



June 16-27 Weekdays from 8:30am-3:30pm

APPLY BY APRIL 30, 2025

Please complete a separate form for each child wishing to attend.

First and Last Name of Child Attending:

Child's Date of Birth (Month, Date, Year):

Grade Level the Child Will Be Going Into
2025-2026 School Year:

What school will your child be zoned for?

☐ PK ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Primary Race:

☐ White/
Non-Hispanic ☐ Black ☐ Asian ☐ Hispanic ☐ American Indian/
Alaskan Native ☐ Native Hawaiian/
Pacific Islander

Does your child have an IEP or 504?

☐ My child currently has an IEP.
☐ My child currently has a 504 Plan.

Free Transportation Needed:

☐ YES ☐ NO

Does your child currently have medicine at school?

Please list your home mailing address.

Please choose from the following.

My child qualifies as a:

- ☐ Zoned magnet school student
☐ Tier 1 student (zoned for Cecilia Primary
and Teche Elementary)
☐ Tier 2 student (child of a magnet school
employee)
☐ Tier 3 student (zoned for Breaux Bridge
and Parks schools)

Does your child have any food or life-threatening allergies? If yes, please list the allergy below:

Please list the parent or guardian contact name and phone number below.

Please list two separate emergency contacts below including name, phone number, and relation to child.