

# Slaughter Community Charter School

## Annual Registration Form 2024-2025



### Student Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender (select one):  M  F

Entering Grade (select one for 2024-2025):  7  8  9  10  11  12 Previous School: \_\_\_\_\_

Ethnicity:  African American  American Indian  Asian  Caucasian  Hispanic  Pacific Islander

Will this student ride the bus?  Yes  No

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

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

City, State, Zip: \_\_\_\_\_

Does this student have a current IAP/504 plan?  Yes  No

Does this student have a current IEP or receive special education services?  Yes  No

If yes, please list the service(s) received: \_\_\_\_\_

Does this student have a sibling already attending SCCS?  Yes  No

If yes, please list the name(s) and grade(s) of the sibling(s): \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The Slaughter Community Charter School (SCCS) hopes that you will make a commitment to partner with us in providing your child's education. Our school is a free, public charter school that does not discriminate on the basis of race, creed, national origin, ethnicity, religion, gender, sexual orientation, mental or physical disability, special needs, English language proficiency, athletic ability, or academic achievement.

Slaughter Community Charter School • PO Box 364 • 2944 Hwy 412 W • Slaughter, LA 70777  
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<b>For Office Use Only</b> Date of Submission _____ Time of Submission _____ Proof of Residency #1 _____ Proof of Residency #2 _____
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