



**IBERVILLE PARISH SCHOOL BOARD STUDENT COORDINATED ENROLLMENT FORM**

58030 Plaquemine Street • Plaquemine, LA 70764 • Phone: 225.687.4341 • Fax: 225-687-5408

School Year \_\_\_\_\_ - \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Early Childhood Childcare Based Sites: (Please check the box of choice)**

- A Garden of Angels Learning Center** ♦ 78045 Wheelock Lane ♦ Maringouin, LA 70757 ♦ 225.625.2245 ♦ **Owner: Xavier Anderson**
- Holmes House Child Care Center** ♦ 56511 Breaux Street ♦ Bayou Goula, LA 70788 ♦ 225. 545.2527 ♦ **Owner: Juanita Williams**
- From Cradles to Classrooms** ♦ 57951 Barrow Street ♦ Plaquemine, La 70764 ♦ 225.687.9250 ♦ **Owner: Raymond Smith, Jr.**
- Precious Tots** ♦ 24819 Dennis Street ♦ Plaquemine, LA 70764 ♦ 225.687.0998 ♦ **Owner: Joann Bosley**
- Toddlers College Learning Center** ♦ 23725 Ephriam Street ♦ Plaquemine, LA 70764 ♦ 225.385.4716 ♦ **Owner: Tyiesha Fuertes**
- Bright Star Child Care Center** ♦ 24400 Sebastian Street ♦ Plaquemine, LA 70764 ♦ 225.238.2139 ♦ **Owner: Rockeisha Walker**
- Honey Bee Child Care Center** ♦ 32850 Bowie Street ♦ White Castle, LA 70788 ♦ 225.716.8066 ♦ **Owner Barbara Batiste**
- True Care Learning Center** ♦ 24915 B, LA-1 ♦ Plaquemine, LA 70764 ♦ 225.238.5058 ♦ **Owner: Kevin Snaril**
- Chiefcornerstone Daycare Center** ♦ 58830 Annex Street ♦ Plaquemine, LA 70764 ♦ 225.386.3700 ♦ **Owner: Sondra Washington**
- Greater Bridge Academy** ♦ 2195 Besson Lane ♦ St. Gabriel, LA 70776 ♦ 225.314.4056 ♦ **Owners: Felicia & Lontarris Williams**

**Elementary School Sites: (Please check the box of choice).**

- Math, Science & Arts Academy West (PK3-12)**
- Math, Science & Arts Academy East (PK3-12)**
- East Iberville Elementary (PK3-6)**
- Crescent Elementary School (PK3-6)**
- North Iberville Elementary (PK3-6)**
- Dorseyville Elementary (PK3-6)**
- Iberville Elementary (PK3-6)**

**High School Sites: (Please check the box of choice).**

- Plaquemine High School (7-12)**
- White Castle High School (7-12)**
- East Iberville High School (7-12)**
- Iberville STEM Academy (6-12)**
- North Iberville High/STEM Academy (7-12)**

*Students are not officially enrolled until ALL required documents are received.*

- ✓ **Early Childhood Child Care Based Sites require:** Birth Certificate, Social Security Card, Updated Immunization.
- ✓ **Early Childhood School Based Sites require:** Birth Certificate, Social Security Card, Updated Immunization, copy of insurance card, 3-proofs of residency, proof of income, completed dental & physical forms.
- ✓ **High School sites require:** Birth Certificate, Social Security Card, Updated Immunization, 3-proofs of residency.

**Grade Level:** (Circle one) Infant age 1 age 2 PK3 PK4 K 1 2 3 4 5 6 7 8 9 10 11 12

Previous School Site: \_\_\_\_\_ Previous Grade: \_\_\_\_\_

**Student Information:**

Student's Name: \_\_\_\_\_

Last

First

Middle

Age: \_\_\_\_\_

Sex:  Male  Female

Student's Date of Birth: \_\_\_\_\_

Month

Date

Year

Place of Birth \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Ethnicity: (Check One)

Student's Dominant Language (Check One)

- American Indian
- Asian or Pacific Islander
- Black
- Hispanic
- White
- Latino

- English
  - Non-English
- Does your child speak any other language?  
 Yes  No If yes, what \_\_\_\_\_

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***In case of an Emergency Contact:***

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Information:**

Primary Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

Additional Medical Information:

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**Education Information:**

Has your child repeated a grade?

No  Yes \_\_\_\_\_

Does Your Child have a current evaluation or IEP to receive special needs services?

No

Yes (check one) \_\_\_\_\_ Speech \_\_\_\_\_ OT \_\_\_\_\_ PT \_\_\_\_\_ APE \_\_\_\_\_ Special Instruction

Do you have any concerns regarding your child's development or behavior?

No

Yes, please explain:

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**Parent/Guardian Information:**

Primary Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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

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

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

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

Highest level of education: 0 1 2 3 4 5 6 7 8 9 10 11 12

High School Graduate GED Some College College Graduate

Currently Employed?  Yes  No Employment Status: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Employer and Phone Number: \_\_\_\_\_

Secondary Parent/Guardian Name: \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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

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

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

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

Highest level of education: 0 1 2 3 4 5 6 7 8 9 10 11 12

High School Graduate GED Some College College Graduate

Currently Employed?  Yes  No Employment Status: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Employer : \_\_\_\_\_

Phone Number: \_\_\_\_\_