



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)**

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

**SITE INFORMATION (SCHOOL)**

**School Name:** (not to exceed 46 characters)

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

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

<b>School Opening Date</b> (MM/DD/YY)	<input type="checkbox"/> Regular List Regular <b>programs</b> below Code(s) (See Attachment 8)  Alternative <b>programs</b> <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	<b>Other School Types:</b> <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	<b>Other School Types:</b> <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	<b>Shared School Information</b> (if applicable) School Name: Site Code:	<b>Within City Limits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Is tuition charged?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Institution Type:</b> (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	<b>Institution Control:</b> (See Attachment 1)	<b>Institution Funding:</b> (See Attachment 2)
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<b>Religious Affiliation Code:</b> (See Attachment 3)	<b>Congressional District:</b>	<b>BESE District:</b>
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**Submission(s):** (Check all that apply)  Annual School Report  PEP  SIS  STS  SER Other \_\_\_\_\_

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