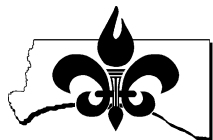


Enrollment Application (K-12)

Year: _____

Grade _____

Cameron Parish School System



Student's Information

Last Name	Suffix	First Name	Middle Name
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /		Place of Birth
Mother's Maiden Name		U.S. ENTRY INFORMATION: Entry Date: _____ Country of Birth: _____	
Race of Child: (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Am / Alaskan <input type="checkbox"/> Hawaiian / Pacific Islander		Home Language Survey Questions: First language learned by student _____ Language other than English used at home _____ Language student uses most often at home _____	
SSN			

Family Information

Parental Status: Single Married Separated Divorced Mother Father Teenage Parent

Parent 1 Name: _____	Parent 2 Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Mailing Address: _____	Mailing Address: _____
Relation to Child: _____ DOB: _____	Relation to Child: _____ DOB: _____
Does the student live with this person? ___ Yes ___ No	Does the student live with this person? ___ Yes ___ No
Home # _____ Cell # _____ Work # _____	Home # _____ Cell # _____ Cell # _____
May we text/email you? ___ Yes ___ No	May we text/email you? ___ Yes ___ No
Email Address: _____	Email Address: _____
Employer: _____	Employer: _____

Other family members or friends we can contact in case we are unable to reach you:

Contact # 1 Name:	Relationship:	Home #
Address:	City:	Work #
_____ Has permission to sign out my child.		Cell #
Contact # 2 Name:	Relationship:	Home #
Address:	City:	Work #
_____ Has permission to sign out my child.		Cell #
Contact # 3 Name:	Relationship:	Home #
Address:	City:	Work #
_____ Has permission to sign out my child.		Cell #

Parents / Guardian in the Home: One Parent Two Parents Guardian

Guardian Name: _____ SSN: _____ Address: _____
 City/State/Zip: _____ Relation to Child: _____ Does the student live with this person? Yes ___ No ___ Home # _____ Work # _____ Cell # _____
 May we text/email you? Yes ___ No ___ Email Address: _____

Name of Person having Legal Custody of the Child: _____

Family Size: (The family size is to be determined by including all persons living in the household who are supported by the income of the child's parents or guardians and related to the parents or guardians by blood, marriage or adoption.)

Family Size: _____ (Household size _____) Number of Children: _____

0-11 months _____ 1 year old: _____ 2 year old: _____ 3 year old: _____ 4 year old: _____ 5 or Older: _____

Issues currently affecting you, your child or immediate family members.

Are you and your family: Foster Family Homeless (must meet with Supervisor of Student Services)

Do you Receive? SSI FITAP/TANF Is your child covered by Medical Insurance? Yes No

Medical Issues

Does child have any known food or medication allergies? If yes, please identify: _____

Does child have a diagnosed medical or psychological condition, including congenital birth defects or a physical disability? If yes, please identify: _____

Please furnish written documentation from a qualified medical professional for any issues listed above.

Does your child have a current: IFSP IAP or IEP? No

Emergency Information

Family Doctor: _____ **City:** _____ **Phone:** _____

Dentist: _____ **City:** _____ **Phone:** _____

Enrollment Documentation Required

(Check applicable documents provided)

- Child's Birth Certificate
- Child's up-to-date Shot Record
- IEP or Early Steps Documentation
- Diagnosed Medical or Psychological Condition
- Certified Court Orders of Legal Documentation of Guardianship

Proof of Residence:

- Voter Registration Card with Current Address
- Current Property Tax Statement showing Homestead Exemption
- Utility bills showing account holder's name and service address (minimum 2)

Previous School Information

Name of School: _____ **Phone #** _____

Signature

I **certify** that all enrollment information provided today: Birth Certificate, Social Security, Immunization Records, Proof of Residence and Discipline History are current and accurate. I further understand that if any of the above information proves to be inaccurate, the child/children may be subject to exclusion from the Cameron Parish School System

Signature of Parent / Guardian _____
Date