Student Registration and Directory Release Form

School Office Use Only

Student ID Number_____   Grade_____   Entry Date____/_____/_____   Bus Number _____

Parents/Guardians: Please fill out both sides of this registration form for your student. Please print neatly.

STUDENT INFORMATION

Student's **Legal** Name:

Last _____   First _____ Middle_____

Date of birth _____/_____/_____   Sex _____ (M or F)   Social Security Number _____-_____-_____

Student's Address _____ Apt. _____ Zip Code _____

Ethnicity:	____ Am. Ind./Alaskan Native ____ Asian/Pacific Islander ____ Black (not Hispanic) ____ Hispanic ____ White (not Hispanic) ____ Other	History:	Has the student ever attended school in Louisiana? _____ (Y/N) Has the student ever attended an [district] school? _____ (Y/N) Last school attended: School Name:_____ District: _____ City: _____ State: _____ Zip: _____ Is this student the subject of a court or custody order? _____ (Y/N) If yes, please provide a copy of the order to the school.
Language: -Spoken at home: _____ -First spoken by student: _____ -Most often spoken by student: _____		Exceptional Student Services: Has this student ever received services as an Exceptional Student? _____ (Y/N) If yes, please indicate the student's exceptionality: ____ Gifted ____ Talented Other: _____	

PARENT/GUARDIAN INFORMATION

Last Name _____   First Name _____ Relation _____

Address _____ Apt. _____ Zip Code _____   Does the student reside at this address? _____ (Y/N)

Phone Numbers:

Home _____ Cell_____ Work _____

Last Name _____   First Name _____ Relation _____

Address _____ Apt. _____ Zip Code _____   Does the student reside at this address? _____ (Y/N)

Phone Numbers:

Home _____ Cell_____ Work _____

Person with whom the student lives if not the parent/guardian:

Last Name _____   First Name _____ Relation _____

Address _____ Apt. _____ Zip Code _____   Does the student reside at this address? _____ (Y/N)

Phone Numbers:

Home _____ Cell_____ Work _____

TRANSPORTATION

Does your child need a bus stop? _____ (Y/N) **If yes, you must fill out a bus stop request form.**

People authorized to pick up student:

Name_____ Home Phone _____ Work Phone _____

Name_____ Home Phone _____ Work Phone _____

Name_____ Home Phone _____ Work Phone

Name_____ Home Phone _____ Work Phone _____
Name_____ Home Phone _____ Work Phone _____
Name_____ Home Phone _____ Work Phone _____

Student's Doctor/Clinic _____ Phone Number _____ Hospital of Choice _____
Does the student have any special medical conditions/allergies/procedures of which we should be aware? Please list:
_____

ELECTRONIC COMMUNICATION SYSTEM: I hereby understand that students of _____ will be granted access to the system's electronic communications system which includes access to the Internet and Worldwide Web. This access is a privilege, not a right. They system may suspend or revoke a system user's access upon violation of system policy and/or administrative regulations regarding acceptable use or upon written parental request to the campus principal.

I further understand that the School will not publish my child's individual photograph, video, and/or last name without my written permission.

STUDENT'S NAME _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PARENT Ea MAIL ADDRESS (OPTIONAL): _____ would like to communicate with you via e-mail should you wish. Provision of an e-mail address is not required. If you do not provide an address, the system will continue to communicate with you in its regular manner to assure continued provision of vital and important information.

My e-mail address is _____

STUDENT'S NAME _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

DIRECTORY INFORMATION: _____ regularly receives requests for directory information on students enrolled in the System. Directory information includes, but is not limited to, information such as student name, address, telephone number, date and place of birth, photographs, participation in sports, grade level, dates of attendance, enrollment status and e: mail address.

_____ I GIVE   _____ I DO NOT GIVE permission to release student directory information.

STUDENT'S NAME _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

All of the information given on this form is correct.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____