

# Natchitoches Parish School Board

## Student Enrollment Form

2019-2020

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

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

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

Student ID# \_\_\_\_\_ (Office Use Only)

New Student This Year:  Yes  No

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

Student SA SID# \_\_\_\_\_ (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

Suffix

Mailing \_\_\_\_\_ Address: \_\_\_\_\_

( )

Street/P.O. Box

City

State

Zip Code

Home Phone Number

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/all race(s) 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: \_\_\_\_\_

### Parent/Guardian Information

Rev. 05/15

Student Resides With: \_\_\_\_\_  Mother  Father  Guardian  Other:

Foster Parent

(Specify Relationship)

(Enter Foster Parent Contact Information Below)

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

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Street/P.O. Box

City

State

Zip Code

Email Address: \_\_\_\_\_ Primary Contact:  Home  Cell  
(The first number called to reach you in case of an emergency.)

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

Father's Military Affiliation:  Active Duty  Reserves  Retired  N/A

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

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

Email Address: \_\_\_\_\_ Primary Contact:  Home  Cell  
(The first number called to reach you in case of an emergency.)

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

Mother's Military Affiliation:  Active Duty  Reserves  Retired  N/A

Primary Contact: **(Check Only One)** \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Foster Parent

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

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

### 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. \_\_\_\_\_

### 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

Does your child need medication administered during school?  YES  NO

Medication Name(s): \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Student is a Parent/Expected Parent of a Child:  YES  NO

### Special Services Received

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

504 Plan  Yes  No

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

### Pre-K Experience

Did your child attend a 4 year old program last school year?  Yes  No

If so, which one? **Public Schools in Natchitoches Parish**

Cloutierville  Fairview Alpha  Goldonna  L. P. Vaughn  
 Marthaville  Provencal  Weaver

**Head Start Programs in Natchitoches Parish**

Breda Town Head Start  M.L.K. Head Start  N.S.U. Head Start  
 Natchez Head Start  Campti Head Start

**Licensed Child Care Programs in Natchitoches Parish**

A to Z, 1, 2, 3  Bright Beginnings  Cobblestones Child Dev. Center,

LLC

Fay's Daycare & Learning Center  Fun Time Palace  Juz Us Childcare of Natchitoches  
 Lil' Rascals Learning Center  NSU Child Dev. Center  Tiny Tots Day Care & Pre-School  
 Vaughn Early Learning Center  
 Other

**Private/Church Programs in Natchitoches Parish**

St. Mary's School

Oasis of Love

Trinity Episcopal

Tribal School

Family Day Care Home Program

Home (Non-Instructional)

Out of Parish Program \_\_\_\_\_

Other

**Child Nutrition Form**

**Please check one:** \_\_\_\_\_ Yes, I have completed a Child Nutrition Form. (Either a  paper copy or  Online)  
\_\_\_\_\_ No, I do **NOT** wish to complete a Child Nutrition Form

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 OFFICE USE ONLY**

- \_\_\_\_\_ Registration Form
- \_\_\_\_\_ Health Information Form
- \_\_\_\_\_ Verification of Residency Documentation
- \_\_\_\_\_ Child Nutrition Form
- \_\_\_\_\_ Louisiana Student Residency Questionnaire Form
- \_\_\_\_\_ McKinney-Vento Confidential Referral Form
- \_\_\_\_\_ Migrant Search Form
- \_\_\_\_\_ \_\_\_\_\_