## Belle Chasse High School Registration Documentation Checklist

School >	/ear:
Name:	Grade Entering:
Parent/Guardian's Name:	
Previous school attended:	
Primary Phone:	Secondary Phone:
Parent's Email address:	
Has your child attended a Plaquemines	Parish School before?YesNo
If yes, which school	Grade
Does your child have (currently or in t	he past) any of the following? YesNo
IEP (Special Education Evalua	ation)
504 Plan (from a previous sch	nool) Please specify
LEP Accommodations	
Medical Diagnosis Please spe	ecify
student, do certify that all informatio information available. I also attest, by	_, the parent/guardian of the above named on provided is the most accurate/current or signing below, that I have made Belle Chasse circumstances, and or other pertinent
Parent/Guardian Signature	 Date
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Office Use Only:	
Completed Registration Packet	
Withdrawal form/ Final Report Card	
Parent's ID with valid Belle Chasse Address	
Birth Certificate	Custody/Legal paperwork
Immunization Records	Social Security Card
3 Proofs of residency	
Accommodations Noted and specified	
Placement Test required YesNo Testing Date	:
Notes:	

Kimberlie B. LeBlanc, BCHS Registrar

Office: (504) 595-6611 Email: kleblanc@ppsb.org