

Section I. Student Information

Last _____ First _____ DOB ____ / ____ / ____

Physical Address _____ City _____

Mailing Address _____ City _____

Phone (H) _____ Phone (C) _____ Phone (W) _____

Email: _____

Current Grade _____ Current School _____ Grade Applying For _____

List any other children that will also be applying for a Magnet seat: _____

My child, _____, is currently enrolled in the SJP Magnet Program.

Section II. Demographics

Gender: _____ Male _____ Female

Ethnic Background: _____ African American _____ American Indian _____ Asian/Pacific Islander
_____ Caucasian _____ Hispanic _____ Other

Section III. Parent/Guardian Signature

My signature below indicates I understand the following:

- SJPS has the authority to verify the applicant's place of residence.
- Only ONE application per eligible applicant will be processed each academic year.
- **Applications must be hand delivered by a parent to St. James Parish School Board Office by January 31, 2025 at 3:00 p.m.**
- The required documentation to accompany this application is noted on the back.
- Incomplete applications or applications without documentation will not be accepted.
- Students coming from a private school must attach a current report card and state testing scores.

Parent/Guardian Name _____ Date: _____

Parent Signature _____

Section IV. For School Use Only

Date Submitted to School: _____ Received By: _____

K-2 Student: DIBELS Reading Composite Score: _____

K-2 Student Acadience Math Composite Score: _____

3-6 Student Reading iReady _____ Math iReady. _____

This student is: _____ eligible _____ not eligible

Magnet Teacher's Signature: _____ Date: _____

Section V. For District Office Use Only

(See Student Enrollment Packet Cover Page)

_____ All Registration Documents Submitted

_____ Registration Documents Needed

Student Services Signature: _____ Date: _____



Student : _____ School: _____ Grade: _____

School Your Child Was Last Enrolled: _____

Required Documents

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Parent Driver's License with corresponding physical address
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Proof of Residency

A. Reside in own residence in St. James Parish: submit **2 (two)** utility bills matching the physical address on the parent/legal guardian's driver's license/LA identification card.

<input type="checkbox"/> Gas Bill	<input type="checkbox"/> Electric Bill	<input type="checkbox"/> Water Bill	<input type="checkbox"/> Physical address on parent DL corresponds with both bills
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B. If any of the two are lacking, **one utility bill**, plus **2 (two)** of the following current alternative forms of evidence will be acceptable. It must identify the physical location of the reported residency.

<input type="checkbox"/> Physical address on parent DL corresponds with bill & 2 docs.	<input type="checkbox"/> One Utility Bill	<input type="checkbox"/> Homestead Exemption	<input type="checkbox"/> Auto Insurance	<input type="checkbox"/> Federal/State Tax Return	<input type="checkbox"/> W-2 Form	<input type="checkbox"/> Voter's Registration
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C. Reside on the property of another St. James Parish resident through a current **lease/rental agreement** must submit **all** of the following:

<input type="checkbox"/> Physical address on parent DL must correspond with bill	<input type="checkbox"/> Current utility bill with parent/legal guardian's name and physical address	<input type="checkbox"/> Current lease/rental agreement with names of parent/legal guardian and children
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D. Parents/legal guardians of enrolling students who reside within the household of a St. James Parish resident without a lease/rental agreement must present a current and completed notarized **Affidavit**.

- Affidavit** is complete, current, notarized and includes required signatures.
- Proof of Residency of Homeowner: _____ A (above) _____ B (above)

Parent Registering Child (print) : _____ Signature: _____

Phone Number: _____ Email Address: _____ Date: _____

District Office Use Only: Approved by: _____ Date: _____