

**PLAQUEMINES PARISH PUBLIC SCHOOLS
STUDENT REGISTRATION FORM
GRADES PS - 8**

BASIC STUDENT INFORMATION				
Last Name	First Name	Middle Name	Suffix	Gender
School Enrolling In:		Grade Entering	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 Proior to Kindergarten (only for students entering Kindergarten)				
<input type="checkbox"/> Public School Pre-Kindergarten	<input type="checkbox"/> Licensed Childcare	<input type="checkbox"/> Head Start Program	<input type="checkbox"/> Home	
<input type="checkbox"/> Non-Public Pre-Kindergarten	<input type="checkbox"/> Family Day Care Program	<input type="checkbox"/> Tribal School		
Is Student Hispanic/Latino?		What is the Student's Race? (Choose one or more)		
<input type="checkbox"/> YES <input type="checkbox"/> NO The above question is about ethnicity, not race. No matter what you selected above, please be sure to answer the Race Codes to the right.		<input type="checkbox"/> 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.		
		<input type="checkbox"/> Asian - origins of the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Phillipines, Thailand, Vietnam		
		<input type="checkbox"/> Black or African American - origins in any of the Black racial groups of Africa		
		<input type="checkbox"/> Native Hawaiian or other Pacific Islander - origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands		
		<input type="checkbox"/> 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)		Relationship to Student	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:

1	Name:		Relationship to Student:
	Home Phone:	Cell Phone:	Work Phone:
2	Name:		Relationship to Student:
	Home Phone:	Cell Phone:	Work Phone:
3	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.

_____ Date

Parent/Guardian Signature

OFFICE USE ONLY

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

_____ Date

School Registrar/Representative