



**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					
<b>(Complete only if the student resides with someone other than a birth parent)</b>					
<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?	