



JCFA 2022-2023
Application Form

Select a Campus:

- ☐ JCFA ~ 475 Manhattan Blvd, Harvey, LA ~ (504)410-3121
- ☐ JCFA-East ~ 3410 Jefferson Hwy, Jefferson, LA ~ (504)410-3280
- ☐ JCFA-Lafayette ~ 1501 Ambassador Caffery Blvd, Lafayette, LA ~ (337)703-4448

PLEASE PRINT AND COMPLETE THE ENTIRE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

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

Student's Name _____
First Middle Last

Date of Birth (Month, Day, Year) _____ Age _____

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 _____

Student's T-shirt Size (circle one) S M L XL XXL 3XL Other: _____

Student's Sweatshirt Size (circle one) S M L XL XXL 3XL Other: _____

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

Grade level for which student is applying (choose one): T9 9th 10th 11th 12th

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) _____

Have you ever dropped out of school?

☐ No ☐ Yes, which school and which grade level _____

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_____

List any Industry Based Credentials or Certifications (IBCs) earned (*ex., NCCER, Customer Service, ServSafe, Microenterprise, etc.*)_____

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:

Grade	School Name/Location	School Year(s) Attended	Private/Public
<i>Ex. 9th</i>	<i>Riverdale High School/Metairie, LA</i>	<i>2020-2021</i>	<i>Public</i>
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 "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:

- | | |
|---|--|
| <input type="checkbox"/> Mother and Father in same household | <input type="checkbox"/> Mother only |
| <input type="checkbox"/> Mother and Father in separate households | <input type="checkbox"/> Father only |
| <input type="checkbox"/> Mother and Step-Father | <input type="checkbox"/> Father and Step-Mother |
| <input type="checkbox"/> A relative (please be specific)_____ | <input type="checkbox"/> Lives with spouse |
| <input type="checkbox"/> Lives with a roommate/friend | <input type="checkbox"/> Lives with foster parents or group home |
| <input type="checkbox"/> Other (be specific) _____ | |

For students under the age of 18, please answer the following questions:

Are there any legal/custody concerns regarding your student? (custody documents required if minor student does not live with parent) ☐ No ☐ Yes

If yes, then legal custody documents, signed by a judge with a docket number, indicating the legal custodian or domiciliary parent must be provided.

Are the student's parents separated or divorced? ☐ No ☐ Yes

If yes, then legal custody documents, signed by a judge with a docket number, indicating the legal custodian or domiciliary parent must be provided.

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"/> Work full time | <input type="checkbox"/> Drop out of school |
| <input type="checkbox"/> Obtain a HiSET/GED | <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 | | <input type="checkbox"/> Attend a 2-year college |
| Major _____ | | 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.*

Social Security # _____ (optional)

Has the student received a COVID vaccination? ☐ No ☐ Yes If yes, date of vaccination _____

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.

By signing below, you agree to give JCFA permission to request records from schools previously attended. The parent/guardian and student recognize that JCFA is a non-traditional school providing a blended learning environment primarily using a computer-based curriculum rather than traditional textbooks.

Parent/Guardian Signature _____ Date: _____

Student Signature _____ Date: _____

FOR OFFICE USE ONLY

Date App. Completed _____

Rec'd by _____

Grade Level _____

Application # _____

Lottery # _____

Date App Entered _____

Louisiana Student Residency Questionnaire Form

(Form Must Be Included In School Enrollment Packet)

Date: _____ LEA: _____ School Name: _____
 Student Name: _____ ID#: _____ Gender: Male / Female
 Address: _____ Telephone Number: _____
 Last School Attended: _____ Current Grade: _____ Date of Birth: _____
 Parent / Guardian / Adult Caring for Student: _____ Relationship: _____

Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.

- ☐ YES ☐ NO Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 9 and submit form to school personnel.)
- ☐ YES ☐ NO Is the temporary living arrangement due to loss of housing or economic hardship?
- ☐ YES ☐ NO Does the student have a disability or receive any special education-related services? (Check one)
- Where is the student currently living? (Check all that apply.)

- ☐ In an emergency/transitional shelter.
- ☐ Temporarily with another family because we cannot afford or find affordable housing.
- ☐ With an adult that is not a parent or legal guardian, or alone without an adult.
- ☐ In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.
- ☐ Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)
- ☐ In a hotel/motel. ☐ Other specific information: _____

- ☐ YES ☐ NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
- Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
- ☐ YES ☐ NO Migrant – Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing?
- ☐ YES ☐ NO Does the student have siblings (brothers or sisters)? Note: Use back of page if more space is needed.
 Name _____ School _____ Grade _____ DOB _____
 Name _____ School _____ Grade _____ DOB _____
 Name _____ School _____ Grade _____ DOB _____
- The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian/Adult Caring for Student's Name	Signature	Date
---	-----------	------

(Area Code) Phone Number	Street Address	City	State	Zip Code
--------------------------	----------------	------	-------	----------

Print School Contact Name	Title	Signature	Date
---------------------------	-------	-----------	------

Homeless Liaison Use Only – Check All that Apply:

☐ Sheltered ☐ Doubled-Up ☐ Unsheltered/FEMA/Substandard ☐ Hotel/Motel Unaccompanied Youth: ☐ YES ☐ NO
School Use Only: ☐ Free or Reduced Price Meals Form submitted/signed ☐ Copy Placed in Student's Cumulative Record

Primary/Home Language Survey for All New Incoming Students

Survey should be completed by parents or guardians of
ALL new incoming students K-12.

Student Information:

First Name: _____

Date of Birth: _____

Last Name: _____

Questions for Parents or Guardians	Response
What is the most common language(s) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most often at home?	
In what language do you most often speak to your child?	
In what language would you prefer to get the information from the school?	

Parent's or Guardian's Signature

Date

All students enrolled in public schools in Louisiana are afforded protection of student records under the Family Education Right to Privacy Act (FERPA) and La. R.S. 17:3914. Every public school district is required to implement processes to protect the privacy of personally identifiable student information and restrict sharing of that information. LEAs are only able to share personally identifiable information about students with others as long as the data sharing meets one of the law's limited exceptions as described in the Policy Guidance. In accordance with the legislation, LEAs: (1) are prohibited from requiring the collection of non-academic data about students such as political affiliation and religious practices; (2) are permitted to share personally identifiable information under specific circumstances (e.g. LEA officials with a legitimate educational interest; Specified officials for audit or evaluation purposes; to appropriate officials in cases of health and safety emergencies.); (3) are prohibited from allowing anyone to access student information that is stored by schools or LEAs except authorized stakeholders such as parents, teachers, principals, superintendents, or a person authorized by the state to audit student records.

Louisiana School Well-Being Support Services

All Louisiana schools have been asked to administer a universal social, emotional and behavioral screener to all students in order to assess the impact, if any, of the COVID-19 pandemic on the well-being of students and to provide appropriate interventions and referral to external services. Universal social, emotional and behavioral screeners are informational and not diagnostic. The data that will be collected will include screening results and personal information, such as age, gender, and race/ethnicity. All information will be kept confidential and in accordance with student safeguards defined by the Family Educational Rights and Privacy Act (FERPA) and LA Revised Statute 17:3914. Your permission is required, pursuant to the Protection of Pupil Rights Amendment (PPRA), to begin the screening process (see attached Permission page). You also have the right to inspect, upon request, the screening instrument and any questionnaires before they are administered or distributed to your child. You may choose to allow your child to be administered a screener or not and may choose to withdraw your permission at any time. For the purposes of administering a universal social, emotional and behavioral screener, data collection is defined as questionnaires, interviews with your child's teachers or other educators, and direct observations in the classroom or other school setting. Your agreement to participate or your refusal to participate in the screening and/or data collection will in no way impact the services your child receives at [School Name].

As part of the universal social, emotional and behavioral screening and referral process, your child might be asked to complete questionnaires and interviews by qualified professionals, or the school staff will complete a screener to identify any potential social, emotional or behavioral issues. If social, emotional or behavioral needs are identified, you will be notified by the school. You must give informed written permission before your child may be provided social, emotional or behavioral services at the school. If necessary, the school will also link you and your child to external behavioral health services in the area.

If your child is involved in the criminal justice system, the court may require us to report to it about his/her participation or progress with consequences if he/she does not follow the court requirement. These risks will be minimized by providing a person for your child to talk to if he/she becomes uncomfortable or experiences any negative consequences from being administered a screener. If you do not wish for your child to continue being supported with

social, emotional and behavioral services, you have the right to withdraw him/her from the services without penalty, at any time.

PERMISSION TO PARTICIPATE IN PROGRAM & DATA COLLECTION*

Date: _____

School: _____

Student Name: _____

By my signature below, I am confirming that I have read the accompanying two pages and have been informed of my rights under PPRA and FERPA.

Please check the appropriate statement, sign and return this form to the school as soon as possible to [Staff Name].

- ☐ I give permission for my child to participate in the universal social, emotional and behavioral screening process and data collection.*
- ☐ I do not give permission for my child to participate in the universal social, emotional and behavioral screening process.
- ☐ I understand that I will be notified and will be required to provide written informed consent prior to any intervention or other social, emotional and behavioral services are provided for my child.

Signature of Parent(s)/Guardian(s): _____

Date: _____

Date form received by the school system: _____

**Note: For the purposes of the School Behavioral Health Services, data collection is defined as questionnaires, interviews with your child's teachers or other educators, and direct observations in the classroom or other school settings.*

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:

- 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)
- Copies of Industry Based Credentials (IBC), Certifications, Licensures earned (*for example, NCCER, Customer Service, ServSafe, ProStart, Microsoft, Micro-enterprise, etc.*)

Students and parents must also provide:

- Student's current health records (immunizations)
- Copy of student's birth certificate
- Copy of student's social security card (optional)
- Copy of parent/guardian's driver's license or government-issued identification
- Proof of residence* - (at least 1 from the following)
 - Lease (if leased; must be from the current school year)
 - Current Rent Receipt (if leased)
 - Mortgage (if owned)
 - Tax Assessor's Bill (if owned)
 - Homestead Exemption Bill (if owned)
 - Current Bank Statements
 - 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 ONE of the following bills (disconnect notices cannot be accepted):
 - 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)
- Louisiana Student Residency Questionnaire Form
- Home Language Survey
- Parental Consent Form for Universal Social, Emotional and Behavioral Screener
- Legal/Custody papers (if applicable) - If parents are separated, divorced, or if the legal custodian is other than biological parents, legal custody documents, signed by a judge with a docket number, indicating the legal custodian or domiciliary parent **must be provided**.

** The name of the parent or legal custodian must appear on each document and the addresses must match on all documents. If the parent or legal custodian neither owns nor rents a residence and is therefore living with another individual, the parent or legal custodian must provide a notarized affidavit of residency signed by the parent or legal custodian of the student as well as the individual with whom the parent or legal custodian is living. Specific information required on the notarized affidavit will be provided by the front office.*