



JCFA 2026-2027  
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
- JCFA-EBR ~ 2117 Lobdell Blvd, Baton Rouge, LA ~ (225)330-4487

***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: \_\_\_\_\_

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

Are you currently enrolled in school?  No  Yes

Please identify your current school \_\_\_\_\_ Grade Level \_\_\_\_\_

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 \_\_\_\_\_

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:**

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

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 "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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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

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

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

**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.*

**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
- Other (specify \_\_\_\_\_)
- 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 \_\_\_\_\_
- Work full time
- Work part time

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

City \_\_\_\_\_ Phone \_\_\_\_\_

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

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. We appreciate you completing this information to assist us in serving our students.*

Social Security # \_\_\_\_\_ 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 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? Per LARS17:416, current or prior felony offenses may prevent enrollment.

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?

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. You acknowledge that students must meet eligibility requirements under state law to enroll at JCFA. Enrollment may be denied based on criminal offenses, convictions, or ongoing disciplinary actions such as expulsion, in accordance with state law and JCFA Charter.***

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?	

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Parent's or Guardian's Signature

Date



**2026- 2027 STUDENT EMERGENCY CONTACT FORM**

**Student Name** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Student Email Address \_\_\_\_\_

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

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

Physical Address *(if different from above)* \_\_\_\_\_ Apt \_\_\_\_\_

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

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Parent/Primary Contact #1

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

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact #2

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

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact #3

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

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact #4

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

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email Address: \_\_\_\_\_

**Date Contact Update:** \_\_\_\_\_

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## ADDITIONAL INFORMATION REQUIRED TO COMPLETE APPLICATION

**Parents/guardians should make a request *to the school* in which the student was most recently enrolled and provide 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
- Two proofs of residency
  - 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 Statement
  - 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 the same utility bill equals **one** proof of residence (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.*