

Zachary Community Schools
School Registration

School	Date
SID#	Teacher
Method of Transportation	Bus #

Student Information

Social Security or ID assigned by previous LA District _____ Birth Certificate # _____

Last Name _____

First Name _____

Middle Name _____ Generation (Jr., III, etc) _____

Sex _____ Grade _____

Primary Ethnic: (choose one)	<input type="checkbox"/> 0 White	<input type="checkbox"/> 1 Black	<input type="checkbox"/> 2 Hispanic
	<input type="checkbox"/> 3 Asian	<input type="checkbox"/> 4 Native American/Alaskan Native	<input type="checkbox"/> 5 Hawaiian/Pacific Islander

Secondary Ethnic: (if applicable)	<input type="checkbox"/> 0 White	<input type="checkbox"/> 1 Black	<input type="checkbox"/> 2 Hispanic
	<input type="checkbox"/> 3 Asian	<input type="checkbox"/> 4 Native American/Alaskan Native	<input type="checkbox"/> 5 Hawaiian/Pacific Islander

Language spoken at home _____

Language first acquired by student _____

Language most often spoken by student _____

Birth Date _____ Place of Birth _____
Month Day Year

Date of Entry to U.S. (if not a natural born citizen) _____

Address Information

Physical Address _____

Apt.# _____ Apt. Complex _____ House# _____

City _____ Zip Code _____

Mailing Address _____

City _____ Zip Code _____

Home Telephone (225) _____

Names of Other ZCSB Students
living at the student's primary residence _____

Guardian Information

Father or Legal Guardian 1

Relationship to Student _____

Title _____ Last Name _____ First Name _____

Apt.# _____ Apt. Complex _____ House# _____

Street _____

City _____ Zip Code _____

Phone

Home # _____ Work # _____ Cell # _____

Email _____

Mother or Legal Guardian 2

Relationship to Student _____

Title _____ Last Name _____ First Name _____

Apt.# _____ Apt. Complex _____ House# _____

Street _____

City _____ Zip Code _____

Phone

Home # _____ Work # _____ Cell # _____

Email _____

Medical Information

Emergency Contact 1

Relationship to Student _____

Last Name _____ First Name _____

Phone _____ Address _____

Emergency Contact 2

Relationship to Student _____

Last Name _____ First Name _____

Phone _____ Address _____

Preferred _____

Hospital _____ Physician _____ Telephone _____

Allergies _____ Physical Handicaps _____

Additional Information

Please check any special education services your child has ever received

 Speech Special Education 504 Gifted Talented Other, please list

Has this student ever attended school in Zachary Community School System? _____

If yes, where? _____

Elementary aged students: Check all programs attended:

 Play School Nursery School Pre Kindergarten Kindergarten HeadstartIncoming Kindergarteners: Check all programs attended: Home (no Pre-K) Tribal Schools Public School PreK NonPublic PreK Licensed Childcare Head Start Programs

Please list the schools with the grades the student has attended

School _____ Grade _____ School _____ Grade _____

School _____ Grade _____ School _____ Grade _____

School _____ Grade _____ School _____ Grade _____

My signature attests to the accuracy of the information given on this form under penalty of law.