

Natchitoches Parish School Board

Student Enrollment Form

2013-2014

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 ID# _____ *(Office Use Only)*

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: _____ Cell Phone: _____

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: _____ Cell Phone: _____

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.

Comments

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

I have read and completed each required form.

Does your student need medication administered during school? YES NO

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

____ Registration Form
____ Health Information Form
____ Verification of Residency Documentation
____ Child Nutrition Form
____ Louisiana State Residency Questionnaire Form
____ Migrant Search Form