

Ali Provost
President
Stacy Judice
Vice President

**Virgil Browne Glencoe Charter
School**

4491 LA Hwy 83
Franklin, LA 70538

Tel: 337-923-6900 FAX: 337-923-6942

Loren M. Decuir
Director
Morgan Segura
C. F. O

S.S. # _____ Date: _____ School Year _____

Last Name: _____ First _____ Middle _____

DOB: _____ Age: _____ Sex: _____ Grade Applying For: _____

Last School Attended: _____ Parish: _____

Phone: _____ Cell phone: _____ Email: _____

Mailing Address: _____

City: _____ St: _____ Zip Code: _____

Physical Address: _____

City: _____ St: _____ Zip Code: _____

Are you Hispanic/Latino? Y or N

Select one or more of the following Ethnic Groups:

1. American Indian or Alaskan Native 2. Asian 3. Black or African American
4. Native Hawaiian or Other Pacific Islander 5. White

Parent/Guardian: _____ Level of Education: _____

Occupation: _____ Work # _____

Parent/Guardian: _____ Level of Education: _____

Occupation: _____ Work # _____

Will your child need to ride the Bus: Yes/No

Did your child receive Free/Reduced lunch last year? Yes/No F/R

Do you have any other Students enrolled in Glencoe Charter School: Yes/No

If yes, Name: _____ Grade _____

Did your child receive any special services last year? Yes/No

_____ 504/IAP _____ Sped/IEP Other (explain): _____

Parent Service Commitment

At V.B. Glencoe Charter School, we believe that success depends on the combined efforts of teachers, students, and families. When families are actively involved in the education of their children, everyone benefits! Please ask about ways that you can help!

I understand that orientation fees are required each year. (Please see fee policy on our web-site at vbglencoecharter.org.)

Parent Signature: _____

Complete section below if you are applying for PRE-K.

Total Number of Adults in household _____

Total number of children in household _____



Primary/Home Language Survey for All New Incoming Students

Parents or guardians of ALL new incoming students K-12 should complete this survey. This form is only for determining whether the student needs English Learner services and will not be used for immigration matters or reported to immigration authorities.

Student Information:

First Name: _____ Date of Birth: _____
 Last Name: _____ Date Entered US School: _____

Questions for Parents or Guardians	Response
What is the most common language(s) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most often at home?	
In what language do you most often speak to your child?	
What language does your child use with friends?	

The answers to the above questions will tell us if a student's proficiency in English should be evaluated and help us to ensure that important opportunities to receive programs and services are offered to students who need them.

Has your child received ESL/EL services previously? Yes No
 In what language would you prefer to receive information from the school? _____

 Parent's or Guardian's Signature

 Date

Updated 07/2021

This institution is an equal opportunity provider. To file a complaint of discrimination, write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender.

