



# JCFA Algiers Campus Admissions Application 2017-2018

**PLEASE PRINT AND COMPLETE THE ENTIRE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.  
IF YOU HAVE ANY QUESTIONS, CONTACT US AT 504-518-5834**

## **I. STUDENT INFORMATION** *Please complete all of the information below about the student applying.*

Student's Name \_\_\_\_\_  
First Middle Last

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
(optional) (month, day, and year)

Student's Physical Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's Mailing Address (if different from above):  
\_\_\_\_\_

Student's Phone Numbers:

Home \_\_\_\_\_ Student Cell \_\_\_\_\_

Student Work \_\_\_\_\_ Other Phone \_\_\_\_\_

Student's Email \_\_\_\_\_

Student's Gender (choose one)  Male  Female

Check one or more of the following that best describes the student:

- American Indian/Alaskan Native  Asian  Black, African-American
- Native Hawaiian/Pacific Islander  White, Caucasian  Other (Please specify \_\_\_\_\_)

Is the student Hispanic/Latino?  No  Yes Primary language spoken at home \_\_\_\_\_

Student's City/Country of Birth \_\_\_\_\_ Date Entered US \_\_\_\_\_

## **II. ACADEMIC INFORMATION** *Please complete all information below.*

Grade level for which student is applying (choose one): 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Are you currently enrolled in school?

No  Yes, please identify your current school \_\_\_\_\_

Have you ever repeated a grade level in school?

No  Yes, which grade(s) \_\_\_\_\_

During high school, have you ever been

Suspended  No  Yes, include school and grade level \_\_\_\_\_

Expelled  No  Yes, include school and grade level \_\_\_\_\_

Academic probation  No  Yes, include school and grade level \_\_\_\_\_

Have you ever dropped out of school?

No  Yes, which school and which grade level \_\_\_\_\_

Is this student an English language learner of limited English proficiency?

No  Yes, what is the student's primary language? \_\_\_\_\_

Please list previous schools attended and dates attended, including elementary:

Grade	School Name	School Years Attended	Private/Public
Ex. 6 <sup>th</sup>	Acadiana Middle	2008-09	Public
6 <sup>th</sup>			
7 <sup>th</sup>			
8 <sup>th</sup>			
9 <sup>th</sup>			
10 <sup>th</sup>			
11 <sup>th</sup>			
12 <sup>th</sup>			

### III. FAMILY INFORMATION

*Please complete all of the information below. If there is no information, please place a "N/A" on that line.*

**Parent/Legal Guardian 1: (This parent/guardian will be the school's first point of contact.)**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Highest level of education?  Did not complete high school  High school diploma/GED

Some college or training (did not complete)  Completed college or other training  
AA/AS, BA/BS, MA/MS, PhD or other

Employer & Position \_\_\_\_\_

Primary Language \_\_\_\_\_ City/Country of Birth \_\_\_\_\_

\*Should this parent/guardian receive academic progress reports from the school? \_\_\_\_ Yes \_\_\_\_ No

**Parent/Legal Guardian 2:**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Highest level of education?  Did not complete high school  High school diploma/GED  
 Some college or training (did not complete)  Completed college or other training  
AA/AS, BA/BS, MA/MS, PhD or other

Employer & Position \_\_\_\_\_

Primary Language \_\_\_\_\_

City/Country of Birth \_\_\_\_\_

\*Should this parent/guardian receive academic progress reports from the school? \_\_\_\_ Yes \_\_\_\_ No

**Parent/Legal Guardian 3:**

Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Highest level of education?  Did not complete high school  High school diploma/GED  
 Some college or training (did not complete)  Completed college or other training  
AA/AS, BA/BS, MA/MS, PhD or other

Employer & Position \_\_\_\_\_

Primary Language \_\_\_\_\_

City/Country of Birth \_\_\_\_\_

\*Should this parent/guardian receive academic progress reports from the school? \_\_\_\_ Yes \_\_\_\_ No

**Student Lives With:**

- Mother and Father in same household  Mother and Father in separate households
- Mother only  Father only
- Mother and Step-Father  Father and Step-Mother
- A relative (please be specific) \_\_\_\_\_  Live with spouse
- Live with a roommate/friend  Live with foster parents or group home
- Other (be specific) \_\_\_\_\_

Are there any legal/custody concerns regarding your child? (custody paperwork required if minor student does not live with both parents).

- No  Yes, please explain and provide court documentation with this application packet

\_\_\_\_\_  
\_\_\_\_\_

Number of people in household including student: \_\_\_\_\_

Number of people in family including student: \_\_\_\_\_

Please complete the following information for brothers and sisters of the applicant:

Name	Age	Date of Birth	School Attending

**IV. STUDENT GOALS & PLANS**

*Please check all that apply to future plans and goals regarding school and/or career.*

- Graduate from high school
- Obtain a GED
- Drop out of school
- Work full time
- Work part time
- Work & attend a 2- or 4-year college or training
- Attend a vocational/technical training program
- Enlist in the military (branch \_\_\_\_\_)
- Attend a 4 year college
- Attend a 2 year college
- Major* \_\_\_\_\_
- Major* \_\_\_\_\_
- No specific school or work plans
- Other (specify \_\_\_\_\_)

Are you currently enrolled in any job specific training?  yes  no  
If yes, please identify the training program \_\_\_\_\_

Are you planning to enroll in any job specific training?  yes  no  
If yes, please identify the training program \_\_\_\_\_

Please explain any additional educational and/or career goals. \_\_\_\_\_  
\_\_\_\_\_

**V. STUDENT EXPERIENCE AND EMPLOYMENT HISTORY**

*Please complete with your most recent job. If applicant has no previous work experience, skip to part VI*

Employer/Company Name \_\_\_\_\_

Position/Job Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Manager's Name \_\_\_\_\_ Phone \_\_\_\_\_

Average Number of Hours Worked per Week \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
*(month, day, and year)* *(month, day, and year)*

Reason for leaving position \_\_\_\_\_

**VI. ADDITIONAL STUDENT INFORMATION** *The following information is optional and will not affect your enrollment. We appreciate you completing this information to assist us in serving our students.*

Does this student have a Special Education disability/exceptionality? (submit IEP/IAP and documentation if yes)  
 No  Yes, what is the student's exceptionality? \_\_\_\_\_

Has this student been identified as 504? (submit IEP/IAP and documentation if yes)  
 No  Yes, explain \_\_\_\_\_

Is the student eligible for free or subsidized lunches?  Free lunch  Subsidized lunch  No  Unknown

Is the student currently pregnant or expecting a child?  No  Yes

Does the student have children?  No  Yes

If you chose "yes" above, please indicate how many children \_\_\_\_\_

What age are your children? (please list ages) \_\_\_\_\_

Do your children live with you currently?  No  Yes  Part time

Do you currently have reliable daycare for your children?  No  Yes  Part time

Has the student ever been convicted of a criminal offense other than a traffic violation?  No  Yes

If you chose "yes" above, please explain the offense as well as the month & year of conviction \_\_\_\_\_

\_\_\_\_\_

Are either of the student's parents currently incarcerated?  No  Yes

If you chose "yes" above, please indicate which parent:  Mother  Father

Which mode of transportation does the student plan to use to get to school? (check only one)

City bus  Car (I drive myself)  Car (someone else drops me off at school)

Taxi  Walk  Bicycle

Other, please be specific \_\_\_\_\_

Does the student have any health problems or a disability that impairs education or career goals?  No  Yes

If you chose "yes" above, please indicate the health problem or disability: \_\_\_\_\_

\_\_\_\_\_

If you would like to make us aware of any special concerns/conditions regarding the student, please explain.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Application Comp. \_\_\_\_\_

Rec'd by \_\_\_\_\_

Grade Level \_\_\_\_\_

Application # \_\_\_\_\_

Lottery # \_\_\_\_\_

Date Application Entered \_\_\_\_\_

## **Additional Information Required to Complete Application**

**Parents/guardians should make a request *to the school* in which the student was most recently enrolled to fax or email the following information to JCFA-Lafayette:**

- Academic Credit Report – current transcript and, if currently enrolled in school, most recent progress report (i.e. , grade report, report card)
- State/Standardized Test Scores (LEAP, GEE, EOC, PARCC, EXPLORE, PLAN, ACT)
- Attendance Reports/Records
- Discipline Report/Records (counselor must initial if there is no discipline report)

**Students and parents must also provide:**

- Student’s current health records (immunizations)
- Copy of student’s social security card (optional)
- Copy of student’s birth certificate
- Copy of parent/guardian’s driver’s license/ID
- Proof of residence (at least 2 from the following)
  - Lease or mortgage
  - Current official letter from a government agency such as Department of Social Services or Department of Health and Hospitals regarding services provided
  - (TWO recent months of two of the following bills):
    - Electricity (2 recent months)
    - Gas/Sewer (2 recent months)
    - Internet (2 recent months)
    - Cable/Satellite (2 recent months)
    - Phone (2 recent months of a landline bill only)
- Legal/Custody papers (if applicable)