

CARENCRO MIDDLE SCHOOL STUDENT'S NAME _____ TRACT # _____
 LAST FIRST MIDDLE

BUS RIDER _____		BUS NUMBER _____		WALKER _____		PARENT PICK UP _____			
DATE ENTERED _____ - _____ - _____		GRADE _____		SOCIAL SECURITY NUMBER _____ - _____ - _____					
SEX: MALE _____ FEMALE _____		RACE _____		DATE OF BIRTH _____		PLACE OF BIRTH _____		HOME PHONE _____	
ADDRESS _____		STREET _____		CITY _____		STATE _____		ZIP CODE _____	

LAST	FIRST	MAIDEN	DATE OF BIRTH	PLACE OF BIRTH	EDUCATION	OCCUPATION
Father						
Mother						
Guardian						

Marital Status: _____ Single Parent _____ Married _____ Divorced Parent _____ Student resides with : _____ Father _____ Mother _____ Both Parents _____ Other: _____

Place of employment		Work phone		Cell phone		Pager	
MOTHER							
FATHER							

LIST ALL SCHOOLS YOUR CHILD HAS ATTENDED. PLEASE LIST LAST SCHOOL FIRST.				BROTHERS & SISTERS	SEX	BIRTHDATE
SCHOOL	DATES	CITY	STATE			

List Persons Who May Pick Up Your Child and Emergency Contacts

NAME	RELATIONSHIP	PHONE #
1. PICK UP		
2. PICK UP		
1. EMERGENCY CONTACT		
2. DOCTOR		

STUDENT'S NAME: _____ SOCIAL SECURITY #: _____

CRITERIA FOR ENROLLMENT IN THIS SCHOOL: _____ IN ZONE _____ MAJORITY/MINORITY _____ SPECIAL PROGRAMS/COURSES
_____ EMPLOYEE OPTION _____ CENSUS & ATTENDANCE OFFICE APPROVAL

Has your child ever been Home Schooled? _____ Yes _____ No If so, what grade(s)? _____

Has your child ever been retained? _____ Yes _____ No If so, what grade(s)? _____

What is the name and location (city/state) of the last school your child attended? _____

If you are coming from a different Parish or State, has your child ever attended school in Lafayette Parish? _____ Yes _____ No If so, which school? _____

STUDENT SERVICES:

I. Special Education

Has your child ever been evaluated by Special Education? _____ Yes _____ No

Has your child ever received Special Education Services? _____ Yes _____ No

If YES, please specify services received:

_____ Resource _____ Gifted & Talented _____ Self Contained _____ Speech Therapy _____ Other Health Impaired _____ Other

II. Has your child ever qualified for Section 504 services? _____ Yes _____ No

If YES, is your child currently receiving services? _____ Yes _____ No

If you would like your child's teachers to be made aware of any special concerns, please state them here.

Are there any legal/custody concerns regarding your child? _____ Yes _____ No If yes, please list concerns. PROVIDE COURT DOCUMENTATION.
