

New Student Registration Form

2021-22 School Year



Student Information - Part 1

Enter the information exactly as it appears on your child's birth certificate

First Name:

Middle Name:

Last Name:

Prefers to be called:

Gender Male Female

Date of Birth (MM/DD/YYYY):

Religion:

Parish:

Please present your child's birth certificate or passport to the school office upon submission of this packet.

Birth certificate provided Passport provided

Student Information - Part 2

Grade applying for 21-22 (check one)

3K 4K 5K 1st 2nd 3rd 4th 5th 6th 7th 8th

Primary Residence Street Address:

Primary Residence City, State, Zip:

Is your student Hispanic or Latino?

Yes

No

Race (check all that apply)

White Black or African American

Asian American Indian or Alaska Native

Native Hawaiian / Other Pacific Islander

Previous School (if applicable)

Previous school name

City, State

Please List Siblings (Name, Age, School)

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Parent/Guardian 1	
Full Name (Last, First):	
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
Street Address (if different from student primary address):	
City, State, Zip:	
Preferred Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Secondary Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Alternate Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address:	
Employer Name:	Job Title:
Religion:	Parish:
Preferred Language for school communications:	

Parent/Guardian 2	
Full Name (Last, First):	
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
Street Address (if different from student primary address):	
City, State, Zip:	
Preferred Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Secondary Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Alternate Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address:	
Employer Name:	Job Title:
Religion:	Parish:
Preferred Language for school communications:	

*Note: If there are custody documentation items or court-ordered restrictions, provide a copy to the office upon registration.

Parent/Guardian 3 (if applicable)	
Full Name (Last, First):	
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
Street Address (if different from student primary address):	
City, State, Zip:	
Preferred Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Secondary Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Alternate Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address:	
Employer Name:	Job Title:
Religion:	Parish:
Preferred Language for school communications:	

Parent/Guardian 4 (if applicable)	
Full Name (Last, First):	
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
Street Address (if different from student primary address):	
City, State, Zip:	
Preferred Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Secondary Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Alternate Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address:	
Employer Name:	Job Title:
Religion:	Parish:
Preferred Language for school communications:	

*Note: If there are custody documentation items or court-ordered restrictions, provide a copy to the office upon registration.

Emergency Contact 1

Who can be contacted in case of emergency if parents/guardians listed above are not available.

Full Name (Last, First):

Relationship to Student:

Allowed to pick up from school? Yes No

Preferred Phone Number:

Cell Home Work

Secondary Phone Number:

Cell Home Work

Alternate Phone Number:

Cell Home Work**Emergency Contact 2**

Full Name (Last, First):

Relationship to Student:

Allowed to pick up from school? Yes No

Preferred Phone Number:

Cell Home Work

Secondary Phone Number:

Cell Home Work

Alternate Phone Number:

Cell Home Work**Emergency Contact 3**

Full Name (Last, First):

Relationship to Student:

Allowed to pick up from school? Yes No

Preferred Phone Number:

Cell Home Work

Secondary Phone Number:

Cell Home Work

Alternate Phone Number:

Cell Home Work**Emergency Contact 4**

Full Name (Last, First):

Relationship to Student:

Allowed to pick up from school? Yes No

Preferred Phone Number:

Cell Home Work

Secondary Phone Number:

Cell Home Work

Alternate Phone Number:

Cell Home Work

Student Health History

Please list any serious medical conditions or health problems:

Please list any allergies (please include medications, foods, etc.):

Please list medications here.

Any medications that need to be administered at school require additional authorization forms - attached.

Medication authorization attached

Please attach a copy of your students immunization records.

Immunization records attached

Special Needs Questionnaire

It is very important for us to know if your child has received any special education services in the past. It will aid us in serving your child in the best way possible.

Please check one:

- My child has never received any special education services
- My child has an Individualized Education Program (IEP) - please attach
Issuing school district:
- My child has a Services Plan - please attach
Issuing school district:
- My child has received services from the Birth to 3 early intervention program

How Did You Hear About Our School?

Please let us know how you heard about our school. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> School website | <input type="checkbox"/> Postcard |
| <input type="checkbox"/> Parish communication | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Bus advertising |
| <input type="checkbox"/> Referral: _____ | <input type="checkbox"/> Other: _____ |

Parent Attachments - check if applicable

- Medication authorization form
- Custodial or court-ordered restrictions
- IEP, 504 or other special needs services plans
- Immunization records