


caddo



parish public schools

Student Registration Form

For Office Use Only

Student # _____ Entry Date: _____

Entry Code: _____ Grade: _____ PreK Code _____

SSN Copy: YES/NO Birth Certificate: YES/NO Health Card: YES/NO

Country Code: _____ Language Code: _____ Language Minority? _____

ESL notified? YES/NO Proof of address? YES/NO Lunch Code _____

Legal document: YES/NO If Yes, Type _____

School Name Shreve Island Year 20__ – 20__

Student Information (Please print)

Legal Name _____

Nickname _____ Last _____ First _____ Middle _____

Gender: Male _____ Female _____

Birth Date: ____/____/____ Birthplace: _____

mm dd yy City State Country

Primary Ethnicity White Black Hispanic Asian Native American/Alaskan Hawaiian/Pacific Islander
(Check only one)

Secondary Ethnicity White Black Hispanic Asian Native American/Alaskan Hawaiian/Pacific Islander
(Check all applicable secondary ethnicities)

Mailing Address (No PO Boxes) _____ Street _____ Apt/Unit/Lot _____ City/State _____ Postal Code _____

Physical Address (If different from Mailing) _____ Street _____ Apt/Unit/Lot _____ City/State _____ Postal Code _____

Phone Number: _____ Student's Social Security Number: _____

If born outside of USA, first entry date into USA to establish residency: ____/____/____

mm dd yy

Home Language Survey

First language learned by student _____

Language student uses most often at home _____

Language student uses most often with other students _____

Language parents use most often at home _____

Previous School History (Please print)

Last school attended _____ Grade _____ Exit Date _____

(If not in Caddo)

Address _____ City _____ Parish/Country _____ State _____ Private? YES / NO

Did student receive special services at last school? _____ If yes, was it Special Education, 1504 Speech Other If other, list services _____

If last school was not in Caddo, has student ever attended a Caddo school? _____ Year _____

Name of Caddo school attended _____

Has student ever been retained? _____ If Yes, what grade level(s)? _____

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Records requested? _____

Date _____

FOR KINDERGARTENERS ONLY:

Did your child attend a PreK program last year? Yes No If yes, select one option below:

Parent/Guardian Information (Please print)

Legal Father	Lives With? YES / NO
_____ <small>Last First Middle Date of Birth</small>	
Address _____ <small>Street Apt/Unit/Lot City State Postal Code</small>	
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____	
JCall notifications: <input type="checkbox"/> Tardy <input type="checkbox"/> Absentee <input type="checkbox"/> Discipline referral <input type="checkbox"/> Grades(I, F or new assignments) <input type="checkbox"/> School Events <small>(Place a check next to all of the above listed areas in which you DO NOT approve computer generated phone notification)</small>	
Place of Employment: _____ Occupation: _____	
Military? YES / NO If yes, Branch _____ Unit: _____ Rank: _____	
Legal Mother	Lives With? YES / NO
_____ <small>Last First Middle Date of Birth</small>	
Address _____ <small>Street Apt/Unit/Lot City State Postal Code</small>	
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____	
JCall notifications: <input type="checkbox"/> Tardy <input type="checkbox"/> Absentee <input type="checkbox"/> Discipline referral <input type="checkbox"/> Grades(I, F or new assignments) <input type="checkbox"/> School Events <small>(Place a check next to all of the above listed areas in which you DO NOT approve computer generated phone notification)</small>	
Place of Employment: _____ Occupation: _____	
Military? YES / NO If yes, Branch _____ Unit: _____ Rank: _____	
Legal Guardian	Lives With? YES / NO
_____ <small>Last First Middle Date of Birth</small>	
Address _____ <small>Street Apt/Unit/Lot City State Postal Code</small>	
Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____	
JCall notifications: <input type="checkbox"/> Tardy <input type="checkbox"/> Absentee <input type="checkbox"/> Discipline referral <input type="checkbox"/> Grades(I, F or new assignments) <input type="checkbox"/> School Events <small>(Place a check next to all of the above listed areas in which you DO NOT approve computer generated phone notification)</small>	
Place of Employment: _____ Occupation: _____	
Military? YES / NO If yes, Branch _____ Unit: _____ Rank: _____	

Emergency Information / Check Out Authorization (Please print)

Person(s) to notify other than parent/guardian in emergency:

Name _____	Name _____
Relationship _____ Phone _____	Relationship _____ Phone _____
Doctor _____	Hospital _____

List any medical concerns (conditions, medications, allergies etc.) or specific food allergies _____

In the event of an emergency, if the parents or the above named persons cannot be reached, the school has my permission to transport the student to: _____ above Hospital _____ nearest facility

Persons who have permission to check the student out of school
(If different than above): Name(s) _____ _____ _____
Relationship _____ _____ _____

School Transportation (Please print)

Morning Transportation	<input type="checkbox"/> Caddo Parish School Bus	<input type="checkbox"/> car rider	<input type="checkbox"/> walk
	_____ Daycare bus (name of Daycare) _____		
Afternoon Transportation	<input type="checkbox"/> Caddo Parish School Bus	<input type="checkbox"/> car rider	<input type="checkbox"/> walk
(if different from morning)	_____ Daycare bus (name of Daycare) _____		

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CPPS am bus# _____
CPPS pm bus# _____

I, as custodial parent/guardian, verify that the information supplied is correct.

Signature _____ Date _____