

Centre USD 397
Lost Springs, KS

STUDENT INFORMATION SHEET

Full Legal Name:		Social Security Number:	
Mailing Address:		Physical Address:	
City:	State:	Zip Code:	
Home Phone:		Cell Phone:	
Birth Date:	Birth Cert #:	Grade:	Male / Female

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)

Part A:	Is this student Hispanic/Latino? (Choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)
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The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B:	What is the student's race? (Choose one or more) <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment). <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam). <input type="checkbox"/> Black or African American (A person having origins in any of the black racial groups of Africa). <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands). <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).
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Language Spoken at Home:

Father/Guardian Name:		
Home Address:		
City:	State:	Zip Code:
Home Phone:		Cell Phone:
Employer:		Work Phone:
Email Address:		

Mother/Guardian Name:		
Home Address:		
City:	State:	Zip Code:
Home Phone:		Cell Phone:
Employer:		Work Phone:
Email Address:		

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact:

Name:	
Relationship to student:	
Home Phone:	Work Phone:
Doctor:	Phone:
City/State/Zip	

List allergies, drug or serum reactions, or other medical/physical problems:

List any medication your child takes on a regular basis:

Has your child ever been in a special school or class because of a physical or learning disability?

If yes, explain:

Is there something special about your child that would help the teacher understand/work with your child?

Is anyone in the family in the military? Yes No

If yes, who and what branch:

School:

Address/City/State/Zip:

Teacher:

Principal:

Phone:

Grade:

Withdrawal date:

I attest that the information contained herein is correct to the best of my knowledge.

(Legal Parent/Guardian Signature)

(Date)

Please list any children that are not attending school.

Name/Birth Date:

Please check appropriate school program student attending:

_____ Centre K-12 School

_____ Kansas On-line Learning Program (KOLP)

USD # currently residing in: _____ (for KOLP students only)