

Holy Savior Menard Central High School

4603 Coliseum Blvd
Alexandria, LA 71303
Phone: (318) 445-8233

E-mail: office@holysaviormenard.com

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REGISTRATION APPLICATION

School Year: _____ Grade (Entering) _____

Student's Name _____

Date of Birth _____ (Last) _____ (First) _____ (Middle) _____
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 #: _____

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: _____

Reason(s): _____ Has your child ever been suspended or expelled from any school? Yes ___ No ___

(NEW and TRANSFER):
Baptismal Certificate (If applicable) _____
Birth Certificate _____
Social Security Card _____
Please attach copies of:
(TRANSFER):
Drop Sheet W/Attendance _____
Current Report 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 / Stepmother
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 _____

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)