# PLAQUEMINES PARISH PUBLIC SCHOOLS
## STUDENT REGISTRATION FORM
## GRADES 9 - 12

| BASIC STUDENT INFORMATION | | | | |
|---|---|---|---|---|
| Last Name | First Name | Middle Name | Suffix | Gender |

| School Enrolling In: | | Grade Entering | Social Security # | Date Enrolled |
|---|---|---|---|---|

| Date of Birth (MM/DD/YYYY) | Birthplace (City, State, Country) | If not born in USA, Date moved to USA: | Home Phone |
|---|---|---|---|

| Physical (911) Home Address (Street Address) | Physical Address (City) | State | Zip Code |
|---|---|---|---|

| Mailing Address | Mailing Address (City) | State | Zip Code |
|---|---|---|---|

**PLEASE INDICATE THE LAST THREE SCHOOLS ATTENDED:**

| School Name: | Grade Level | Dates Attended |
|---|---|---|
| School Name: | Grade Level | Dates Attended |
| School Name: | Grade Level | Dates Attended |

| Is Student Hispanic/Latino? | What is the Student's Race?  (Choose one or more) |
|---|---|
| ☐ YES  <br> ☐ NO  <br><br> **The above question is about ethnicity, not race.  No matter what you selected above, please be sure to answer the Race Codes to the right.** | ☐ **American Indian or Alaskan Native -** having origins in any of the original peoples of North, South, or Central America and who maintain a tribal affiliation or community attachment. <br> ☐ **Asian** - origins of the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Phllippines, Thialand, Vietnam <br> ☐ **Black or African American -** origins in any of the Black racial groups of Africa <br> ☐ **Native Hawaiian or other Pacific Islander** - origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands <br> ☐ **White** - origins in any of the original peoples of Europe, the Middle East, or North Africa |

*If respondent refused to indentify race or ethnicity, then as a last resort "Observer Identification" is to be used.*

| FAMILY INFORMATION | | |
|---|---|---|
| Father (Last, First, MI) | Father's Employer | |
| Father's Address (if different from Student's Address) | | Federal Employee? ☐Yes ☐ No |
| Home Phone: | Cell Phone: | Work Phone: |
| E-mail Address: | | |

| Mother (Last, First, MI) | Mother's Employer | |
|---|---|---|
| Mother's Address (if different from Student's Address) | | Federal Employee? ☐Yes ☐ No |
| Home Phone: | Cell Phone: | Work Phone: |
| E-mail Address: | | |

| Guardian (Last, First, MI) | Relationship to Student | Guardian's Employer |
|---|---|---|
| Guardian's Address (if different from Student's Address) | | Federal Employee? ☐Yes ☐ No |
| Home Phone: | Cell Phone: | Work Phone: |
| E-mail Address: | | |

*(Continued on Back)*

## EMERGENCY INFORMATION

| Order to Call | CONTACTS: | | |
|---|---|---|---|
| | Name: | | Relationship to Student: |
| | Home Phone: | Cell Phone: | Work Phone: |
| | Name: | | Relationship to Student: |
| | Home Phone: | Cell Phone: | Work Phone: |
| | Name: | | Relationship to Student: |
| | Home Phone: | Cell Phone: | Work Phone: |

| Doctor: | Doctor's Phone: |
|---|---|

**Please list special instructions such as ADHD, Asthma, Allergies, Limitations, etc.:**

<br>

**List any special services the student was receiving (ex. 504, Special Ed, Speech, etc.):**

<br>

## CUSTODY INFORMATION

<br>

## HOME LANGUAGE SURVEY

Federal and state laws require the following information be collected about the primary and home language of every student upon enrollment in the school district.  Please complete a survey for each child you are enrolling in the school district.

**1.  What language did your child learn when he/she first began to talk?**

**2.  What language does your child most frequently speak at home?**

**3.  What language is spoken by you and your family most of the time at home?**

If a language other than English is indicated for any of the above questions, the school district will test your child's English language proficiency to determine eligibility for initial and continuing placement in an English language development program. You will be notified about the results of this testing.

**I affirm the the above information is correct to the best of my knowledge.**

_____          _____
Parent/Guardian Signature                                              Date

## --- OFFICE USE ONLY ---

**I affirm that I have reviewed this form and all required fields are filled out.**

_____          _____
School Registrar/Representative                                        Date