



Grant Parish School System Registration Form

In order to provide safe and efficient services for you and your child, we are asking that you provide the information indicated below. Only the information on this form will be considered valid for mailings, checkout purposes and so forth. Thus it is imperative that the information provided be correct and up to date. If the form is not returned our records may not be complete and accurate, causing prompt attention to matters concerning your child to be delayed. Upon entry into the school system all students are required to submit a copy of their birth certificate, immunization records, social security card, and proof of residence.

Student's Full Name _____ Date of Birth _____

Student's Mailing Address _____

Student's Physical Address _____

Entry Date _____ Grade _____ Race _____ Male Female

Social Security Number _____ Bus Driver _____ Home Telephone _____

Is anyone in the household currently serving in military? Yes No If yes, who? _____

Does your child have an IEP? Yes No Does your child have a 504 plan? Yes No

Parent or Guardian:

Last Name First Name Home # Cell# Work#

Last Name First Name Home # Cell# Work#

Home Language Survey

<i>First Language Spoken by Student</i>	<i>Language other than English used at home</i>	<i>Language student most often uses</i>

Do you have any religious beliefs that would keep your child from taking part in Easter, Christmas, or flag ceremonies?

EMERGENCY TELEPHONE NUMBERS AND CONTACT PERSON – ONLY persons on this list will be allowed to check out your child. Notes will be accepted but NO PHONE CALLS. You may attach a sheet with additional names if necessary.

Name Phone #

COMPLETE THE BACK OF THIS FORM

<i>Who does the student live with?</i>	<i>Relationship to student</i>	<i>Who is the domiciliary/custodial parent or guardian (decreed by a judgement)?</i>	<i>List any person(s) who is/are under court order to have no contact and/or be allowed to check your student in/out of school. (copy of Court Order needed)</i>

Parent Email Address _____ Cell # _____

I would like to receive notifications from the school via text and/or email? Yes No

<i>Name of school last attended (if more than one school in this academic year, list all schools)</i>	<i>Address (Including state)</i>	<i>Phone Number</i>

Has your child ever been expelled from school? Yes No *If yes, give date:* _____

<i>Has this student been convicted of a felony in Louisiana or any other state?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
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Does the student have any physical limitations? Yes No If yes, explain _____

_____ Family Physician _____

Insurance Name: _____ Policy Number: _____

<i>In case of an emergency due to illness or an accident and the parent/guardian cannot be reached, can your child be taken to the hospital by the principal, school official or emergency medical carrier?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Which hospital?

This signature will give the hospital permission to treat the student. This is only in case of an extreme emergency. You will be responsible for the hospital/doctor/transportation bills or any related cost.

Parent/Guardian Signature _____ Date _____

(Your signature indicates you are the LEGAL domiciliary/custodial parent/guardian of this student.)

Principal's Signature _____ Date _____