

Saline High School

Student Information Form

Office Check List:

- Birth certificate
- Social security card
- Health card
- Shot record
- Proof of residence
- Locker #
- Bus #

Date _____

Students Name _____ Grade _____
(First) (Middle) (Last)

Date of Birth _____ Place of Birth _____ Social Security # _____

Mailing Address _____
(911 address or P.O. Box) (Town) (Zip)

Physical Address _____
(If a P.O. Box was entered above, please give your 911 Address) (Town) (Zip)

Home Phone # _____ Cell Phone # _____

Race: Is your child Hispanic or Latino? _____ Yes _____ No

If you answered **No** to the above question, please choose one (or more) of the races below that best describes the student's race/ethnicity:

_____ Black or African American

_____ American Indian or Alaskan Native

_____ White

_____ Native Hawaiian or Pacific Islander

_____ Asian

_____ Other: _____

Bus your child will be riding _____

Name of School Attended Last _____

Did Student leave last school in good standing, attendance, discipline records, and suspensions when they exited the school? _____ Yes _____ No

Is this your first time to enter this school? _____ Yes _____ No

Is the language first learned by your child a language other than English? _____ Yes _____ No

What Language is spoken in your home? _____

What language is spoken most often by your child? _____

Is your child currently classified as a special education or a 504 student? _____ Yes _____ No

Does your child have an active IEP (Sp. Ed.) or IAP (504)? _____ Yes _____ No

Does your child have speech or any other type of services? _____ Yes _____ No Service _____

Comments _____

List of allergies (include drugs, foods, and/or insect) that your child has along with care required:

Permission for Emergency Treatment

To Whom It May Concern:

Saline High School has my permission to seek emergency medical treatment for my child in the event I cannot be reached. The school may call 911 and/or take my child to the nearest medical facility. In case of emergency, parents are responsible for any bill incurred in seeking treatment.

Parent/Guardian Signature

Real Father's Name _____

(Father's Name on Birth Certificate)

Father's Address _____

Father's Occupation _____ Employed By _____

Email _____

Home Phone # _____ Cell # _____ Work # _____

Real Mother's Name _____

(Mother's Name on Birth Certificate)

Mother's Address _____

Mother's Occupation _____ Employed By _____

Email _____

Home Phone # _____ Cell # _____ Work # _____

If child is not living with parents, please give:

Guardian's Name _____

Relationship to Student _____ **Custody Papers** ___ Yes ___ No

Guardian's Address _____

Guardian's Occupation _____ Employed By _____

Email _____

Home Phone # _____ Cell # _____ Work # _____

Emergency Contact(s)

Emergency Contact will **only be called if parent/guardian cannot be reached.**

Contact Name _____ Phone # _____

Contact Name _____ Phone # _____

Saline High School
Scott Canady, Principal
Paula Martin, Registrar
Megan Branch, Secretary
1255 Cooper Street
Saline, LA 71070
(318)576-3215, Office
(318) 576-9068, Fax

Date: _____

Student's Name: _____ Grade: _____

Former School: _____

Phone # _____

Fax # _____

Parent's Authorization: _____

The above named student has enrolled in our school.
Please fax or mail the following information to our school:

- Birth certificate
- Social security card
- Health card
- Shot Record
- Cumulative record of grades and absences
- Achievement test scores
- Withdrawal form with current grades and absences
- Current report card
- Any or all medical, social, psychological, and education information



Bienville Parish School Board
Office of Special Services
2019 Locust Street
Arcadia, LA 71001
Phone: (318)263-7968 / Fax: (318) 263-3456

**AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL
INFORMATION TO BIENVILLE PARISH SCHOOL**

THIS FORM IS VALID FOR ONE YEAR

TO WHOM IT MAY CONCERN:

To undersigned hereby authorizes the release of all psychological, educational, social, medical information and the L.E. P (Individualized Education Plan) concerning:

Student's Name

Date of Birth

To the Bienville Parish Office of Special Services

Parent, Guardian Signature or Student

Date

Send to: Bienville Parish School Board
Office of Special Services
2019 Locust Street
Arcadia, LA 71001
Phone- (318)263-7968
Fax- (318)263-3456

