



STUDENT REGISTRATION FORM

| <u>SCHOOL USE ONLY</u> | | |
|---|---|---|
| Date of Entry ____/____/____ | Grade ____ | Homeroom _____ |
| Records checklist: | | |
| <input type="checkbox"/> Birth Certificate* | <input type="checkbox"/> Louisiana Universal Certificate of Immunization* | <input type="checkbox"/> Transcripts (HS) |
| <input type="checkbox"/> Withdrawal Form/Report Card* | <input type="checkbox"/> Custody Papers (if applicable)* | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Proof of Residence 1* | <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> 504/IAP |
| <input type="checkbox"/> Proof of Residence 2* | <input type="checkbox"/> IEP/Evaluation Form | <input type="checkbox"/> 504/IAP |
| Other: _____ | | * required items |

Last School Attended: _____ City: _____ State: _____ Zip: _____

Parish: _____

| HOME LANGUAGE SURVEY | |
|--|--|
| Is a language other than English spoken in your home? | <input type="checkbox"/> No <input type="checkbox"/> Yes (which language? _____) |
| Does your child communicate in a language other than English? | <input type="checkbox"/> No <input type="checkbox"/> Yes (which language? _____) |
| If yes to above, which language did your child learn first? _____ | |
| If other than English, in which language do you prefer to receive information from the school? _____ | |

| STUDENT'S INFORMATION | | | |
|---|---|---|--|
| Last Name: | | First Name: | Middle: |
| Address: | | City: | Zip Code: |
| Nickname: | Grade: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: |
| Student Ethnicity: <i>(Check all that apply. If more than one is checked, circle the race you would like us to record as student's primary race)</i> | | | |
| <input type="checkbox"/> 0 White | <input type="checkbox"/> 1 Black | <input type="checkbox"/> 2 Hispanic | <input type="checkbox"/> 3 Asian |
| <input type="checkbox"/> 4 Native American/Alaskan Native | <input type="checkbox"/> 5 Hawaiian/Pacific Islander | | |
| Transportation: | <input type="checkbox"/> Walker/Car Rider | <input type="checkbox"/> Student Vehicle | <input type="checkbox"/> Regular School Bus |
| <input type="checkbox"/> Afterschool Childcare Program at the School | <input type="checkbox"/> Other: _____ | | |
| Check all that apply: <input type="checkbox"/> Special Education Services/Student has an IEP (Exceptionality _____) | | | |
| <input type="checkbox"/> Receives 504 Accommodations | <input type="checkbox"/> Student is out of his school attendance zone (Reason: _____) | | |
| List any health conditions, allergies, medications, or diet restrictions we should be aware of: _____ | | | |
| Prior Education Experience to Kindergarten (Complete if registering for Pre-K or K) Select 1: <input type="checkbox"/> (K01) Public Pre-K <input type="checkbox"/> (K02) Non-Public Pre-K | | | |
| <input type="checkbox"/> (K03) Licensed Childcare | <input type="checkbox"/> (K04) Family Day Care Home Program | <input type="checkbox"/> (K05) Head Start | <input type="checkbox"/> (K06) Tribal <input type="checkbox"/> (K07) Home (no Pre-K) |

| FATHER'S INFORMATION | | | Student resides with: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|---|-------|--|--|-----------|
| Last Name: | | First Name: | | Middle: |
| Address (if different from student): | | | City: | Zip Code: |
| Home: | Work: | Cell: | Email: | |
| Date of Birth: | | Deny access to Student Progress Center: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this parent affiliated with the military (active, reserve, retired)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which branch? _____ | | | | |

| MOTHER'S INFORMATION | | | Student resides with: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|---|-------|--|--|-----------|
| Last Name: | | First Name: | | Middle: |
| Address (if different from student): | | | City: | Zip Code: |
| Home: | Work: | Cell: | Email: | |
| Date of Birth: | | Deny access to Student Progress Center: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this parent affiliated with the military (active, reserve, retired)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which branch? _____ | | | | |

| GUARDIAN'S INFORMATION | | | | |
|--|-------|-------------|--------|-----------|
| (Complete only if the student resides with someone other than a birth parent) | | | | |
| <input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (<i>specify</i>) _____ | | | | |
| Last Name: | | First Name: | | Middle: |
| Address (if different from student): | | | City: | Zip Code: |
| Home: | Work: | Cell: | Email: | |
| Is this guardian affiliated with the military (active, reserve, retired)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, which branch? _____ | | | | |

| EMERGENCY CONTACTS | | | | |
|--|--|-------------|-------|---------------|
| #1 Last Name: | | First Name: | | Relationship: |
| Address: | | | City: | Zip Code: |
| Has permission to check out my child: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Home: | Work: | Cell: |
| #2 Last Name: | | First Name: | | Relationship: |
| Address: | | | City: | Zip Code: |
| Has permission to check out my child: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Home: | Work: | Cell: |
| #3 Last Name: | | First Name: | | Relationship: |
| Address: | | | City: | Zip Code: |
| Has permission to check out my child: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Home: | Work: | Cell: |

| MIGRANT EDUCATION SURVEY | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No In the past three years, has anyone in the household done any agricultural or fishing work? | |