



St. Martin Parish School Board

P.O. Box 1000 Breaux Bridge, Louisiana 70517

St. Martin Parish School Board School Enrollment Information Checklist 2016-2017

Telephone 337-332-2105
337-394-6261
Fax 337-332-3050

LOTTIE P. BEEBE, Ed.D
SUPERINTENDENT

MARK HEBERT
PRESIDENT

RUSSELL FOTI
VICE PRESIDENT

DISTRICT 1
STEVE FUSELIER

DISTRICT 2
WANDA B. VITAL

DISTRICT 3
AARON FLEGANCE

DISTRICT 4
JAMES BLANCHARD

DISTRICT 5
RUSSEL C. FOTI

DISTRICT 6
BURTON DUPUIS

DISTRICT 7
RICHARD POTIER

DISTRICT 8
FREDERIC STELLY

DISTRICT 9
FLOYD KNOTT

DISTRICT 10
MARK HEBERT

School _____ Date _____
Student _____ D.O.B. _____

1st Time Entry

- _____ Official or copy of Birth Certificate (with seal)
- _____ Immunization Record
- _____ Academic History
- _____ Social Security Card
- _____ Official release from the previous school
- _____ Copy of last report card/transcript
- _____ Photo I.D. of Parent/Guardian

Proof of Residency

(Must have two documents: 1 from Homeowners/Renters & 1 from Group A)

Homeowners:

- _____ Mortgage Statement
- _____ tax bill
- _____ deed
- _____ homestead exemption

Renters: One of the two listed below

- _____ Lease Agreement (Notarized)
- _____ Residency Affidavit (Notarized)

Group A (All within the last 30 days)

- _____ electricity bill
- _____ cable bill
- _____ water bill

If proof of residency cannot be established:

- _____ Home visit required. Date home visit requested from CWA _____
Attach Home visit results: Approved Denied

Legal Guardianship: If the person registering a student is not the legal guardian or residential custodial parent, state law requires that the following documents be provided for enrollment:

- _____ Court Custody documentation
- _____ Department of Child and Family Services placement letter or documentation

* "PARTNERS IN EDUCATION" *



Commission Des Ecoles De La Paroisse De St. Martin





St. Martin Parish School Board School Registration Form



| | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----------------|--|---------------------------|-------------------------|---|---------------|-----------------|---|--|--|--|--|---------------|--|--|--|--|
| S.S.# : | | | | | | | | | | Student Name: | | | | | Bus No. | | | | |
| School: | | | | | | | | | | | | | | | | | | | |
| Grade: | | | Birth Date: | | | BirthPlace: | | | Birth Certif. # | | | | | | | | | | |
| Sex: Race: White () Black () Hispanic () Asian () Indian () | | | | | | | | | | | | | | | | | | | |
| Address: Home Phone: | | | | | | | | | | | | | | | | | | | |
| Emergency Numbers: | | | | | | | | | | | | | | | | | | | |
| Name of Emergency Contact: | | | | | | | | | | | | | | | | | | | |
| Father's Name | | | | | Living: Yes () No () | | | | | Email Address: | | | | | | | | | |
| Mother's Name | | | | | Living: Yes () No () | | | | | Email Address: | | | | | | | | | |
| Employment: Father: | | | | | Work Number: | | | | | Employment: Mother: | | | | | | | | | |
| Employment: Mother: | | | | | Work Number: | | | | | Who has legal custody: | | | | | | | | | |
| Person student lives with if not parent: | | | | | Relationship: | | | | | Work Number: | | | | | | | | | |
| Country of origin: | | | | | Date of entry into U.S.: | | | | | Language learned first: | | | | | | | | | |
| Language learned first: | | | | | Language most often used: | | | | | Language other than English spoken at home: | | | | | | | | | |
| Language other than English spoken at home: | | | | | LEP? Yes () No () | | | | | 1. Has student ever been evaluated by Special Education Personnel and/or enrolled in Special Education including Speech Therapy? Yes () No () Evaluation Date: Classification Date: LEP Date: | | | | | | | | | |
| 2. Has student ever been evaluated by a School Building Level Committee (SBLC)? Yes () No () | | | | | | | | | | | | | | | | | | | |
| If yes, When? | | | Where? | | | What were the results?: | | | | | | | | | | | | | |
| School last attended: Phone No.: | | | | | | | | | | | | | | | | | | | |
| Address: Parish/County: | | | | | | | | | | | | | | | | | | | |
| Immunization Records | | | Yes () No () | | School Records | | | Yes() No () | | Health Center Form | | | | | Yes() No () | | | | |
| Voluntary Section: | | | | | | | | | | | | | | | | | | | |
| The following information is needed for statistical purposes only. Free Lunch Yes () No () Reduced Yes () No () | | | | | | | | | | | | | | | | | | | |
| FIRST AID AND MEDICAL PERMISSION | | | | | | | | | | | | | | | | | | | |
| () Yes, you <u>have</u> my permission to give my child first aid. | | | | | | | () No, you <u>do not have</u> my permission to give my | | | | | | | | | | | | |
| () Yes, you have permission to take my child to a hospital for | | | | | | | child first aid. | | | | | | | | | | | | |
| medical treatment by a doctor in case of an accident. | | | | | | | () No, you do not have permission to take my child to | | | | | | | | | | | | |
| Family Doctor: | | | | | | | a doctor or hospital in case of an accident. | | | | | | | | | | | | |
| Name of hospital: | | | | | | | If no is checked, indicate the procedure to follow: | | | | | | | | | | | | |
| Indicate any special problems your child may have including allergies: | | | | | | | | | | | | | | | | | | | |
| Has parent presented two proofs of residency? Yes () No () | | | | | | | | | | | | | | | | | | | |
| I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Date Entered/Time | | | | | | | Parent/Guardian's Signature | | | | | | | | | | | | |
| Distribution: White - Student Folder | | | Canary - School | | | Pink - Parent | | | | | | | | | | | | | |



St. Martin Parish School Board Emergency/Student Pick-up Plan



Last Name: _____ First Name: _____ Middle Name: _____
 Date of Birth: _____ Age: _____ Sex: M F (circle one) Grade: _____
 Bus Information: (Morning) _____ (Afternoon) _____

Parent/Guardian Information

Mother's Name: _____ Phone: _____ (HM) _____ (Cell) _____ (WK) _____
 Street Address: _____ City: _____ State/Zip Code: _____

Father's Name: _____ Phone: _____ (HM) _____ (Cell) _____ (WK) _____
 Street Address: _____ City: _____ State/Zip Code: _____

Student lives with (check one) _____ Mother _____ Father _____ Both Parents _____ Other Guardian _____

EMERGENCY CONTACTS

In the event of an emergency, please list relatives, neighbors, or friends who may help us to locate one of the parent/guardians. These numbers will be called only to assist with contacting parents when parental contact is unsuccessful. **(NOTE: This does not refer to check outs).**

| Name | Phone Number 1 | Phone Number 2 | Relation to Student |
|------|----------------|----------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

STUDENT CHECK OUT PERMISSION

Please list the names of persons who **are allowed** to check out your child from _____.
 Please note that only the persons listed here will be allowed to check out your child with a pictured ID.

| Name | Relation to Student | Phone Number |
|------|---------------------|--------------|
| | | |
| | | |
| | | |
| | | |

Please list the names of person who are **not allowed** to check out your child from school. Please note that these person(s) will not be allowed to check out your child. Please add name(s) underneath the table if more space is needed.

| Name | Relation to Student | Phone Number |
|------|---------------------|--------------|
| | | |
| | | |
| | | |
| | | |

Please remember to contact the school personally to make changes to this form when and if changes become necessary. Proper documentation will be required for legal issues. I have carefully read and completed this form to the best of my knowledge.

 Parent(s)/Guardian(s) Signature

 Date

CECILIA HIGH SCHOOL — Demographic Information Form

STUDENT: _____
Last First Middle

Date of Birth: _____ Gender: (Check one) Race: (Check one)
Month Day Year _____ Male _____ Black
_____ Female _____ White
_____ Asian

Social Security Number: _____
_____ Hispanic
_____ Indian

Student lives with: _____ Both Parents Guardian: _____
_____ Father (Name of Guardian)
_____ Mother Relationship to student: _____
_____ Guardian

Who has legal custody of student? _____
(Please provide a copy of legal documentation if necessary)

Physical Street Address: (Where student lives) Mailing Address:

City State Zip City State Zip

(NOTE: Complete blanks that are applicable to your child's status)

FATHER: _____
Mailing Address: _____

Phone Numbers:
(Home) _____
(Work) _____
(Cell) _____
E-mail address:

MOTHER: _____
Mailing Address: _____

Phone Numbers:
(Home) _____
(Work) _____
(Cell) _____
E-mail address:

→ NOTE: Please turn page over and complete back of form.

GUARDIAN: _____

Mailing Address: _____

Phone Numbers:

(Home) _____

(Work) _____

(Cell) _____

E-mail address: _____

EMERGENCY INFORMATION:

Contact Name: _____

Relationship to student: _____

Address: _____

Employer: _____

Emergency Phone Numbers:

(Home) _____

(Work) _____

(Cell) _____

HEALTH INFORMATION:

Is your child allergic to any medications or have any health problems that need to be brought to our attention? Yes No
 (Explain) _____

PERMISSION TO CHECK OUT:

The following person/s have permission to check out my child from Cecilia High School:

| <u>NAME</u> | <u>Relation to Student</u> | <u>Phone Number</u> |
|-------------|----------------------------|---------------------|
| | | |
| | | |
| | | |

 Parent / Guardian Signature

 Date