

Holy Savior Menard Central High School

4603 Coliseum Blvd

Alexandria, LA 71303

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Phone: (318) 445-8233

FAX: (318) 448-8170

REGISTRATION APPLICATION

School Year: _____

Grade (Entering) _____

Student's Name _____ (Last) _____ (First)
_____ (Middle)

Date of Birth _____ SS# _____ Goes by: " _____ "

Student's Religious Affiliation: _____ Church Parish: _____

Male: _____ Female: _____ White: _____ Black: _____ Other (Please list): _____

Name of other child(ren) at Menard if any: _____ Grade (Entering) _____
Note: Please complete a registration form for each child.

Name of **Public** School student would be attending if not attending Menard: _____

Parent(s) Name: _____

Parent(s) Address: _____ (Street/P.O.#)
_____ (City) _____ (State)
_____ (Zip)

Home Phone #: _____ Father's Cell #: _____ Mother's Cell #: _____
Work #: _____ Work #: _____
Child's Phone #: _____ Cell #: _____

for School Reach usage _____ If a cell phone #, name of carrier _____

Other Emergency Contact Name: _____

Relationship to Student: _____ Phone #(s): Home: _____ Cell: _____ Work: _____

Parent's e-mail: _____ Student's e-mail (if different): _____

(For NEW and TRANSFER Students)

School Last Attended: _____ Address: _____

Has your child ever been suspended or expelled from any school? Yes _____ No _____

Reason(s): _____

Please attach copies of:

(NEW and TRANSFER):

(TRANSFER):

Baptismal Certificate (If Drop

applicable) _____
Sheet W/Attendance _____

Current Report Card

Birth Certificate _____

_____ Social Security Card _____

Current Standardized Test Scores _____
Leap Scores (If applicable) _____

Note: After March 15, the registration fee will be an additional \$50.00

Office Use Only:

Registration Fee \$ _____ Receipt # _____

Dated: _____

Student living with? (Circle one) Both Father Mother Father / Stepmother
Mother / Stepfather Other: _____

Father's full name: _____

Living?

Yes No Education: _____

Father's Place of

Employment: _____ Occupation: _____

Stepfather's full name: _____

Education: _____

Stepfather's Place of Employment: _____ Occupation: _____

Mother's Maiden Name: _____

Living?

Yes No

Education: _____

Mother's Place of

Employment: _____ Occupation: _____

Stepmother's name: _____

Education: _____

Stepmother's Place of Employment: _____ Occupation: _____

NOTE: If billing should be sent to an address different from the one above, please state below:

Name _____ Phone(s) _____

Address _____

If duplicate correspondence (report card, progress report, newsletter, etc.) should be sent to another party, please state below:

Name _____ Phone(s) _____

Address _____

Do you want your child's information (name, home phone #, address, parent e-mail) printed in the school directory?
Yes _____ No _____

In order to appropriately meet the student's needs, please mark and complete all that apply:

ADD-ADHD _____ Medication _____ Taken at: Home _____
School _____ Both _____
Current Diagnosis Documentation provided: Yes _____ No _____ Documentation
date: _____
_____ ESL _____ Modification Plan; Plan Date _____
_____ Previous Special Ed Placement – Classification: _____ LD _____ OHI _____ Other; IE date: _____
Other Medical Problems: _____ Medication _____ Taken at: Home _____ School _____ Both _____
_____ Medication _____ Taken at: Home _____ School _____ Both _____
Student wears: Glasses _____ Contacts _____
Student has hearing problems: Yes _____ No _____

I understand that false or misleading statements are grounds for dismissal of applicant/student.

(Signature of Parent / Guardian)