



# St. Martin Parish School Board

P.O. Box 1000 Breaux Bridge, Louisiana 70517

## St. Martin Parish School Board School Enrollment Information Checklist

Telephone 337-332-2105  
337-394-6261  
Fax 337-332-3060

School \_\_\_\_\_ Date \_\_\_\_\_  
Student \_\_\_\_\_ D.O.B. \_\_\_\_\_

### 1<sup>st</sup> Time Entry

- \_\_\_\_\_ Official or copy of Birth Certificate (with seal)
- \_\_\_\_\_ Immunization Record
- \_\_\_\_\_ Academic History
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ Official release from the previous school
- \_\_\_\_\_ Copy of last report card/transcript
- \_\_\_\_\_ Photo I.D. of Parent/Guardian

### Proof of Residency

(Must have two documents: 1 from Homeowners/Renters & 1 from Group A)

#### Homeowners:

- \_\_\_\_\_ Mortgage Statement
- \_\_\_\_\_ tax bill
- \_\_\_\_\_ deed
- \_\_\_\_\_ homestead exemption

#### Renters: One of the two listed below

- \_\_\_\_\_ Lease Agreement (Notarized)
- \_\_\_\_\_ Residency Affidavit (Notarized)

#### Group A (All within the last 30 days)

- \_\_\_\_\_ electricity bill
- \_\_\_\_\_ cable bill
- \_\_\_\_\_ water bill

If proof of residency cannot be established:

- \_\_\_\_\_ Home visit required. Date home visit requested from CWA \_\_\_\_\_  
Attach Home visit results:  Approved  Denied

**Legal Guardianship:** If the person registering a student is not the legal guardian or residential custodial parent, state law requires that the following documents be provided for enrollment:

- \_\_\_\_\_ Court Custody documentation
- \_\_\_\_\_ Department of Child and Family Services placement letter or documentation

✦ "PARTNERS IN EDUCATION" ✦



Commission Des Ecoles De La Paroisse De St. Martin





# St. Martin Parish School Board School Registration Form



S.S# :		Student Name:			Bus No.		
School:							
Grade:		Birth Date:		BirthPlace:		Birth Certif. #	
Sex: Race: White ( ) Black ( ) Hispanic ( ) Asian ( ) Indian ( )							
Address:				Home Phone:			
Emergency Numbers:							
Name of Emergency Contact:							
Father's Name				Living: Yes ( ) No ( )			
Email Address:							
Mother's Name				Living: Yes ( ) No ( )			
Email Address:							
Employment: Father:				Work Number:			
Employment: Mother							
Who has legal custody:				Work Number:			
Person student lives with if not parent:				Relationship:			
Country of origin:				Date of entry into U.S.:			
Language learned first:				Language most often used:			
Language other than English spoken at home:				LEP? Yes ( ) No ( )			
1. Has student ever been evaluated by Special Education Personnel and/or enrolled in Special Education including Speech Therapy? Yes ( ) No ( ) Evaluation Date: Classification Date: LEP Date:							
2. Has student ever been evaluated by a School Building Level Committee (SBLC)? Yes ( ) No ( ) If yes, When? Where? What were the results?:							
School last attended:				Phone No.:			
Address:				Parish/County:			
Immunization Records		Yes ( ) No ( )	School Records		Yes ( ) No ( )	Health Center Form	Yes ( ) No ( )
Voluntary Section:							
The following information is needed for statistical purposes only. Free Lunch Yes ( ) No ( ) Reduced Yes ( ) No ( )							
<b>FIRST AID AND MEDICAL PERMISSION</b>							
( ) Yes, you have my permission to give my child first aid.				( ) No, you do not have my permission to give my			
( ) Yes, you have permission to take my child to a hospital for				child first aid.			
medical treatment by a doctor in case of an accident.				( ) No, you do not have permission to take my child to			
Family Doctor:				a doctor or hospital in case of an accident.			
Name of hospital:				If no is checked, indicate the procedure to follow:			
Indicate any special problems your child may have including allergies:							
Has parent presented two proofs of residency? Yes ( ) No ( )							
<b>I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE</b>							
Date Entered/Time				Parent/Guardian's Signature			
Distribution: White - Student Folder Canary - School Pink - Parent							



# St. Martin Parish School Board Emergency/Student Pick-up Plan



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F (circle one) Grade: \_\_\_\_\_  
 Bus Information: (Morning) \_\_\_\_\_ (Afternoon) \_\_\_\_\_

### Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (HM) \_\_\_\_\_ (Cell) \_\_\_\_\_ (WK) \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (HM) \_\_\_\_\_ (Cell) \_\_\_\_\_ (WK) \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Student lives with (check one) \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_ Other Guardian \_\_\_\_\_

### EMERGENCY CONTACTS

In the event of an emergency, please list relatives, neighbors, or friends who may help us to locate one of the parent/guardians. These numbers will be called only to assist with contacting parents when parental contact is unsuccessful. (NOTE: This does not refer to check outs).

Name	Phone Number 1	Phone Number 2	Relation to Student

### STUDENT CHECK OUT PERMISSION

Please list the names of persons who **are allowed** to check out your child from \_\_\_\_\_.  
 Please note that only the persons listed here will be allowed to check out your child with a pictured ID.

Name	Relation to Student	Phone Number

Please list the names of person who are **not allowed** to check out your child from school. Please note that these person(s) will not be allowed to check out your child. Please add name(s) underneath the table if more space is needed.

Name	Relation to Student	Phone Number

Please remember to contact the school personally to make changes to this form when and if changes become necessary. Proper documentation will be required for legal issues. I have carefully read and completed this form to the best of my knowledge.

\_\_\_\_\_  
 Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
 Date

**CECILIA HIGH SCHOOL — Demographic Information Form**

**STUDENT:** \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
Month Day Year

Gender: (Check one)  
 Male  
 Female

Race: (Check one)  
 Black  
 White  
 Asian  
 Hispanic  
 Indian

Social Security Number: \_\_\_\_\_

Student lives with:  Both Parents  
 Father  
 Mother  
 Guardian

Guardian: \_\_\_\_\_  
(Name of Guardian)

Relationship to student: \_\_\_\_\_

Who has legal custody of student? \_\_\_\_\_  
(Please provide a copy of legal documentation if necessary)

Physical Street Address: (Where student lives)

Mailing Address:

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

(NOTE: Complete blanks that are applicable to your child's status)

**FATHER:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Numbers:  
(Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
\_\_\_\_\_

**MOTHER:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Numbers:  
(Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
\_\_\_\_\_

→ NOTE: Please turn page over and complete back of form.

**GUARDIAN:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Numbers:

(Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Contact Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Emergency Phone Numbers:

(Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

**HEALTH INFORMATION:**

Is your child allergic to any medications or have any health problems that need to be brought to our attention?  Yes  No

(Explain) \_\_\_\_\_

**PERMISSION TO CHECK OUT:**

The following person/s have permission to check out my child from Cecilia High School: \_\_\_\_\_

<u>NAME</u>	<u>Relation to Student</u>	<u>Phone Number</u>

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date



# Louisiana Migrant Education Program

## Migrant Family Search Form



School District: St. Martin

School Name: \_\_\_\_\_

School Year: \_\_\_\_\_

Dear Parents,

In order to better serve your children's academic needs, our program wants to identify students who may qualify to receive additional educational services. **The information you provide will be kept confidential.** Please answer the following questions and return this form to your child's school.

**Have you moved/traveled in the past three years in order to do agricultural/fishing work?**

**NO**     **YES** (Please check all that apply below & complete contact information)



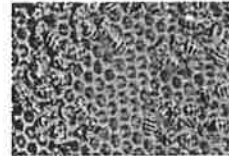
**Picking vegetables, fruit, pecans, hay, soybeans, sugarcane, sweet potatoes, etc.**



**Working in a poultry farm**



**Working in a dairy farm**



**Working with bees/honey**



**Working in a plant nursery, orchard, tree growing or harvesting**



**Working with livestock such as cattle, hogs, alligator, crickets or turtle farming**



**Working in commercial fishing, shrimping, crabbing or crawfish ponds**

**Other similar work? Please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Parent (Guardian) Name: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Telephone No. \_\_\_\_\_

**For District Use Only:** Please return completed surveys to: [melanie\\_taylor@saintmartinschools.org](mailto:melanie_taylor@saintmartinschools.org)

\_\_\_\_\_ eligible for MEP

\_\_\_\_\_ not eligible for MEP