



# ALLEN PARISH SCHOOL SYSTEM Student Registration Packet

## Documents Needed for Registration

\* Has anyone in your household ever registered in Allen Parish?  Yes  No

If yes, what school year?  School Attended?

1. **Verification of Address:** (Must be a current GAS, ELECTRIC, or WATER bill with the name and address printed on the bill or a Verification of Service from the utility company)

People who do not have a utility bill in their name may register by providing the following three (3) items:

- 1 A utility bill in the name of the person they live with **AND**,
- 2 A notarized statement from that person saying the parent and the child live with them at that address **AND**,
- 3 A disconnect notice from prior utilities or a state or federal document that is mailed to the parent at that address (WIC, food stamps, disability checks, tax documents)

2. **Birth Certificate**
3. **Social Security Card**
4. **Immunization (shot) Records**
5. **Legal Custody Papers**

If parents are separated, divorced, or if guardian is other than biological parents, *Legal Custody papers, signed by a judge with docket #*, indicating the domiciliary parent is necessary.

**PLEASE NOTE!**  
Incomplete applications may delay your child's enrollment.

\*For answers to your questions regarding address verification or custody, you may call the Child Welfare & Attendance Officer, Kent Reed, at the Allen Parish School Board @ 337-639-4311.

*Please be sure you have ALL of the required documents before coming to register.*

Student's Name (PRINT) \_\_\_\_\_

I understand that Provisionally Enrolling my child at \_\_\_\_\_ School does not guarantee continued admission. I am required to provide **all** of the necessary documentation to finalize enrollment within the allotted time frame.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following documents are needed:

- Proof of Residence  Birth Certificate  Soc. Sec. Card  Immunization Records  Legal Custody Papers

By (date): \_\_\_\_\_ School Official: \_\_\_\_\_



**ALLEN PARISH  
SCHOOL SYSTEM**

**SCHOOL USE ONLY**

Date of Entry: \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_ Homeroom \_\_\_\_\_  
**Records Checklist:**  Proof of Residence  Birth Certificate  Soc. Sec. Card  
 Immunization  Legal Custody Papers  
**Student Resides With:**  Both Parents  Mother  Father  Step Parent  
 Foster Parent  Grandparent  Other (Indicate) \_\_\_\_\_

**STUDENT REGISTRATION FORM**

**Last School Attended:** \_\_\_\_\_ **City, State:** \_\_\_\_\_

**HOME LANGUAGE SURVEY**

Country of Birth: _____	Language most frequently spoken at home: _____
First language child spoke: _____	Primary language spoken by child: _____

If English is not the primary language, please fill out the Home Language Survey form and forward a copy to Clarice Papillion, Title III.

**STUDENT INFORMATION**

Last Name	Suffix	First Name	Middle
Date of Birth: _____	Place of Birth: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
SS #: - -	Birth Certificate #: _____	Current Grade Level: _____	

**RACE / ETHNICITY**

Is this student of Hispanic/Latino or Spanish Origin?  Yes  No  
 Race (Please check all that apply and circle the race you would like us to record as primary.)  
 White  Black or African American  American Indian  
 Alaska Native  Native Hawaiian or Other Pacific Islander  
 Asian

Mailing Address: _____	City: _____	Zip: _____
Physical Address (911): _____	City: _____	Zip: _____
Primary Phone #: _____	Parish (if residing outside ALLEN): _____	



**MEDICAL INFORMATION**

<b>Family Doctor:</b> _____	City: _____	Phone: _____
→Check the boxes next to the illnesses your child has had. The School Nurse may require more information from you.		
<input type="checkbox"/> Asthma <input type="checkbox"/> Food Allergies _____ <input type="checkbox"/> Seasonal Allergies _____ <input type="checkbox"/> Problems w/ Ears or Tonsils <input type="checkbox"/> Skin Problems _____ <input type="checkbox"/> Allergies to Insect Stings/Bites Epi-Pen Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Allergies to medications (List below) _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Lung or Respiratory Disease <input type="checkbox"/> Stomach or Intestinal Disease	<input type="checkbox"/> Kidney disease <input type="checkbox"/> Bone or Muscle Disease <input type="checkbox"/> Seizures; Brain or Spinal Cord Disease <input type="checkbox"/> Tuberculosis Still under treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other illnesses

**FAMILY HISTORY** →Check any illnesses that are present within student's family (mother, father, siblings, grandparents, etc.)

<input type="checkbox"/> Cancer <input type="checkbox"/> Seizures <input type="checkbox"/> Arthritis <input type="checkbox"/> Diseases of brain, spinal cord, muscles	<input type="checkbox"/> Diseases of lungs, respiratory system <input type="checkbox"/> Allergic disorders <input type="checkbox"/> Stroke <input type="checkbox"/> Heart Disease	<input type="checkbox"/> Diabetes (Sugar) <input type="checkbox"/> Epilepsy <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Kidney Disease
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**PRIOR KINDERGARTEN EXPERIENCE FOR PRE-K AND KDG. STUDENTS ONLY**

Prior Education Experience to Kindergarten (Select 1):  Public (Pre-K)  Non Public Pre-K  
 DCFS Licensed Childcare  Day Care Program  Head Start  Tribal  Home  
 Name of Daycare/Pre-K/Childcare/Head Start (required): \_\_\_\_\_

**OTHER SPECIALIZED SERVICES**

Has your child ever been evaluated by Special Education?  Yes  No  
 Has your child ever received Special Education Services or have an IEP or IAP (504)?  Yes  No  
 If YES, please specify services received: Check where applicable.  
 Speech Therapy  Special Class Instruction  504  Gifted & Talented  Other (specify) \_\_\_\_\_

**TRANSPORTATION**

Transportation: AM:  Bus # \_\_\_\_\_  Car  Walk  
 PM:  Bus # \_\_\_\_\_  Car  Walk

If you have more than one child registering and all of the following information below will be the same, feel free to copy this page and attach to each registration.

<b>FATHER'S INFORMATION</b> <i>(As listed on student's birth certificate)</i>			Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Last Name</b>	<b>Suffix</b>	<b>First Name</b>	<b>Middle</b>
Address:		City/State:	Zip:
Home #:		Cell #:	
E-mail:		<input type="checkbox"/> Father Unable to Access Internet	
Employer:		Work #:	
<b>MOTHER'S INFORMATION</b> <i>(As listed on student's birth certificate)</i>			Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Maiden</b>
Address:		City/State:	Zip:
Home #:		Cell #:	
E-mail:		<input type="checkbox"/> Mother Unable to Access Internet	
Employer:		Work #:	
<b>GUARDIAN'S INFORMATION</b> <i>(If other than mother or father, please specify who child resides with)</i>			
<input type="checkbox"/> Step Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other <i>(specify)</i>			
<b>Last Name</b>	<b>Suffix</b>	<b>First Name</b>	<b>Middle</b>
Address:		City/State:	Zip:
Home #:		Cell #:	
E-mail:		<input type="checkbox"/> Guardian Unable to Access Internet	
Employer:		Work #:	
<b>EMERGENCY CONTACTS</b>			
Please list below no less than three (3) people to contact if we cannot contact you. These individuals are also authorized to check your child in or out of school.			
<b>Contact #1:</b>	Relationship:	Home #:	
Address:	City, State:	Work #:	
		Cell #:	
<b>Contact #2:</b>	Relationship:	Home #:	
Address:	City, State:	Work #:	
		Cell #:	
<b>Contact #3:</b>	Relationship:	Home #:	
Address:	City, State:	Work #:	
		Cell #:	
<b>RESTRICTIONS ON PICKUP</b>			
<i>(Please list anyone who is not allowed to pick up your child.)</i>			
<b>CUSTODY RESTRICTIONS</b>			
<b>Are there Custody Restrictions?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		Joint Custody	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Restraining Order	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Custodial Parent ↑		Affidavit	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>STUDENT RESIDENCY – PRELIMINARY QUESTIONS</b>			
<b>Type of Living Arrangement</b> <i>(check one):</i> <input type="checkbox"/> Permanent (family owns or rents their home) <input type="checkbox"/> Temporary (living in transitional housing) <input type="checkbox"/> Yes <input type="checkbox"/> No    If you checked "Temporary" above, is this due to loss of housing or economic hardship? <i>*If you checked "Yes" to the question above, please ask the Counselor or Registrar for the "Louisiana Student Residency Questionnaire" form.</i>			
<b>MIGRANT EDUCATION SURVEY</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No    Have you moved from place to place in the past 36 months in order to obtain temporary or seasonal employment in agricultural or fishing work? <i>*If you checked "Yes", please ask the Counselor or Registrar for the "Children on the Move" form.</i>			