

## Application for Admission

*Louisiana New School Academy seeks a diverse student body and welcomes students of all ethnic, racial, religious, socio-economic, and cultural backgrounds. LANSA does not discriminate on the basis of race, gender, religion, national or ethnic origin, or disability, in administration of educational policies, admissions policies, financial assistance, athletic, and other school administered programs.*

Student Name:\_\_\_\_\_

Social Security Number\_\_\_\_\_ Date of Birth\_\_\_\_\_

Circle: Male or Female

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

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

Home Phone Number\_\_\_\_\_

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

Applying for Grade\_\_\_\_\_ City of Birth\_\_\_\_\_

School now attending\_\_\_\_\_

List other schools in the last two years include address, city and state

\_\_\_\_\_ Grade(s)\_\_\_\_\_

\_\_\_\_\_ Grade(s)\_\_\_\_\_

Who is financially responsible for this student's education?

Circle any that are applicable:

father deceased   mother deceased   parents separated   joint custody   divorced  
father has legal custody   mother has legal custody

Student lives with: (circle all that apply)

Father & Mother   Legal guardian   Father   Mother   Step mother   Step father

Parent/Guardian Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Work Ph.: \_\_\_\_\_ Home ph. : \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Has the student received any of the following disciplinary actions? (Circle all that apply)

Suspension   Expulsion   Asked to withdraw   Recommended School Change

If "yes" to either of these, please explain:

Please briefly describe your child's temperament, interaction with other, interests and any significant emotion or developmental strengths or challenges:

Please check any of the following that apply that might help us better know your child, or that would affect your child's participation in school. Give brief explanation:

1) Talent/special gift   2) Skipped grade/repeated grade   3) Learning difference

- 4) Illness/physical limitation/allergies    5) Educational testing/counseling
- 6) Other languages spoken    7) Change in family situation, illness/loss, frequent moves

Explain any of the above:

As a parent/guardian, how would you like to be involved in LANSA school activities:

- 1) Classroom    2) Field Trip Chaperone    3) Parent/Teacher Association involvement
- 4) Campus beautification    5) Fundraising    6) Public/Community Relations
- 7) Office volunteer

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

I/we understand that all information regarding a student's application will be treated with confidentiality. I hereby certify that to the best of my knowledge all information contained in this application and any supporting documentation is complete and correct. I understand that the inclusion of false information or the omission of information may result in the denial of the application or, if the student has been accepted or enrolled, dismissal from LANSA.

I/We understand that a \$100.00 non-refundable application fee must accompany this form.