



JCFA 2024-2025 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 Gender (as listed on Birth Cert) 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 _____
 On 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:

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

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.

- Graduate from high school
- Obtain a HiSET/GED
- Attend a vocational/technical training program
- Attend a 4-year college
- Major* _____
- No specific school or work plans
- Work full time
- Work part time
- Drop out of school
- Work & attend a 2- or 4-year college or training
- Enlist in the military (branch: _____)
- Attend a 2-year college
- Major* _____
- 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) Preferred Pronouns (*select one*): He/Him She/Her They/Them
Preferred Nickname: _____

Does this student have a Special Education disability/exceptionality? (**submit IEP and documentation if yes**)

No Yes, what is the student's exceptionality? _____

Has this student been identified as 504? (**submit 504 Plan/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 _____

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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.

1. YES NO Did the student receive McKinney Vento (Homeless) Services in a previous school district/school this school year?
2. 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.)
3. YES NO Is the temporary living arrangement due to loss of housing or economic hardship?
4. YES NO Does the student have a disability or receive any special education-related services? (Check one)

5. 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: _____

6. YES NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
7. Would you like assistance with uniforms, student records, school supplies, transportation, other?
(Describe): _____
8. 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?
9. 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 _____
10. 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

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.*)
- If applicable, please submit a copy of the most recent IEP, 504 Plan, or EL Plan with documentation

Students and parents must also provide:

- Student's current health records (immunizations) or signed Statement of Exemption from 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
- 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.*