



DATE ____/____/____

St. Helena Parish School District

NEW STUDENT ENROLLMENT FORM**Student Information**

Last Name		First Name		Middle Name
Grade Level	Age	Date of Birth	Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other	School student will be attending (check one) <input type="checkbox"/> St. Helena Early Learning Center (PreK-2) <input type="checkbox"/> St. Helena Arts and Technology Academy (3-6) <input type="checkbox"/> St. Helena College and Career Academy (7-9) <input type="checkbox"/> St. Helena Virtual Academy (3-12)
Previous School Attended/Name of Parish or County <i>(Transfers Only)</i>				
Does the student have a Special Education Evaluation? __ YES __ NO			Mailing Address	
Does the student have an Individualized Education Plan (IEP)? __ YES __ NO				
Are there any custody issues involving? __ YES __ NO				
City		State	Zip	

Parent/Guardian Information

Parent/Guardian #1	Last Name	First Name	Email Address	
	Mailing Address	City	State	Zip
	Relationship to Student	Home or Work Phone	Cell Phone	
Parent/Guardian #2	Last Name	First Name	Email Address	
	Home Address	City	State	Zip
	Relationship to Student	Home or Work Phone	Cell Phone	
Child Lives with __ Mother __ Father __ Other _____		Physical address if different from mailing address		
		City	State	Zip

Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. **NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE ADULTS LISTED BELOW.** Identification must be provided to the school representative before releasing any student.

Emergency Contact Information (MUST BE 18 OR OLDER)

Name	Relationship	Home or Cell Number

