

Slaughter Community Charter School

Intent to Attend 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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For Office Use Only

Date of Submission _____ Time of Submission _____ Proof of Residency #1 _____ Proof of Residency #2 _____