



New Vision Learning Academy
 507 Swayze Street ~ Monroe, LA 71201
 (318) 338-9995 (Telephone) ~ (318) 338-9987 (Fax)
nvla@bayou.com

<input checked="" type="checkbox"/>	New
<input type="checkbox"/>	Current
<input type="checkbox"/>	Sibling
For Office Use Only:	
Complete Health Record: Yes No	
Copy of Birth Certificate: Yes No	
Copy of School Record: Yes No	
Copy of Social Security Card: Yes No	
Test Scores: <input type="checkbox"/> IOWA <input type="checkbox"/> LEAP <input type="checkbox"/> ILEAP	

REGISTRATION APPLICATION

PLEASE PRINT

Social Security # _____
 (Required)

Pupil's Name: _____ Sex _____ Race _____
 Last First Middle

Birth Date: _____ Place of Birth: _____
 Month Day Year City State Parish/County

Home Address: _____ Phone Number: _____
 Street Address City State Zip Code (Area Code) + Phone No.

Entering Grade: _____ Former School Attended (with years) _____

Email Address: _____

Father's Name: _____ Mother's Name: _____
 Last First Last First

Father's Employment: _____ Mother's Employment: _____

Father's Work Phone: _____ Cell: _____ Mother's Work Phone: _____ Cell: _____

Name of Guardian if not parent: _____ Relationship: _____
 Last First (aunt, uncle, cousin, grandparent, etc.)

Name and ages of others children in family: _____

Emergency Information

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Physician: _____ Phone: _____ Preferred Hospital: _____

Known Allergies (foods, drugs, insects, etc.) _____

Special Needs

Physical Handicaps, prolonged illness, or any other information, which may be helpful: _____

Support Services (Circle those that apply): Speech Special Education Dyslexia 504 Adapted Physical Education

(Please bring a copy of your child's current IEP or Special Populations records)

I certify that all the above information is correct to the best of my knowledge.

_____ Date _____

Signature of Parent or Individual authorized by law