

Please print all information

Terrebonne Parish School District Student Enrollment Form

School _____

| | | |
|--|-------|----|
| For office use only | | |
| Student ID | _____ | |
| Township | _____ | |
| Address is court ordered (circle one) | Yes | No |

Student information

| | | | | |
|----------------------------------|--------|-------------------------------------|-------|-------------------------|
| Name _____ | | | | |
| (As listed on birth certificate) | Last | Suffix | First | Middle |
| Mailing address _____ | | | | |
| | Street | City | State | Zip |
| Physical address _____ | | | | |
| (If different from mailing) | Street | City | State | Zip |
| Home phone _____ | | 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 | |
| Physical address _____ | | | | |
| (If different from student) | Street | City | State | Zip |

Information as listed on the birth certificate for Father

| | | | | |
|----------------------------|------------------------------------|-------------------------|--------|-------------------------|
| Name _____ | | | | |
| Last | Suffix | First | Middle | |
| Home phone _____ | | Work phone _____ | | Cell phone _____ |
| Email address _____ | | Address _____ | | |
| | (If different from student) Street | City | State | Zip |

Information as listed on birth certificate for Mother

| | | | | |
|-------------------------|-------|------------------------------------|------|-------------------------|
| Name _____ | | | | |
| Last | First | Middle/Maiden | | |
| Home phone _____ | | Work phone _____ | | Cell Phone _____ |
| Email _____ | | | | |
| Address _____ | | | | |
| address | | (If different from student) Street | City | State Zip |

Emergency contact information – other than listed above

| | | | | |
|--------------------------------------|--------|----------------------------------|-------------|-------------------------|
| Name _____ | | | | |
| Last | Suffix | First | Middle | |
| Home phone _____ | | Work phone _____ | | Cell Phone _____ |
| Mailing address _____ | | | | |
| (If different from student) Street | | City | State | Zip |
| Relationship to student _____ | | | | |
| (check only one) | | Parent | Sibling | Parent and Stepparent |
| | | Foster parent | Grandparent | Other relative |
| | | Legal guardian (court appointed) | | Stepparent only |
| | | Other | | |

Pre-Kindergarten and Kindergarten students only: Indicate the child's educational experience for the previous 6 months.

| | |
|--|---|
| <input 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 _____ **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 _____ **Country of birth** _____ **Certificate #** _____ **State of birth** _____

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

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

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

| | | |
|--|------------------------------|---|
| _____ Original enrollment (new PreK, K, or 1 st) | _____ Gain from out of state | _____ Gain from within parish public school/summer transfer w/in parish |
| _____ Gain from within state/out of parish public school | _____ Reentry to school | _____ Gain from non-public school |
| _____ Gain from home school | _____ Entry for GEE only | |