

# Natchitoches Parish School Board

## Student Enrollment Form

2011-2012

Pre-K Experience	
<input type="checkbox"/> Public School	<input type="checkbox"/> Non-Public School
<input type="checkbox"/> Licensed Day Care	<input type="checkbox"/> Head Start
<input type="checkbox"/> Tribal School	<input type="checkbox"/> Home (none)
<input type="checkbox"/> Family Day Care Home Program	

School Name: \_\_\_\_\_

Date Enrolled \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Social Security No.: \_\_\_\_\_

**New Student This Year:**  Yes  No

Grade Level: \_\_\_\_\_

### Student Information

Birth Certificate, Social Security Card and official record of immunization must be presented at time of enrollment. Copies of these documents are to be placed in the student's cumulative folder and originals returned to parent/guardian.

Legal Name: \_\_\_\_\_ / \_\_\_\_\_  
Last Name      First Name      Middle Name      Nickname

Mailing Address: \_\_\_\_\_  
Street/P.O. Box      City      State      Zip Code

Residence Address: \_\_\_\_\_  
(Street Address)      Street      City      State      Zip Code

Male     Female    Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_    Birth Certificate No.: \_\_\_\_\_

Birth Place: \_\_\_\_\_ U.S. Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City      State      Country

**Verification of Residency** – Every parent/guardian must provide documentation of an established address. Place a check mark beside the documentation you are providing.     Utility Bill     Voter Registration     Property Tax Notice

**Previously Enrolled in Natchitoches Parish School(s)?**  Yes  No    *If "Yes", which school:* \_\_\_\_\_

*If "No", Last School Attended:* \_\_\_\_\_    *Last Date Attended:* \_\_\_\_/\_\_\_\_/\_\_\_\_

School Address: \_\_\_\_\_  
Street      City      State      Zip Code

**Student Siblings:**

Please list any sibling(s) that the student has, including their school and grade levels.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Ethnicity/Race

**This information is required by the Federal Government**

**Mark the ethnicity with which the student most closely identifies:**

**Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.       **Not Hispanic/Latino**

**Race** (Mark any race with which the student identifies:)

American Indian or Alaskan Native     Asian     Black (not Hispanic)     White (not Hispanic)

### Home Language Survey

First Language Learned By Student: \_\_\_\_\_

Language Other Than English Used at Home: \_\_\_\_\_

Language Student Uses Most Often: \_\_\_\_\_

### Special Services Received

Student Receives Special Education Services:  Yes  No     Gifted     Talented     Speech     Disabled

504 Plan  Yes  No

Other Services Received: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Parent/Guardian Information

Student Resides With: \_\_\_\_\_  Mother  Father  Guardian  Other: \_\_\_\_\_  
*(Please Specify Relationship)*

Father's Full Name: \_\_\_\_\_ Deceased:  Yes  No Stepfather:  Yes  No

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*Street/P.O. Box City State Zip Code*

Email Address: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Deceased:  Yes  No Stepmother:  Yes  No

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
*Street/P.O. Box City State Zip Code*

Email Address: \_\_\_\_\_

Mother's Work: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Medical Information

**Does your child have any of the following health problems?**

Asthma  Hearing Problems (Wears Hearing Aide)  Vision Problems (Wears Glasses)  
 Attention Deficit Disorder  Heart Condition  Other (Explain: \_\_\_\_\_)  
 Diabetes  Seizure Activity/Epilepsy  Allergies \_\_\_\_\_

## Authorized Pickup Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Car Rider  AM  PM Bus Rider:  AM Bus No. \_\_\_\_\_ Bus Rider:  PM Bus No. \_\_\_\_\_

## Child Nutrition Form

**Please check one:** \_\_\_\_\_ Yes, I have completed a Child Nutrition Form. (Please complete attached form)  
\_\_\_\_\_ No, I do **NOT** wish to complete a Child Nutrition Form

## Snacks/Carbonated Drinks

No candy or carbonated drinks are allowed on campus for student consumption. Schools that provide vending machine access to students can only contain bottled water or fruit juice and be available after lunch.

## Random Drug Testing

The Natchitoches Parish School Board has requested that each parent/guardian give permission to have their child randomly drug tested periodically throughout the school year. Students testing positive for drug use will not be suspended from school. However, parents will be notified of the positive results and counseling will be provided to the student by the school system. Each student testing positive will be automatically tested each time testing is performed. Students enrolled in grades 5 – 12 will be tested. Students enrolled in grades Kindergarten - 4<sup>th</sup> will not be tested. All information will be confidential.

\_\_\_\_\_ **Yes, I give Permission for my child to be randomly drug tested. (Please complete attached form)**

\_\_\_\_\_ **No, I do not give permission for my child to be randomly drug tested.**

**Please give all completed forms to the designated school staff member. Forms received by:** \_\_\_\_\_

I have read and completed each required form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### FOR NPSB OFFICE USE ONLY

\_\_\_\_\_  
Registration Form  
\_\_\_\_\_  
Verification of Residency Documentation  
\_\_\_\_\_  
Child Nutrition Form  
\_\_\_\_\_  
Random Drug Testing Form