

AVOYELLES PUBLIC CHARTER HIGH SCHOOL

Enrollment Application for the 2024-2025 School Year

9/12/23

DATE: _____

STUDENT NAME:		INCOMING GRADE:	
DATE OF BIRTH	SEX MALE / FEMALE	RACE/ETHNICITY (CIRCLE ONE) AM/INDIAN ASIAN/PACIFIC IS. BLACK HISPANIC WHITE	
PARENTS/GUARDIAN NAME:			
PARENTS/GUARDIAN E-MAIL ADDRESS:			
PHYSICAL ADDRESS:			
MAILING ADDRESS (IF DIFFERENT)			
HOME PHONE:	MOM CELL PHONE:	MOM WORK NUMBER:	
	DAD CELL PHONE:	DAD WORK PHONE:	
ALTERNATE CONTACT: NAME:		PHONE NUMBER:	
DOES YOUR CHILD PARTICIPATE IN LACHIP? YES ___ NO ___ IF YES, POLICY # _____			
DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE SNAP, FOPIR, OR FITAP ASSISTANCE? ___ YES ___ NO			
NAME: _____ PROGRAM NAME: _____ CASE NO. _____			

STUDENT INTEREST SURVEY

INTERESTS: (CIRCLE ALL THAT APPLY)								
Cheersport	Cross Country	Basketball	Softball	Baseball	Choir	Band	Theater	Golf
Tennis	BETA	Other: _____						

IN ORDER FOR THIS APPLICATION TO BE CONSIDERED FOR THE LOTTERY, THE COMPLETED APPLICATION ALONG WITH THE FOLLOWING DOCUMENTS MUST BE TURNED IN BY FEBRUARY 16, 2024.

- LEAP2025 Scores
- A copy of the most recent report card (9-11 grades)
- A copy of birth certificate.
- A copy of social security card.
- Immunization Record.