

LAFORCHE PARISH SCHOOLS - STUDENT DATA ENROLLMENT SHEET

REVISED 4/30/19

STUDENT INFORMATION

GRADE LEVEL: _____ **DATE ADDED:** _____

STUDENT NAME: _____ **SS #** _____ - _____ - _____
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: _____
STREET CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____
STREET CITY STATE ZIP CODE

MALE **FEMALE** **DOB:** ____/____/____ **AGE:** _____ **BIRTH CERT. #** _____

BIRTH PLACE: _____ **RELIGION:** _____
CITY STATE COUNTRY

LAST SCHOOL ATTENDED: _____ **STATE:** _____ **GRADE:** _____

IF STUDENT IS ENROLLING IN KINDERGARTEN - BEFORE KN MY CHILD ATTENDED [HEAD START, PUBLIC SCHOOL PRE-K PROGRAM, PRIVATE SCHOOL PROGRAM, TRIBAL SCHOOL, LICENSED CHILD CARE CENTER, HOME DAY CARE, OR NONE (KEPT HOME)]: _____

RACE (SELECT UP TO 2): **WHITE** **HISPANIC** **HAWAIIAN/PACIFIC ISLANDER**
 BLACK **ASIAN** **NATIVE AMERICAN/ALASKAN NATIVE**

STUDENT LIVES WITH: **MOTHER** **FATHER** **GUARDIAN (RELATIONSHIP: _____)**

DO YOU HAVE LEGAL CUSTODY PAPERS (SIGNED BY A JUDGE)? **YES** **NO** **DOMICILE:** _____

ENROLLED IN SPECIAL EDUCATION? **YES** **NO** **504?** **YES** **NO** ***CURRENT IEP OR IAP?** **YES** **NO**

NUMBER OF CHILDREN IN FAMILY: _____ **SINGLE PARENT FAMILY:** **YES** **NO**

NAME (FIRST AND LAST)	BIRTHDATE	PLACE OF BIRTH	SEX	SCHOOL CURRENTLY ATTENDING	GRADE
			M F		
			M F		
			M F		
			M F		
			M F		

BIOLOGICAL PARENT INFORMATION (AS LISTED ON CHILD'S BIRTH CERTIFICATE)

FATHER: _____ **LIVING:** **YES** **NO**
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: _____
STREET CITY STATE ZIP CODE

PHONE: (HOME) _____ (CELL) _____ (WORK) _____

EMAIL ADDRESS: _____ **EDUCATION LEVEL:** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

OCCUPATION: _____ **EMPLOYER NAME:** _____

MOTHER: _____ **LIVING:** **YES** **NO**
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: _____
STREET CITY STATE ZIP CODE

PHONE: (HOME) _____ (CELL) _____ (WORK) _____

EMAIL ADDRESS: _____ **EDUCATION LEVEL:** 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

OCCUPATION: _____ **EMPLOYER NAME:** _____

GUARDIAN INFORMATION (IF OTHER THAN MOTHER OR FATHER)

NAME: _____ **RELATIONSHIP:** _____ **PHONE #:** _____

ADDRESS: _____ **WORK #:** _____

EMERGENCY CONTACT (SOMEONE OTHER THAN THE STUDENT'S MOTHER, FATHER OR GUARDIAN)

NAME: _____ **RELATIONSHIP:** _____ **PHONE #:** _____

ADDRESS: _____ **WORK #:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____