

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 th	Acadiana Middle	2008-09	Public
6 th			
7 th			
8 th			
9 th			
10 th			
11 th			
12 th			

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.

- | | | |
|---|---|---|
| <input type="checkbox"/> Graduate from high school | <input type="checkbox"/> Obtain a GED | <input type="checkbox"/> Drop out of school |
| <input type="checkbox"/> Work full time | <input type="checkbox"/> Work part time | <input type="checkbox"/> Work & attend a 2- or 4-year college or training |
| <input type="checkbox"/> Attend a vocational/technical training program | | <input type="checkbox"/> Enlist in the military (branch _____) |
| <input type="checkbox"/> Attend a 4 year college
Major _____ | | <input type="checkbox"/> Attend a 2 year college
Major _____ |
| <input type="checkbox"/> No specific school or work plans | | <input type="checkbox"/> 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)