



OFFICE USE ONLY: Bus Number _____ Bus Driver _____ Lunch Number _____

BEAUREGARD PARISH SCHOOLS EAST BEAUREGARD HIGH SCHOOL REGISTRATION FORM

**MANDATORY → BIRTH CERTIFICATE - IMMUNIZATION RECORDS - SOCIAL SECURITY CARD -
PROOF OF PRESENT GRADE LEVEL**

STUDENT INFORMATION: (CONFIDENTIALITY WILL BE MAINTAINED)

Name: _____
LAST FIRST MIDDLE SUFFIX

Social Security No.: _____ Date of Birth: _____ Gender: M F

Hispanic: Yes No

Primary Ethnic Code: 0 - White 1 - Black 2 - Hispanic 3 - Asian 4 - Native American 5 - Hawaiian/Pacific Islander
(CIRCLE CHOICE)

Secondary Ethnic Codes: 0 - White 1 - Black 2 - Hispanic 3 - Asian 4 - Native American 5 - Hawaiian/Pacific Islander
(CIRCLE ALL APPLICABLE)

Date Entering: _____ Grade: _____
Receives special education services? Yes No
Receives academically gifted services? Yes No
Receives 504 services? Yes No

Mailing Address: _____
STREET CITY STATE ZIP PARISH

Physical Address: _____
STREET CITY STATE ZIP PARISH

Guardian's Name: _____
FIRST LAST

Father's Name: _____
 STEP FIRST LAST

Father's Work: _____

Father's Cell: _____

Home: _____

Military: Yes No

Active Duty: Yes No

Resides on Federal Property: Yes No

Branch: _____

Rank: _____

Relationship: _____
If other than parent, custody papers needed.

Mother's Name: _____
 STEP FIRST LAST

Mother's Work: _____

Mother's Cell: _____

Emergency: _____

Military: Yes No

Active Duty: Yes No

Resides on Federal Property: Yes No

Branch: _____

Rank: _____

Student's Country of Birth: _____

If Country of Birth is other than U.S., Date of Entry into U.S.: _____

First Language Learned by Student: _____

Language/s Other than English Used at Home: _____

Language Student Uses Most Often: _____

OFFICE USE ONLY
Copy for Counselor: Yes No

COUNSELOR'S SIGNATURE

PRINCIPAL'S SIGNATURE: REQUIRED IN ABSENCE OF REQUIRED RECORDS

SIGNATURE OF PARENT/GUARDIAN

DATE



BEAUREGARD PARISH SCHOOLS

STUDENT ADMISSION FORM
AUTHORIZATION FOR RELEASE OF PRIOR SCHOOL RECORDS

The following student has enrolled at:

EAST BEAUREGARD HIGH SCHOOL
5364 HIGHWAY 113
DERIDDER, LA 70634
Phone (337) 328-7512 - Fax (337) 328-8132

Grade : _____

Table with 3 columns: Student's Last Name, First, Middle, Date of Birth, Social Security #

LAST SCHOOL ATTENDED: Name of school _____

Address _____

City, State, Zip _____

The last school attended by this student was: [] Public [] Parochial School

Dates student attended were: From _____ to _____

THE FOLLOWING IS TO BE ANSWERED BY THE SCHOOL THE STUDENT LAST ATTENDED:

Is the student pending suspension/expulsion at your school? Yes: _____ No: _____

If "Yes", please explain: _____

PLEASE INCLUDE THE FOLLOWING INFORMATION

- 1. Date of entrance and date of withdrawal
2. Key to grading system
3. Health/Immunization records
4. Partial grades if the above withdrew prior to Completing the semester/quarter
5. Birth Certificate
6. Standardized test results, i.e. LEAP, EOC, ACT, PLAN, EXPLORE, Etc.
7. Attendance Records
8. Disciplinary Records
9. Any other pertinent information
10. If Applicable: Special Education Placement Forms (IEP) Current Special Education Evaluation
11. Five Year Plan

Signature of Parent or Guardian

Date Signed

Signature of Principal

Date Signed

Table with 3 columns: First Request- Records Clerk, Second Request- Principal, Third Request- Superintendent, Date: