

Central Community School System

10510 Joor Road, Suite 300
City of Central, LA 70818
225-262-1919 (Phone) 225-262-1989 (Fax)



DOUBLE UP REGISTRATION DOCUMENT CHECKLIST

PARENTS RESIDING WITH SOMEONE (DOUBLE UP):

- 1 _____ Drivers License of Parent (address **must** match residence address)
- 2 _____ Bill in Parent/Guardian name (address **must** match residence address)
(*cable, phone, SNAP, insurance, etc.*)

AND the following Documentation of the Homeowner/Lessee as follows:

- 3 _____ Ownership of Home (i.e. Cash Sale) OR _____ Homestead Exemption
OR _____ Property Tax Bill OR _____ Lease
- 4 _____ Copy of Drivers License of Homeowner/Lessee (address **must** match residence address)
- 5 _____ Electricity Bills (Previous 2 month bills) DISCONNECT NOTICES NOT ACCEPTED
- 6 _____ Gas or Water Bills (Previous 2 month bills) DISCONNECT NOTICES NOT ACCEPTED
- 7 _____ Notarized Affidavit of Residency (*found on our website www.centralcss.org*)

Registration days and hours are as follows:

November 30, 2020 - December 17, 2020

Monday and Wednesday: 8:00 a.m. – 11:00 a.m. (must be signed in by 10:45 a.m.)

Tuesday and Thursday: 1:00 p.m. – 4:00 p.m. (must be signed in by 3:15 p.m.)



Central Community School System
Student Registration and Data Verification Form

SCHOOL YEAR 2020-2021

Re-register Status Change Address Change Name Change Guardianship

PARENTS: This is your child's registration form. Please complete ALL blank items in each section.

STUDENT INFORMATION

GRADE Male Female Foster Placement (FOS Program) Migrant

Student's LEGAL Last Name First Name Middle Name

Date of Birth

Student's Address Apt.

City Zip Code

Table with 4 columns: Brothers/Sisters in a Central School This Year, Date of Birth, School, Grade

PARENT / GUARDIAN INFORMATION

*Court papers (signed by a judge) MUST be provided at the time of registration indicating which parent is the Domiciliary Parent OR who is the Legal Guardian of the child(ren).

Name of parent deemed the domiciliary parent by a judge

Is Parent/Guardian's residence: Owned Leased Resides with someone who lives in CCSS District

Relation Last Name First Name Does the student reside at this address? Y / N

Street Address Apt. City Zip

Home Phone Cell Phone Other Phone Email:

Place of Employment Work Phone Active /Reserve/Retired Military/National Guard? Yes No

Relation Last Name First Name Does the student reside at this address? Y / N

Street Address Apt. City Zip

Home Phone Cell Phone Other Phone Email:

Place of Employment Work Phone Active /Reserve/Retired Military/National Guard? Yes No

GENERAL INFORMATION

Person authorized to pick up your child Home Phone Other Phone

Person authorized to pick up your child Home Phone Other Phone

Emergency Contact Home Phone Other Phone

Emergency Contact Home Phone Other Phone

After school, how does the student get home or to after school care?

Student's Doctor/Clinic Doctor/Clinic Phone

Hospital of Choice

Special medical conditions/allergies/procedures of which the school should be aware:

ALL OF THE ABOVE INFORMATION IS CORRECT.

PARENT/GUARDIAN SIGNATURE DATE

RESIDENCY AFFIDAVIT

State of Louisiana

Parish of East Baton Rouge

BEFORE ME, the undersigned notary, personally came and appeared:

_____ (Full Name), called "Parent/Guardian," a person of the age of majority whose permanent mailing address is (Legal Custodian of Student):

Street Number and Name	City	State	Zip
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Who did swear before me, upon his/her oath or affirmation, that he/she executed this Affidavit to formally acknowledge that:

_____ (Student's Name) is residing with Parent/Guardian at _____ called "Residence Address."

Street Number and Name	City	State	Zip
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Parent/Guardian further deposes and testifies that:

1. Parent/Guardian has been advised and is aware that this Affidavit is being provided to officials of the Central Community School Board for purposes of admitting a student(s) to the Central Community School System.
2. Parent/Guardian is advised and is aware that the making of intentionally false statements on this Affidavit may expose him/her and the residency owner being charged with filing false public records in violation of **L.A. R.S. 14:133** or other applicable laws of the State of Louisiana.
3. Parent/Guardian is advised that falsification of the information provided will result in the dismissal of the student from the Central Community School System.
4. With the foregoing understanding and awareness of the consequences of giving false information and filing false public records, Parent/Guardian attests that:
 - a) The above name student(s) has/have no other residence/domicile in the State of Louisiana other than the Residence Address shown on this Affidavit.
 - b) Parent/Guardian is the parent/legal guardian of _____ (Student's Name), who is residing with _____ (Name of Homeowner) at the Residence Address. **(Homeowner must be present and sign where indicated that this information is correct.)**

- c) If the Parent/Guardian's Residence Address changes, Parent/Guardian will visit the Central Community School Board Office located at 10510 Joor Road, Suite 300, City of Central, LA 70818 within ten (10) days of the change of residence and complete a registration packet for a change of address and provide required residency documentation.
- d) To enable residency verification, Parent/Guardian consents to an inspection and view of the residence herein identified as the student's residence to ensure that the information of the Affidavit to be true and correct.
- e) All parties have carefully completed and read this Affidavit and attest to the truth of all the information provided. **This document is valid for one year. It will expire on the last day of the current school year.**

SIGNATURES:

WITNESSES:

PARENT/GUARDIAN

HOMEOWNER

SWORN TO AND SUBSCRIBED before me this ____ day of _____, 20____.

NOTARY PUBLIC

NOTARY ID#: _____