

**PLAQUEMINES PARISH PUBLIC SCHOOLS
STUDENT REGISTRATION FORM**

BASIC STUDENT INFORMATION

Last Name		First Name		Middle Name	Suffix	Gender
School Enrolling In:			Grade Entering	Social Security #		Date Enrolled
Date of Birth (MM/DD/YYYY)	Birthplace (City, State, Country)		If not born in USA, Date moved to USA:		Home Phone	
Physical (911) Home Address (Street Address)			Physical Address (City)		State	Zip Code
Mailing Address			Mailing Address (City)		State	Zip Code

PLEASE INDICATE THE LAST THREE SCHOOLS ATTENDED:

School Name:	Grade Level	Dates Attended
School Name:	Grade Level	Dates Attended
School Name:	Grade Level	Dates Attended

Education Experience Proir to Kindergarten (only for students entering Kindergarten)

- | | | |
|---|--|-------------------------------|
| <input type="checkbox"/> Public School Pre-Kindergarten | <input type="checkbox"/> Family Day Care Program | <input type="checkbox"/> Home |
| <input type="checkbox"/> Non-Public Pre-Kindergarten | <input type="checkbox"/> Head Start Program | |
| <input type="checkbox"/> Licensed Childcare | <input type="checkbox"/> Tribal School | |

Is Student Hispanic/Latino?

- YES
 NO

What is the Student's Race? (Choose one or more)

- American Indian or Alaskan Native** - having origins in any of the original peoples of North, South, or Central America and who maintain a tribal affiliation or community attachment.
- Asian** - origins of the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Phlippines, Thialand, Vietnam
- Black or African American** - origins in any of the Black racial groups of Africa
- Native Hawaiiian or other Pacific Islander** - origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White** - origins in any of the original peoples of Europe, the Middle East, or North Africa

If respondent refused to indentify race or ethnicity, then as a last resort "Observer Identification" is to be used.

FAMILY INFORMATION

Father (Last, First, MI)		Father's Employer	
Father's Address (if different from Student's Address)			Federal Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:			
Mother (Last, First, MI)		Mother's Employer	
Mother's Address (if different from Student's Address)			Federal Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:			
Guardian (Last, First, MI)		Guardian's Employer	
Guardian's Address (if different from Student's Address)			Federal Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Cell Phone:	Work Phone:	
E-mail Address:			

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EMERGENCY INFORMATION

Order to Call CONTACTS:

Name:	Relationship to Student:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship to Student:	
Home Phone:	Cell Phone:	Work Phone:
Name:	Relationship to Student:	
Home Phone:	Cell Phone:	Work Phone:
Doctor:	Doctor's Phone:	

Please list special instructions such as ADHD, Asthma, Allergies, Limitations, etc.:

List any special services the student was receiving (ex. 504, Special Ed, Speech, etc.):

CUSTODY INFORMATION

HOME LANGUAGE SURVEY

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district. Please complete a survey for each child you are enrolling in the school district.

- 1. What language did your child learn when he/she first began to talk? _____
- 2. What language does your child most frequently speak at home? _____
- 3. What language is spoken by you and your family most of the time at home? _____

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

I affirm the the above information is correct to the best of my knowledge.

Parent/Guardian Signature Date

--- OFFICE USE ONLY ---

I affirm that I have reviewed this form and all required fields are filled out.

School Registrar/Representative Date