



JEFFERSON PARISH PUBLIC SCHOOL SYSTEM

501 MANHATTAN BOULEVARD
 HARVEY, LOUISIANA 70058
 (504) 349-7600
 jpschools.org

Registration for New Students

Household Information

Please provide the primary phone number associated with your household. You will have the ability to enter other contact methods, including cell phones and email addresses, later in this registration process.

***Message Preference Key**
Emergency – Method of contact for emergency messages
High Priority - Important/urgent information from school or district
Attendance - Automated notification when your child is absent from school
Behavior - Automated notification of behavior referrals for participating schools
General - Informational messages sent by the school or district (i.e. upcoming events, news)

Home/Primary Phone		*Emergency	*High Priority	*Attendance	*Behavior	*General
Voice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Language you prefer to receive home communications? _____

Home Address

Street #	Prefix (E, N)	Street Name	Tag (St, Dr, Ave)	Direction (N, W, S, E)	Apartment #
City, State, Zip Code					

Parent/Guardian #1 Information

First Name		Middle Name		Last Name		Suffix (Jr, Sr)	Relationship (Mother/Father/Guardian)	
Date of Birth	Gender	Preferred Language		Lives at same address?		Race		Hispanic
					<input type="checkbox"/>			<input type="checkbox"/>

Cell Phone

		*Emergency	*High Priority	*Attendance	*Behavior	*General
Voice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Phone

		*Emergency	*High Priority	*Attendance	*Behavior	*General
Voice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Email Address(es)

		*Emergency	*High Priority	*Attendance	*Behavior	*General	Teacher
Primary		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**See Message Preference Key at the top of the first page*

Currently on Active Military Duty: Y / N

Branch: _____

Do you wish to be contacted by the Parent Teacher Organization:

Contact Number: _____

Parent/Guardian #2 Information

First Name		Middle Name	Last Name	Suffix (Jr, Sr)	Relationship (Mother/Father/Guardian)	
Date of Birth	Gender	Preferred Language	Lives at same address? <input type="checkbox"/>	Race		Hispanic <input type="checkbox"/>

Cell Phone

		*Emergency	*High Priority	*Attendance	*Behavior	*General
Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Phone

		*Emergency	*High Priority	*Attendance	*Behavior	*General
Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Email Address(es)

		*Emergency	*High Priority	*Attendance	*Behavior	*General	Teacher
Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**See Message Preference Key at the top of the first page*

Currently on Active Military Duty: Y / N

Branch: _____

Do you wish to be contacted by the Parent Teacher Organization: Y / N Contact Number: _____

Emergency Contact #1

First Name, Middle Initial	Last Name	Relationship to Student	Suffix (Jr, Sr)	Date of Birth
Gender	Preferred Language	Home Phone	Cell Phone	
Work Phone	Email Address	Lives at same address?	Address	

Is this person a relative? Y / N

Emergency Contact #2

First Name, Middle Initial	Last Name	Relationship to Student	Suffix (Jr, Sr)	Date of Birth
Gender	Preferred Language	Home Phone	Cell Phone	
Work Phone	Email Address	Lives at same address?	Address	

Is this person a relative? Y / N

Other Household Relationships

Use this section to enter people living in the household, but not a guardian/parent (Brothers, sisters, etc).

First Name, Middle Initial	Last Name	Suffix (Jr, Sr)	Relationship	Date of Birth	Gender	Preferred Language

Student Information

Student Demographics

Please verify or add the information below. Update any information that is incorrect. Enter the student's name exactly as it appears on the birth certificate. If your student has two last names, please enter both in the box marked "last name". Please enter both names without a dash in between.

First Name		Foster Child (Circle One)	<input type="checkbox"/>
Middle Name		Applying for Homeless, Runaway or Migrant (Circle One)	<input type="checkbox"/>
Last Name		Enrollment Grade (next school year)	
Suffix		With whom does the student live (Circle One)	Both Parents / Mother / Father / Other
Nickname		If you answered "other" above please describe:	
Gender		Student's Cell Phone:	
Birth Date		Student's email address	
Date Entered U.S. (if not born in U.S.)			

Student's Social Security Number**: _____

**A Social Security number is optional for registration purposes. JPPSS does not deny registration due to the failure of a family to produce an official Social Security card.

Race/Ethnicity

Is Hispanic/Latino Y / N

Please check all that apply. If not Hispanic, at least one is required.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Special Services

	Yes	No
Does your child receive Special Education services?*	<input type="checkbox"/>	<input type="checkbox"/>
Does your child receive Gifted/Talented services?*	<input type="checkbox"/>	<input type="checkbox"/>
Does your child receive Speech/Language therapy services?*	<input type="checkbox"/>	<input type="checkbox"/>
Does your child currently receive 504 accommodations services?*	<input type="checkbox"/>	<input type="checkbox"/>
Does the student receive ESL services?*	<input type="checkbox"/>	<input type="checkbox"/>
Was your student homeschooled last school year?*	<input type="checkbox"/>	<input type="checkbox"/>
Is your student receiving Homebound Services?*	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous

If the student is eligible, would you make use of Bus Services? Yes No

Please check the type of medical insurance under which your child is covered (choose one): Private Medicaid
 LaCHIP None

If available at your student's school, are you interested in Before/After Care services? Yes No

Language Preferences: Please enter language preferences for your student below.

Student Primary Language	Parent Primary Language
What was the first language spoken by the student?	What is the language most often spoken at home?
What is the language most often spoken by the student with friends	Has your child ever received English as a Second Language (ESL/ELL) services? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Schools

Please enter information regarding the school this student attended last year (2015-2016).

	School	City	State	Country
Last Year (2015-2016):				

Prior Educational Experience (Circle One):

Public School Pre-K / Non Public School Pre-K / Licensed Child Care /
Family Day Care Home Program / Head Start Programs / Tribal Schools / Home

Are you interested in having this student tested for admission to an Advanced Studies Academy? Yes No

Tribal Information

Check here if student currently has an active enrollment within a United States Tribe: Yes

If no, skip to "Temporary Housing/Migrant section"

Name of Tribe, Band or Group: _____

Tribe, Band or Group is (circle one): Federally Recognized / State Recognized / Terminated / Organized Indian Group /

Name of individual with tribal membership: _____

Individual Named is the (Circle One): Child / Child's Parent / Child's Grandparent

Proof of membership, as defined by Tribe, Band or Group

Membership or Enrollment Number (if available): _____

If membership number is not available please explain:

Name and address of organization maintaining membership data for the Tribe, Band or Group:

Temporary Housing/Migrant

Is the student's address a temporary living arrangement? Yes No (if no, skip to "Relationships..." section)

	Yes	No
Is the temporary living arrangement due to loss of housing or economic hardship?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student living in:		
In an emergency/transitional shelter	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily with another family because we cannot afford or find affordable housing	<input type="checkbox"/>	<input type="checkbox"/>
With an adult that is not a parent or legal guardian, or alone without an adult	<input type="checkbox"/>	<input type="checkbox"/>
In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Housing (i.e., FEMA Trailer or FEMA Rental Assistance)	<input type="checkbox"/>	<input type="checkbox"/>
In a hotel/motel	<input type="checkbox"/>	<input type="checkbox"/>
Awaiting foster care placement	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain):		
	Yes	No
Does your child have a disability or receive any special education services?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child exhibit any behaviors that may interfere with his or her academic performance?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like assistance with:		
Uniforms	<input type="checkbox"/>	<input type="checkbox"/>
Student Records	<input type="checkbox"/>	<input type="checkbox"/>
School Supplies	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Please Explain:		
	Yes	No
Migrant - Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including poultry processing, dairy, nursery, and timber) or fishing?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide the address from which you moved		

Relationships – Parents/Guardians

Please list below the names of the parents you listed earlier. At least 1 person must be marked as guardian.

Name	Relationship (Mother, Father, Aunt)	Guardian**	Mailing**	Portal**	Messenger**
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Mailing** - This person is authorized to receive mailings for the student | **Portal** - This person will be able to view student information within the online parent portal for this student, including grades and attendance. | **Messenger** - This person will receive information from the school system as indicated in previous sections, (i.e. contact preferences). THIS BOX MUST BE MARKED FOR YOU TO RECEIVE CALLS AND EMAILS FROM THE SCHOOL DISTRICT. | **Contact Sequence** - District staff will communicate with contacts in the order specified. **

Health Services – Emergency Information/Medical or Mental Health Conditions

Primary Care Provider: _____ Primary Care Phone #: _____

Medical or Mental Health Conditions: _____

Health Services – Medications:

Daily Medications: Yes No

Medication is dispensed: At Home At School

Medication Instructions: _____

Emergency Medication instructions: _____

Medication As Needed: Yes No

Where is the medication as needed Dispensed: At Home At School

Medication as Needed Instructions: _____

Release Agreement – Media (Attached)

Yes - I agree with the District Photography Release Form and grant permission as stated in this form.

No - I do not agree with the District Photography Release Form and do not grant permission as stated in this form.

Release Agreement – Field Trip

I understand that I will receive permission slips for each School and/or District approved field trip and will need to return signed form in order for student to participate. Initials _____

Release Agreement – Military Recruitment (Middle/High School Only)

Please check if you do not wish to share your contact information with military recruiters. Initials _____

Release Agreement – Technology (Attached)

I have read and understand the Technology Acceptable Use Policy and I agree to review this policy with my child(ren).

I certify that all of the information provided is to the best of my knowledge and belief true, correct and complete.

Parent/Guardian Signature: _____