



LIVINGSTON PARISH PUBLIC SCHOOLS
STUDENT INFORMATION FORM

NAME: _____ Social Security #: _____
DATE OF BIRTH: ____/____/____ mo. day yr. SEX: _____

Ethnicity (choose one): Hispanic/Latino Not Hispanic/Latino
Race (choose one or more): American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

SCHOOL CODE/NAME: _____ SCHOOL YEAR _____

GRADE LEVEL: _____ TEACHER: _____

PRESENT ADDRESS: _____
Mailing Address City State Zip

Physical Address City State Zip

TRANSPORTATION INFORMATION: Bus A.M. Route _____ Bus P. M. Route _____ Carpool _____

TELEPHONE NUMBER: _____ BIRTH CERTIFICATE#: _____

FATHER'S CELL NUMBER: _____ MOTHER'S CELL NUMBER: _____

PLACE OF BIRTH: _____
Parish/County City State

NATURAL FATHER'S NAME: _____
Last First Middle

NATURAL MOTHER'S NAME: _____
Last First Maiden

GUARDIAN'S NAME: _____ RELATIONSHIP: _____

GUARDIAN'S EMAIL ADDRESS: _____

FATHER'S OCCUPATION: _____ WORK NUMBER: _____

MOTHER'S OCCUPATION: _____ WORK NUMBER: _____

SCHOOL LAST ATTENDED: _____
(IF NOT OUR SCHOOL)

ADDRESS OF LAST SCHOOL: _____
Street Number City State Zip

EMERGENCY INFORMATION: Persons to contact if parents are unavailable.

Name Telephone Number Relationship

Name Telephone Number Relationship

In case of accident or serious illness, I request the school to contact me or the emergency numbers above. However, if the school is unable to reach the emergency persons, or me I hereby authorize the school to call the physician indicated below and to follow his instructions. If the physician cannot be reached, then I request the school to make whatever arrangements necessary with the understanding that I am responsible for any and all medical bills not covered by insurance.

Signature of Parent _____ Date _____

PHYSICIAN'S NAME: _____ TELEPHONE NUMBER: _____

IN ORDER FOR PROPER CARE TO BE PROVIDED AT SCHOOL, IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE WITH ANY MEDICAL CONDITIONS INCLUDING RETENTIONS, SPECIAL EDUCATION NEEDS, SPEECH OR OTHER CONCERNS YOUR CHILD MAY HAVE OR ANY CHANGES TO THEIR MEDICAL CONDITIONS DURING THE SCHOOL YEAR .

OTHER CHILDREN'S NAME AND GRADE IF ENROLLED IN THIS SCHOOL: _____

HOME LANGUAGE SURVEY:
A. First language learned by student: _____
B. Language other than English spoken in home: _____
C. Language student uses most often: _____