

AVOYELLES PUBLIC CHARTER HIGH SCHOOL

Enrollment Application for the 2025-2026 School Year 12/3/24

DATE: _____

STUDENT NAME:		INCOMING GRADE:
DATE OF BIRTH	SEX	RACE/ETHNICITY (CIRCLE ONE)
	MALE / FEMALE	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 14, 2025.

- 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.