

**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.