

**J. K. HAYNES ELEMENTARY CHARTER SCHOOL**  
**8600 Elm Grove Garden Drive, Baton Rouge, Louisiana 70807**

**STUDENT APPLICATION**

**STUDENT INFORMATION**

**Grade Applying For:** \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Has this child ever attended school of any kind? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Does child receive Special Education Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type of service does child receive? \_\_\_\_\_

Does child require special accommodations (medication, ADHD, Diabetes, etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Does child currently receive free or reduced lunch at school? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_ Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone # \_\_\_\_\_

Education \_\_\_\_\_ Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_ Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone # \_\_\_\_\_

Education \_\_\_\_\_ Email Address \_\_\_\_\_

***(Over Please)***

Is student living with parents? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, name of person(s) with whom student lives \_\_\_\_\_

Relationship to child \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Yes \_\_\_\_\_ No

Present Address \_\_\_\_\_ Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone # \_\_\_\_\_

Education \_\_\_\_\_ Email Address \_\_\_\_\_

Names of Other Children in Home	M/F	DOB	School Attending	Grade
_____				
_____				
_____				
_____				

Language spoken at home other than English \_\_\_\_\_

Family doctor \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Does child have an allergy? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about us:  Friends/Family  Event  Social Media  Other \_\_\_\_\_

Application Documents Required

Birth Certificate

Social Security Card

Shot Record

Most Recent Report Card

Proof of Address