



Baker Heights Elementary School
"Rising to New Heights"
Kindergarten – Fifth Grade
REGISTRATION CHECKLIST

STUDENT: _____

GRADE: (Please Circle) K 1st 2nd 3rd 4th 5th

DATE: _____

	YES	NO
BIRTH CERTIFICATE		
IMMUNIZATION RECORD(S)		
SOCIAL SECURITY CARD		
PROOF OF RESIDENCY (2)		
PARENT IDENTIFICATION		
SPECIAL MEDICAL INFORMATION		
SPECIAL EDUCATION INFORMATION (If Applicable)		
DROP SLIP		
MEALS BENEFIT APPLICATION		

COMMENTS:

Bus Transportation Requested: _____ **Yes** _____ **No**

If yes, indicate the pick-up and drop-off locations:

Morning Address:

Afternoon Address:

My child will be a car rider. _____ **Yes** _____ **No**

My child will be a walker. _____ **Yes** _____ **No**



Baker Heights Elementary

SCHOOL REGISTRATION

SCHOOL: _____ DATE: _____ / _____ / _____
 CODE NAME MONTH DAY YEAR

STUDENT INFORMATION

_____-_____-____-_____* **Must Provide Photocopy**
SOCIAL SECURITY OR ID ASSIGNED BY PREVIOUS LOUISIANA DISTRICT

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MIDDLE NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LAST NAME

--	--	--

GENERATION: (JR, II, III, etc)

LANGUAGE SPOKEN AT HOME _____

SEX: MALE

FEMALE

BIRTHDATE: _____ / _____ / _____
 MONTH DAY YEAR

BIRTH CERTIFICATE NUMBER _____ (MUST PROVIDE PHOTOCOPY)

PLACE OF BIRTH: _____ ETHNICITY: _____

DATE OF ENTRY INTO U.S.A. _____ / _____ / _____
(IF NOT A NATURAL CITIZEN) MONTH DAY YEAR

ADDRESS & TELEPHONE

APT# _____ COMPLEX _____ HOUSE# _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (225) _____ - _____ WORK/CELL _____ - _____ - _____

GUARDIAN INFORMATION

Guardian 1 - Parent or legal custodian with whom students is living.

Name: (Mr.) _____
Last First Middle Relationship to student

Name: (Mrs.) _____
Last First Middle Relationship to student

Apt. # _____ Apt. Complex _____ House# _____

Street _____ City/State _____ Zip Code _____

() _____ - _____ () _____ - _____ () _____ - _____
Home Phone Work Phone Cell Phone

Guardian 2 - Legal custodian outside of current household.

Name: (Mr.) _____
Last First Middle Relationship to student

Name: (Mrs.) _____
Last First Middle Relationship to student

Apt. # _____ Apt. Complex _____ House# _____

Street _____ City/State _____ Zip Code _____

() _____ - _____ () _____ - _____ () _____ - _____
Home Phone Work Phone Cell Phone

MEDICAL INFORMATION

Emergency Contact: _____
Last Name First Name Relationship to student

_____ - _____ - _____
Phone Address

Emergency Contact: _____
Last Name First Name Relationship to student

_____ - _____ - _____
Phone Address

Preferred Hospital _____ Physician _____ (225) _____ - _____
Phone

Allergies: _____ Physical Handicaps: _____

ADDITIONAL INFORMATION

Has this child ever received special services? ____ Yes ____ No
If yes, please indicate the student's exceptionality: Gifted _____ Talented _____ Other _____
Has this student ever attended school in E.B.R. Parish of Louisiana? ____ Yes ____ No If yes, where? _____
Elementary aged students: check all programs attended:
____ Play School ____ Nursery School ____ Pre-Kindergarten ____ Kindergarten ____ Headstart
Language first acquired by student? _____ Language most often spoken by student _____

Signature _____
My signature attests to the accuracy of the information given on this form under penalty of law.

FOR SCHOOL USE

Address Verified by: _____ Homeroom Teacher: _____

This section requests information about the individual(s) primarily responsible for the care of the child. List your name, then the name of any other person (parent/guardian) who shares primary responsibility for Individual(s) **residing** in the house who is/are primarily responsible for student: (Check One)

Both Parents Legal Guardian Non Relative
 Mother Only Foster Parent
 Father Only Other Relatives

Parent/Guardian #1 Information

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

Home Phone Number: () _____ Emergency: () _____

Relationship to Child: _____

EDUCATIONAL INFORMATION
(Circle the highest grade or level completed.)

K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th High School Graduate College Courses College Graduate

Are you currently enrolled in school? (Check One) _____ Yes _____ No

If yes, list the name of the school/training program facility: _____

OCCUPATIONAL INFORMATION

List Occupation: _____

Employment Status (Check One) Full-time Employee Part-time Employee

Parent/Guardian #2 Information

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

Home Phone Number: () _____ Emergency: () _____

Relationship to Child: _____

EDUCATIONAL INFORMATION
(Circle the highest grade or level completed.)

K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th High School Graduate College Courses College Graduate

Are you currently enrolled in school? (Check One) _____ Yes _____ No

If yes, list the name of the school/training program facility: _____

OCCUPATIONAL INFORMATION

List Occupation: _____

Employment Status (Check One) ___ **Full-time Employee** ___ **Part-time Employee**

AGREEMENT

I understand that I must report any changes that would affect my child’s eligibility criteria within ten (10) working days of the change.

I understand that providing false information is subject to penalty under the law.

I certify that all information given is true and correct to the best of my knowledge.

Signature of Parent/Guardian/Other

Date

Signature of Parent/Guardian/Other

Date



Baker Heights Elementary School Photography/Videography Consent

(Please check, sign and date next to appropriate response)

___ I grant permission for my child _____ to be **photographed and/or videotaped** during the school year. I understand that these photographs and video tapes are for educational and recreational use only.

Parent Signature: _____

Date: ___/___/_____

___ I **do not** grant permission for my child _____ to be **photographed and/or videotaped** during the school year. I understand that these photographs and video tapes are for educational and recreational use only.

Parent Signature: _____

Date: ___/___/_____



Field Trip Consent

(Please check, sign and date next to appropriate response)

___ I grant permission for my child _____ to **attend field trips sponsored by the school**. I understand that he/she will ride a bus to and from the event and must follow the transportation rules for safe traveling.

Parent Signature: _____

Date: ___/___/_____

___ I **do not** grant permission for my child _____ to **attend field trips sponsored by the school**.

Parent Signature: _____

Date: ___/___/_____



Baker Heights Elementary School
"Rising to New Heights"
Student Information Sheet



Student's Name _____ Date of Birth _____

Physical Address _____

Mailing Address (if different from above) _____

Home Phone _____ Cellular Phone _____

Mother's Name _____ Father's Name _____

Work Place _____ Work Place _____

Work Phone Number _____ Work Phone Number _____

Method of Transportation

___ School Bus Bus# and Color _____

___ Car Rider

___ Walker

___ Day Care Van Rider Name of Day Care _____

Emergency Contacts

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Medical

Please list all medical conditions that we should be aware of, including but not limited to allergies on the lines provided below

Parent /Guardian Signature _____



Louisiana Student Residency Questionnaire Form

Date _____ District/Parish _____ School Name _____

Student Name _____ SS#/ID _____

Male/Female _____ Date of Birth _____ Address _____

Telephone Number _____ Last School Attended _____ Current Grade _____

Parent/Guardian/Adult Caring for Student _____ Relationship _____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C-Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title X, Part C, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

1. Is the student's address a temporary living arrangement? Yes No (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 8 and submit form to school personnel.)
2. Is the temporary living arrangement due to loss of housing or economic hardship? Yes No
3. Where is the student currently living? (Check all that apply)
 - Temporarily with another family because we cannot afford or find affordable housing.
 - With an adult that is not a parent or legal guardian, or alone without an adult.
 - In a hotel/motel.
 - In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
 - Emergency Housing (i.e. FEMA Trailer or Rental Assistance)
 - In an emergency/transitional shelter.
 - Other (Must provide specific information) _____
4. Does your child have a disability or receive any special education services? (Check One) Yes No
5. Does your child exhibit any behaviors that may interfere with his or her academic performance? Yes No
6. Would you like assistance with uniforms student records school supplies transportation other? (Describe: _____)
7. Have you moved in the past three (3) years to seek work as a paid laborer in any type of farming (sod, dairy, chicken, vegetable, citrus, or other) or fishing? Yes No
8. Does your child have siblings? _____
9. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian Name/Adult Caring for Student _____ Signature _____ Date _____

(Area Code) Phone number _____ Street Address _____ City _____ State _____ Zip _____

School Use Only Free or Reduced Price Meals Form submitted/signed Referral Form completed/submitted

Homeless Liaison Use Only

Doubled-Up Hotel/Motel Unsheltered/FEMA Sheltered Doubled-Up/Unaccompanied Youth

Print School Contact _____ Title _____ Signature (required) _____ Date _____ (Revised 03/08)