

Please print all information

Terrebonne Parish School District Student Enrollment Form

School Acadian Elementary

For office use only	
Student ID	_____
Township	<u>31D</u>
Address is court ordered (circle one)	Yes No

Student information

Name <u>Doe</u>		<u>Jane</u>		<u>A.</u>	
(As listed on birth certificate) Last		Suffix		First Middle	
Mailing address _____					
Street		City		State Zip	
Physical address <u>200 Acadian Drive</u>				<u>70363</u>	
(If different from mailing) Street		City		State Zip	
Home phone <u>(985) 851-0000</u>		Social security number _____		Cell phone _____	
_____		_____		_____	
Email address _____					

Primary Guardian information

Name _____				Relationship to student (check one) <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Parent & stepparent <input type="checkbox"/> Legal guardian (court appointed) <input type="checkbox"/> Foster parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other relative <input type="checkbox"/> Stepparent only <input type="checkbox"/> Other			
Last		Suffix				First Middle	
Home phone _____		Work phone _____					
Cell Phone _____		Email Address _____					
Mailing address _____							
(If different from student) Street		City				State Zip	
Physical address _____							
(If different from student) Street		City				State Zip	

Information as listed on the birth certificate for Father

Name <u>Doe</u>				<u>John</u>		Military Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired	
Last		Suffix		First Middle			
Home phone <u>(985) 851-0000</u>		Work phone _____		Cell phone _____			
Email <u>jdoe@wahoo.org</u>						Address _____	
address		(If different from student) Street		City		State Zip	

Information as listed on birth certificate for Mother

Name <u> Doe </u>	<u> Kim </u>	<u> Crew </u>	Military Status <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> Retired	
Last	First	Middle/Maiden		
Home phone <u>(985) 851-0000</u>	Work phone _____	Cell Phone _____		
Email <u>kdoe@wahoo.org</u>	Address _____			
address	(If different from student) Street	City	State	Zip

Emergency contact information – other than listed above

Name <u> Doe </u>	<u> Kimie </u>	<u> C. </u>
Last	Suffix	First
Home phone <u>(985) 851-0001</u>	Work phone _____	Cell Phone _____
Mailing address _____		
(If different from student) Street	City	State
Relationship to student	<input type="checkbox"/> Parent	<input type="checkbox"/> Sibling
(check only one)	<input type="checkbox"/> Foster parent	<input checked="" type="checkbox"/> Grandparent
	<input type="checkbox"/> Parent and Stepparent	<input type="checkbox"/> Legal guardian (court appointed)
	<input type="checkbox"/> Other relative	<input type="checkbox"/> Stepparent only
		<input type="checkbox"/> Other

Kindergarten students only: (Please check one (1) box) Indicate the child’s educational experience for the previous 6 months.

<input checked="" type="checkbox"/> K01 Public school prekindergarten	This includes all of the prekindergarten classes in public school settings---LA 4, 8(g), Title I, Even Start, EEF, locally and/or federally funded. Classes in charter schools and self-contained special education preschool are also included.
<input type="checkbox"/> K02 Nonpublic prekindergarten	This includes state-approved programs located in parochial/faith based settings.
<input type="checkbox"/> K03 Licensed childcare	Child care/day care centers that meet licensing requirements of DCFS
<input type="checkbox"/> K04 Family day care/home program	These are programs in which someone keeps a maximum of 6 children under the age of 12 in their home.
<input type="checkbox"/> K05 Head Start programs	Prekindergarten program operated by a Head Start grantee
<input type="checkbox"/> K06 Tribal schools	Prekindergarten programs located in tribal schools
<input type="checkbox"/> K07 Home	Child did not attend any of the above prekindergarten programs on a regular basis but remained at home with parent or guardian.

Grade level Kindergarten **Gender** (circle one) Male Female **Is the student Hispanic or Latino?** (circle one) Yes No

Race: Check all that apply American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Date of birth 7/12/-- **Country of birth** USA **Certificate #** 117-000-000001 **State of birth** Louisiana

City of birth Houma **For students born outside of United States only - country of citizenship** _____

Primary guardian signature _____ **Date** _____ **Entry date** _____

School official signature _____ **Date** _____ **Entry reason** _____

<input checked="" type="checkbox"/> Original enrollment (new PreK, K, or 1 st)	<input type="checkbox"/> Gain from out of state	<input type="checkbox"/> Gain from within parish public school/summer transfer w/in parish
<input type="checkbox"/> Gain from within state/out of parish public school	<input type="checkbox"/> Reentry to school	<input type="checkbox"/> Gain from non-public school
<input type="checkbox"/> Gain from home school	<input type="checkbox"/> Entry for GEE only	