



Louisiana Department of Education
Office of Analytics/Systems Management Section

New School Information Form rev. 02/2015

Please complete this form if your district is opening a new

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SPONSOR INFORMATION (LEA)

Parish/Sponsor Name/Chartering Agency Name:	Parish Code: (Attachment 9)
Chief Administrator: First, Middle Initial, Last, Suffix (Jr., Sr., etc.)	Title: (Attachment 6)
Street Address: City, State, Zip + 4: <i>Secure address for testing material delivery check here <input type="checkbox"/> (If not complete the secure address form)</i>	Mailing Address: City, State, Zip + 4:

SITE INFORMATION (SCHOOL)

School Name: (not to exceed 46 characters)

Principal/Head Administrator: First, Middle Initial, Last, Suffix (Jr., Sr., etc.)	Title: (Attachment 6)
Street Address: City, State, Zip + 4: <i>Secure address for testing material delivery check here <input type="checkbox"/> (If not complete the secure address form)</i>	Mailing Address: City, State, Zip + 4:
Phone # (Extension):	Fax #:
Principal's Email:	

School Type: (Choose One) (See Attachment 7)

School Opening Date (MM/DD/YY)	<input type="checkbox"/> Regular List Regular programs below Code(s) (See Attachment 8) Alternative programs <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Academically Behind <input type="checkbox"/> Adjudicated Youth	<input type="checkbox"/> Charter Identify Type <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Type 3 <input type="checkbox"/> Type 4 <input type="checkbox"/> Type 5	<input type="checkbox"/> Alternative School Identify students served <input type="checkbox"/> Suspended <input type="checkbox"/> Expelled <input type="checkbox"/> Academically Behind <input type="checkbox"/> Adjudicated Youth	Other School Types: <input type="checkbox"/> Special Ed School <input type="checkbox"/> Laboratory <input type="checkbox"/> Vocation Education <input type="checkbox"/> Early Childhood Center <input type="checkbox"/> Correctional <input type="checkbox"/> Hospital <input type="checkbox"/> Boarding School <input type="checkbox"/> Shelter	Other School Types: <input type="checkbox"/> Academic Magnet <input type="checkbox"/> High Performing/Gifted <input type="checkbox"/> Virtual School <input type="checkbox"/> College (2 Year) <input type="checkbox"/> University (4 Year) <input type="checkbox"/> Other
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<input type="checkbox"/> Share Option Sharing is required if no testing grades (3-11) are in the schools grade configuration	Shared School Information (if applicable) School Name: Site Code:	Within City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is tuition charged? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Institution Type: (See Attachment 4) <input type="checkbox"/> School <input type="checkbox"/> Administrative Office <input type="checkbox"/> Education Site(Not a School) <input type="checkbox"/> Non Education Site	<input type="checkbox"/> Adult Education Only Site <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Home School	Institution Control: (See Attachment 1)	Institution Funding: (See Attachment 2)
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Religious Affiliation Code: (See Attachment 3)	Congressional District:	BESE District:
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Submission(s): (Check all that apply) Annual School Report PEP SIS STS SER Other _____

# of School Partnerships:	ACT Explore Site Code: (Elem):	Site Career Pathway (s) (High) <input type="checkbox"/> Add (List) or <input type="checkbox"/> Remove (List)
Brumfield Vs. Dodd Approved? <input type="checkbox"/> Yes Date of Approval:	ACT Plan Site Code (Middle):	
Organizational Pattern Code For Grade 6 only	ACT Site Code (High):	Site Industry Based Certification(s) (High) <input type="checkbox"/> Add (List) or <input type="checkbox"/> Remove (List)

Grades Taught: (Check all that apply) (Highlight check box; Right Click , select Properties, checked)(See Attachment 5)

01 02 03 04 05 06 07 08 09 10 11 12 15 20 24 25

Additional Comments:

Signature of Superintendent	Print Name	Date
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