



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)
- North Iberville High (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)

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

Student's Dominant Language (Check One)

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

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:

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:

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: _____

Household Members:

	Name	DOB	Relationship to Student	Employed/In School
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Number of Adults _____ Number of Children _____ Family Size _____

AGREEMENT: I understand that I must report any changes that would affect my child within ten working days of the change. I understand that providing false information is subject to penalty under the law. I certify that all information given is true and correct to the best of my knowledge.

Parent Signature _____ Date _____

FOR OFFICE USE ONLY				
Date received _____	Time received _____			
45 Day Complete _____	90 Day Complete _____			
Meal Status:	Free	Reduced	Paying	
Funding Code:	HS	8G	LA4	CCAP B-3
IPSB Employee Signature _____				