

What the parents will see for online registration

Book Fee waiver can be found under the General forms tab

centerville.powerschool.com/guardian/forms.html?&sharetype=school&tabSel=school

Welcome, Emily Kozak | Help | Sign Out

Powerschool SIS

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General Forms | Class Forms | Enrollment | Student Support

School Form Listing for

Your preferences haven't been configured.
To configure if and how you'll receive notifications for forms, please use the button below to set your preferences.

[Preferences](#)

Forms

Search forms...

Centerville

| Status | Form Name | Form Description | Category | Last Entry |
|-----------|--|---|-------------|-----------------------|
| Submitted | [Centerville] J- Student Fee Waiver Application Code No. 503.3E1 | All information provided in connection with this application will be kept confidential. | Centerville | 2020-06-22 16:44:20.0 |

Legend

Icons - Form Empty - Form Approved / Populated - Form Not Approved - Form Rejected

vECO_26.3.2.0

All Other enrollment forms will be found under the enrollment tab

Enroll Form List for

Your preferences have been configured.

To configure if and how you'll receive notifications for forms, please use the button below to set your preferences.

[Preferences](#)

Forms

Centerville

| Status | Form Name | Form Description | Category | Last Entry |
|-----------|---|--|-------------|-----------------------|
| Approved | [Centerville] A - Student Demographics | | Centerville | 2020-06-22 15:36:46.0 |
| Approved | [Centerville] B - Student Address | | Centerville | 2020-06-24 09:40:23.0 |
| Empty | [Centerville] C - Student Contacts | | Centerville | |
| Empty | [Centerville] D - Home Language Survey | | Centerville | |
| Empty | [Centerville] E - Health Information | | Centerville | |
| Submitted | [Centerville] F - Permissions - Revised | | Centerville | 2020-06-22 15:26:02.0 |
| Empty | [Centerville] G - Transportation Request Form | Request bus transportation to/from school for your child | Centerville | |
| Empty | [Centerville] H - Application for Free and Reduced Price School Meals | | Centerville | |
| Empty | [Centerville] I - Migrant Worker Questionnaire | | Centerville | |
| Empty | [Centerville] Z - Acknowledgment of Completion | | Centerville | |

Legend

Icons: - Form Empty - Form Approved / Populated - Form Not Approved - Form Rejected

vECO_20.3.2.0

Student Demographic Page

← → ↺

centerville.powerschool.com/guardian/form.html?formid=6805&type=P&frn=0012302

🔍 ☆ ☰ E ⓘ

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There are 2 previous responses to this form. (0 pending, 1 approved, 0 rejected)
Last response status: submitted

[Centerville] A - Student Demographics

First Name *

Middle Name *

Last Name *

Date of Birth *

MM/DD/YYYY

Social Security #:

Gender *

Female

Male

Student's Siblings

Press Add Row to add a Sibling

Add Row

MIDDLE NAME IS NOW A REQUIRED FIELD

This top information will pull from PowerSchool

Race/Ethnicity

Is the student Hispanic or Latino? *

A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Yes

No

Race Descriptions

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.

Black or African American: A person having origins in any of the black racial groups in Africa.

Native American or Alaska Native: A person having origins in any of the original peoples of North and South America including Central America, and who maintains a tribal affiliation or a community attachment.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Race *

Please select all that apply

☒ (W) White

☐ (B) Black or African American

☐ (I) American Indian or Alaska Native

☐ (P) Native Hawaiian / Other Pac Islander

☐ (A) Asian

Reporting Ethnicity *

Please select the ethnicity the student most identifies with

White

Does your child require any special services? *

Yes

No

Is the student homeless? *

In shelter, foster care, living with relatives or friends, or unsheltered?

Yes

No

For students entering Kindergarten: Did this student attend preschool last year?

Yes

No

Submit

Legend

Icons - Date Entry

Student address screen

*The second address from this form will just show under the form and does not have a set field in PowerSchool at this time

(no subject) - emily.kozak@cente... [Centerville] B - Student Address June 2019 - GWAEA PowerSchoc...
centerville.powerschool.com/guardian/form.html?formid=6801&type=P&frn=0012302&planid=0

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[Centerville] A - Student Demographics [Centerville] B - Student Address [Centerville] C - Student Contacts [Centerville] D - Home Language Survey [Centerville] E - Health Information [Centerville] F - Permissions - Revised [Centerville] G - Transportation Request Form [Centerville] H - Application for Free and Reduced Price School Meals [Centerville] I - Migrant Wor

There are 1 previous responses to this form. (0 pending, 1 approved, 0 rejected)
Last response status: **approved**

[Centerville] B - Student Address

Physical Address

Street *
W Van Buren St

City *
Centerville

State *
IA

Zip Code *
52544

Primary Phone *

Mailing Address
[Copy from Physical](#)

Mailing Street *
W Van Buren St

Mailing City *
Centerville

Mailing State *
IA

Mailing Zip Code *
52544

Second Mailing Address
Address for second parent or legal guardian who would like to receive school mailings

Mailing Street

Mailing City

Mailing State

Mailing Zip Code

Save for Later Submit

VECO_20.3.2.3

Student contact page

centerville.powerschool.com/guardian/form.html?formid=7090&type=P&frn=0012302&planid=0

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There are no previous responses to this form.

[Centerville] C - Student Contacts

Primary Family Email Address *

With whom does the child reside? *

Who has custody? *

Are any of the student's parents or guardians on active military duty at this time? *

Does NOT include National Guard

☐ Yes ☐ No

Guardians and Emergency Contacts *

Please list all parents/legal guardians and at least three (3) emergency contacts apart from the parents/legal guardians

| Name | Relationship | Phone Type | Phone # | Address | Email | Custody | Lives with | School Pickup | Emerg. Contact | Data Access |
|------|--------------|------------|---------|---------|-------|---------|------------|---------------|----------------|-------------|
| | Mother | Home | | | | | | | | |
| | Not Set | | | | | | | | | |
| | Not Set | | | | | | | | | |

Apply this list of contacts to:

Submit

veco_20.1.2

If a parent needs to edited their information they will need to click on the pencil.

Student Health Page part 1

Inbox (16) - emily.kozak@center...

[Centerville] E - Health Information

June 2019 - GWAEA Powerschool

Registration Forms - Centerville

centerville.powerschool.com/guardian/form.html?formid=7136&type=P&frn=0012302

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[Centerville] E - Health Information

Medical Contacts

Doctor

Doctor's location

Doctor's Phone

Dentist

Dentist's Location

Dentist's Phone

Preferred Hospital

Do you need assistance finding a Health Care Provider? *

☐ Yes

☐ No

Does your child currently have health insurance? *

☐ Yes

☐ No

Does your child currently have dental insurance?

☐ Yes

☐ No

Medical History

Please check all that apply *

☐ Allergies

☐ Asthma

☐ ADD/ADHD

☐ Diabetes

☐ Heart problems

☐ Seizures or convulsions

☐ Other

☐ None

Does your child have visual or hearing problems? *

Consent to Share Medical Information *

Ongoing-Health-....doc

ADMINISTRATION-....doc

asthma-self-admi-....doc

DrOrders.pdf

Show all

Student Health page part 2

centerville.powerschool.com/guardian/form.html?formid=7136&type=P8&frn=0012302

Consent to Share Medical Information *

I give permission for the nurse to share necessary medical information with teacher(s)/staff as the nurse deems appropriate.

☐ Yes

☐ No

I request a phone conference with the school nurse to discuss my student's medical history. *

☐ Yes

☐ No

A health care provider has diagnosed the problem as:

Heath care provider treating this condition:

Has hospitalization been needed in the past year?

☐ Yes

☐ No

Are special measures needed at school?

☐ Yes

☐ No

If special measures are needed at school, please describe:

Medication

Medications

Press the Add Row button to add additional medications.

Add Row

Administration of Medication

School medications and health care services are administered following these guidelines:

• Parent signed and dated authorization to administer the medication.

• The medication is in the original labeled container as dispensed or the manufacturer's labeled container.

• The medication label contains the student's name, name of the medication, directions for use and date.

• Annual renewal of authorization and immediate notification, in writing of changes.

• Only medications whose dosage schedule cannot be adjusted for after school hours should be given during the school day.

I request the above student be given the medications at school by qualified staff, according to the prescription or nonprescription instructions and a record maintained. The student has experienced no previous side effects from medication.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

☐ I acknowledge

Submit

Student book fee waiver (Under General form tab)

Browser tabs: (no subject) - emily.kozak@centerville... | [Centerville] J- Student Fee Waiver... | June 2019 - GWAEA PowerSchool... | +

Address bar: centerville.powerschool.com/guardian/form.html?formid=15651&type=P&frn=0012302

PowerSchool SIS

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There are 1 previous responses to this form.

[Centerville] J- Student Fee Waiver Application Code No. 503 3E1
All information provided in connection with this application will be kept confidential.

Date: School Year:

Student's First Name: Student's Last Name: School:

Name of parent, guardian or legal or actual custodian: Address: Phone Number:

Please check type of waiver desired:

Full waiver

☐ Partial waiver

☐ Temporary waiver

Full Waiver

Free meals offered under Children Nutrition Program

☐ The Family Investment Program (FIP)

☐ Supplemental Security Income (SSI)

☐ Transportation assistance under open enrollment

☐ Foster care

Partial waiver

☐ Reduced priced meals offered under the Children Nutrition Program

Temporary waiver

If none of the above apply, but you wish to apply for a temporary waiver of school fees because of serious financial problems, please state the reason for the request:

This release of information is not an application to receive health insurance benefits.
I give permission for the school officials to release my child's free and reduced-price meal eligibility status and my name and address to Medicaid and HAWK-I (Healthy and Well Kids in Iowa) insurance program. Medicaid and HAWK-I officials may use this information to contact me with more information concerning my potential eligibility for their programs.

☐ Yes

☐ No

I consent to the use of electronic signatures *

I consent

Signature of parent, guardian or legal or actual custodian: *

Note: Your signature is required for the release of the information regarding the student or the student's family financial eligibility for the program checked above.

This form can only be submitted once.

vECO_39.3.2.0

Student permission page

On this page Parents will find the link to our web store for fees and a link to other health forms and sports forms

Inbox (14) - emily.kozak@centerville.k12.ia.us | Form Edit - [Centerville] F - Permissions - Revised | Registration Forms - Centerville | New Tab

centerville.powerschool.com/admin/formbuilder/edit.html?formid=13185

Note: Any changes made will be immediately applied after clicking the Save Form button.

EDIT MODE

[Centerville] F - Permissions - Revised

Emergency Medical Release *
For the safety and well-being of your child, we ask that you consent this emergency medical release which will allow the school's representative to seek emergency medical treatment if you cannot be reached to give your approval. Be assured that if the situation should arise that your child became ill or injured, every effort would be made to contact you at the telephone numbers listed. However, if we are unable to contact you, this agreement will allow your child to be treated by professional medical personnel with unnecessary delay.

I give permission for {{first_name}} {{last_name}} to receive emergency medical treatment if necessary while at an athletic event or on a field trip sponsored by the District.

☐ Yes ☐ No

Field Trips *
I give my permission for {{first_name}} {{last_name}} to go on school events or trips. I understand an informational letter or email will be sent home before each school sponsored event or trip, so I will be aware when my child will be leaving the school grounds.

☐ Yes ☐ No

Consent to Release Photo/Image *
During the current school year, your child's image/photograph or work may be included in a classroom or school project that could be used for publicity, promotional, and/or educational purposes (including publications, presentations or broadcast via newspaper, internet or other media source.)

☐ Yes, I give my consent for the Centerville School District to use my child's photo/image or work for school events and purposes. ☐ No, I do not give my consent for the Centerville School District to use my child's photo/image or work for school events and purposes.

Internet Access *
My student may access the Internet while at school.

I understand that student access to the Internet is designed for educational purposes and that the District has taken available precautions to restrict and/or control student access to material on the Internet that is inappropriate, and/or harmful to minors. However, I recognize that it is impossible for the District to restrict access to all objectionable materials that may be found on the Internet. I will not hold the District (or any of its employees, administrators, or officers) responsible for materials my child may come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my daughter/son to follow when selecting, sharing, and exploring information and resources on the Internet.

☐ Yes ☐ No

Where does your child go in the event of weather-related early dismissals? *

Fees
Please access your Fees [here](#).

Additional Documents
Please access the additional [Registration Forms](#). You will have the ability upload necessary documents down below.
The following forms for HMS and CHS sports can be found on our website: Iowa Athletic Pre-Participation Physical Examination, Good Conduct Policy, Concussion Form and Insurance Release Form.

Please access the additional [Registration Forms](#). You will have the ability upload necessary documents down below.
The following forms for health concerns can be found on our website: Physician Order for Special Health Services, Authorization - Asthma or Airway Constricting Medication Self-Administration - Consent Form, Administration of Medications to Students Parental Authorization and Release Form and Ongoing Health Concerns.

Upload additional documents here

Properties

Add Element Save Form

Ongoing-Health-....doc ADMINISTRATION....doc asthma-self-admi....doc DrOrders.pdf

Show all

vECO_20.3.2.0

Student transportation page

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centerville.powerschool.com/guardian/form.html?formid=6864&type=P&fm=0012302&planid=0

There are no previous responses to this form.

[Centerville] G - Transportation Request Form

Request bus transportation to/from school for your child

Student Information

Name

School

Date of Birth

Grade

Home Phone

895-3288

Home Address

1008 W Van Buren St

Centerville, IA 52544

Would you like to request bus transportation for your son/daughter? *

☒ Yes ☐ No

I request transportation for my student *

☒ AM ☒ PM

Pick-up Address

Street *

City *

Route #

Contact Person *

Contact Person Phone Number *

XXX-XXX-XXXX

Drop-off Address

Street *

City *

Route #

Contact Person *

Contact Person Phone Number *

XXX-XXX-XXXX

Does your child have any healthcare needs that could arise during transportation?

I consent to the use of electronic signatures *

☐ I consent

Save for Later

Submit

Student free and reduced meal application

Inbox (16) - emily.kozak@centerville

[Centerville] H - Application for F

June 2019 - GWAEA PowerSchool

Registration Forms - Centerville

centerville.powerschool.com/guardian/form.html?formid=7247&type=P&frn=0012302&planid=0

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Part 1: List all children in household

A "household member" is anyone who lives with you and shares income and expenses, even if not related. Children in foster care and children who meet the definition of homeless, migrant or runaway are eligible for free meals. Include all children in the household, from infants through 12th grade.

Children

Press the Add Row button to add a child.

Add Row

Part 2: Benefits

Do any household members currently participate in Food Assistance, TANF or FDIPIR? *

☐ Yes ☒ No

Part 3: Household Income

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all children listed in Part 1 here

[Sources of Child Income](#)

| | |
|----------------------|--|
| Child Income | How often? |
| <input type="text"/> | <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly |
| | <input type="radio"/> 2xMonth |

B. All Adult Household Members (including yourself)

List all Household Members not listed in Part 1 (including yourself) even if they do not receive income.

For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

[Sources of Adult Income](#)

Adults

Press the Add Row button to add an adult.

Add Row

Does the primary wage earner or another adult household member have a Social Security Number (SSN)? *

☐ Yes ☐ No

Contact Information and Signature

Street Address (if available)

City

State

Zip Code

Phone Number

Email

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws

I consent to the use of electronic signatures *

☐ I consent

Submit

Acknowledgment of completion page

← → ↺

centerville.powerschool.com/guardian/form.html?formid=7099&type=P&frn=0012302&planid=0

🔍 ☆ ☰ E ⓘ

PowerSchool SIS

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▾ [Centerville] A - Student Demographics [Centerville] B - Student Address [Centerville] C - Student Contacts [Centerville] D - Home Language Survey [Centerville] E - Health Information [Centerville] F - Permissions - Revised [Centerville] G - Transportation Request Form [Centerville] H - Application for Free and Reduced Price School Meals [Centerville] I - Migrant Worker Out ▸

There are no previous responses to this form.

[Centerville] Z - Acknowledgment of Completion ▾ ⓘ ⚙

Acknowledgement of Completion *

I, as a parent/guardian, have completed the following forms for my student accurately and to the best of my knowledge:

- A - Student Demographics
- B - Student Address
- C - Student Contacts
- D - Home Language Survey
- E - Health Information
- F - Permissions
- G - Transportation Request Form
- H - Application for Free and Reduced Price School Meals (optional)

☐ I acknowledge

I consent to the use of electronic signatures *

☐ I consent

Saves for Later

Submit ▾

Legend

Icons 📅 - Date Entry

vECO_20.3.2.0

Ongoing-Health-....doc ^ ADMINISTRATION....doc ^ asthma-self-admi....doc ^ DrOrders.pdf ^

Show all ✕