or his/her parent.</i></p> <p>I do not want my student's picture used in any school or district publications, web site or video. <input type="checkbox"/></p>	

<p>Student Records <i>Annual Parent Notification for Family Education Rights and Privacy Act. Parent Rights:</i></p> <ol style="list-style-type: none"> May inspect and review the student's education records. May request an amendment to correct inaccurate or misleading information. May consent to disclosure of record information except where the law allows disclosure without parental consent. May file a complaint with the US Department of Ed. concerning District failure to comply with the requirements of this Act. May obtain a copy of the District's policy on Student Records from this school. 	<p>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. Within 30 days of enrollment, a parent may request, in writing to the school, that directory information not be released while the student is enrolled.</p>	<p>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.</p>
---	---	--

Signature of Parent/Guardian	Date
X	

Centennial School District



RELEASE AND/OR EXCHANGE OF INFORMATION

www.centennial.k12.or.us

As the Parent/Guardian of (Students Name) _____ Date _____

Student ID # _____ Grade _____ Birthday _____

Address _____ City _____ Zip _____

Phone (Home) _____ (Cell) _____

I authorize the release and/or exchange of confidential information between:

CENTENNIAL SCHOOL DISTRICT

AND

- | | |
|---|---|
| <input type="checkbox"/> Butler Creek Elementary
2789 SW Butler Rd
Gresham, OR 97080-8477
Phone: 503-762-6100
Fax: 503-762-6110 | <input type="checkbox"/> Lynch Meadows Elementary
18009 SE Brooklyn St
Portland, OR 97236-1047
Phone: 503-762-3208
Fax: 503-762-3238 |
| <input type="checkbox"/> Centennial District Office
18135 SE Brooklyn St
Portland, OR 97236-1049
Phone: 503-760-3631
Fax: 503-762-3689 | <input type="checkbox"/> Lynch View Elementary
1546 SE 169 Pl
Portland, OR 97233-4416
Phone: 503-762-3203
Fax: 503-762-3243 |
| <input type="checkbox"/> Centennial High School
3505 SE 182 nd St
Gresham, OR 97030-5028
Phone: 503-762-6180
Fax: 503-762-6176 | <input type="checkbox"/> Lynch Wood Elementary
3615 SE 174 St
Portland, OR 97236-1252
Phone: 503-762-3204
Fax: 503-762-3244 |
| <input type="checkbox"/> Centennial Middle School
17650 SE Brooklyn St
Portland, OR 97236-1045
Phone: 503-762-3206
Fax: 503-762-3236 | <input type="checkbox"/> Oliver Elementary
15840 SE Taylor
Portland, OR 97233-3239
Phone: 503-762-3207
Fax: 503-762-3237 |
| <input type="checkbox"/> Centennial Park School
17630 SE Main St
Portland, OR 97233-5044
Phone: 503-762-3202
Fax: 503-760-1651 | <input type="checkbox"/> Parklane Elementary
15811 SE Main St
Portland, OR 97233-3201
Phone: 503-762-3205
Fax: 503-762-3235 |
| <input type="checkbox"/> Centennial Transition Center
2010 SE 182 nd St
Portland, OR 97233-5604
Phone: 503-762-2106 ext. 4820
Fax: 503-667-9671 | <input type="checkbox"/> Pleasant Valley Elementary
17625 SE Foster Rd
Gresham, OR 97080-3326
Phone: 503-762-3209
Fax: 503-762-3239 |

School

Street Address

City/Zip

Telephone

I hereby authorize and request that all records pertaining to the above named student be transmitted to Centennial School District 28jt. It is understood that this information will be used to develop the most suitable education program for my student. It is further understood that the records will be maintained and used in accordance with the laws of the State of Oregon and the Federal Family Education Rights and Privacy Act of 1974. I understand my right to review the records and to have a hearing to remove or correct any information that is inaccurate, misleading, or otherwise violates the student's right to privacy.

An explanation of parent rights regarding student records is on the reverse side.

Parent/Guardian/Student (age 18+) _____ Date _____



TITLE PROGRAM SURVEY

Title I C: Migrant Education Program
 Title VII: Indian Education Program
 Title X: McKinney-Vento Program

Centennial School District and the Multnomah ESD coordinate the following entitlement programs. You and your student may qualify for some of these services. Please check the boxes that apply. The following programs are free.

The Oregon Title I-C Migrant Education Program is designed to help children and young adults ages 3-21 who frequently move on their own or with their parents in order to seek or obtain temporary or seasonal work in agriculture, forestry and/or fishing activities. Services are free and may include: summer school; transfer of education and health records; 24-hour accident insurance; educational support; parent involvement; as well as referrals to community resources and services.

PLEASE CHECK THIS BOX IF THE FOLLOWING APPLIES TO YOUR FAMILY:

- 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 or ranches and in canneries, nurseries, trees or fishing.

The Title VII Indian Education Program:

PLEASE CHECK A BOX IF THE FOLLOWING APPLIES TO YOUR FAMILY:

- My student / family self identifies as an American Indian / Alaska Native heritage, even if not enrolled as tribal member.

The Title X McKinney-Vento Program guarantees all children and youth the right to an education, regardless of their current living situation. Program resources may include provision of school supplies, clothing, and other services to help ensure student success.

PLEASE CHECK A BOX BELOW IF ANY OF THE FOLLOWING APPLY TO YOUR CURRENT LIVING SITUATION:

- Temporarily doubled up with friends or relatives due to economic hardship
 Living in a motel, car, or campsite
 Living in a shelter
 Moving from place to place without permanent housing

Parents: If you marked a box above, please return this completed form to your school office.
THANK YOU!

PLEASE PRINT CLEARLY

Student's Name	Last:	First:	Middle Initial:
Student's School	School Name:	Grade:	Date of Birth:
Parent/Guardian	Last:	First:	Middle Initial:
Address:	Street:	City:	State/Zip:
Phone:	Home:	Cell:	Other:

Signature of Parent / Guardian

Date

School Office Staff: Please return to Lori Palmer at the District Office. If you have any questions, please

contact me at 503-762-8532.

Special Education Information Sheet

Is student now or have they ever been in Special Education?

YES

NO

If Yes...

(Please supply as much information as possible)

Student's Name: _____ Birthday: _____

Last School Attended:

Name of School: _____

(Was this a: Regular Public School Alternative School Placement)

Street Address: _____

City/State/Zip Code: _____

Phone Number: _____

Special Ed. Case Manager: _____

Student was found eligible for special education due to:

- | | | |
|--|---|--|
| Intellectual Disability <input type="checkbox"/> | Hearing Impairment <input type="checkbox"/> | Communication Disorder <input type="checkbox"/> |
| Learning Disability <input type="checkbox"/> | Visual Impairment <input type="checkbox"/> | Other Health Impairment <input type="checkbox"/> |
| Emotional Disturbance <input type="checkbox"/> | Traumatic Brain Injury <input type="checkbox"/> | Orthopedic Impairment <input type="checkbox"/> |
| Autism <input type="checkbox"/> | | |

Are you the legal guardian of this student? _____

Day time phone number where we can contact you: _____

Are there any other agencies involved? *(ie...DHS, law enforcement, etc...)* _____

Primary language spoken in the home: _____

Please Sign and Date Below:

Signature of Student's Parent or Guardian

Date

