



SCHOOL USE ONLY

Date of Entry ____/____/____ Grade ____ Homeroom _____

Records checklist:

Birth Certificate*		Louisiana Universal Certificate of Immunization*	
<input type="checkbox"/> Withdrawal Form/Report Card*	<input type="checkbox"/> Custody Papers (if applicable)*	Transcripts (HS)	Proof
<input type="checkbox"/> of Residence 1*	Standard-	ized Test Scores	Discipline
<input type="checkbox"/> of Residence 2*	IEP/Evaluation	<input type="checkbox"/> Form	<input type="checkbox"/> Records Proof of Resi-
<input type="checkbox"/> Other: _____		<input type="checkbox"/> * required items	<input type="checkbox"/> 504/IAP

STUDENT REGISTRATION FORM

LANGUAGE USE SURVEY

The LDOE Language Use Survey must be completed by all new registrants

PRIOR SCHOOL EXPERIENCE

What school did your child last attend?

City: _____ State: _____ Zip Code: _____ Parish: _____

SPECIAL EDUCATION/504 SURVEY

Does your child receive Special Education services? Yes No

Does your child have an IEP? Yes No

Does your child receive 504 or testing accommodations? Yes No

Does your child have an IAP? Yes No

STUDENT'S INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ Zip Code: _____

Nickname: _____ Grade: _____ Gender: Male Female Date of Birth: _____

Student Ethnicity: *(Check all that apply. If more than one is checked, circle the race you would like us to record as student's primary race)*

0 White 1 Black 2 Hispanic 3 Asian 4 Native American/Alaskan Native 5 Hawaiian/Pacific Islander

Transportation: Regular Bus Walker/Car Student Vehicle Special Needs Bus

Other: _____

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:

(K01) Public Pre-K (K02) Non-Public Pre-K (K03) Licensed Childcare (K04) Family Day Care Home Program

(K05) Head Start (K06) Tribal (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 (specify) _____		
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 CONTACT					
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	
In the past three years, has anyone in the household done any agricultural or fishing work?	<input type="checkbox"/> Yes <input type="checkbox"/> No