

Fannie C. Williams Charter School  
**New Student Registration**  
**2021-2022 School Year**

**REGISTRATION HOURS:**

**MONDAY – THURSDAY 8:30AM -1PM**

**Option 1: Complete Registration via email.**

FCWCS will email you the registration packet. Print the registration packet, complete the packet and add **ALL** required documentation. You can drop off or email the completed packet to FCW between registration hours. **Email Registration to: [enrollment@fcwcs.org](mailto:enrollment@fcwcs.org)**

**\*The school WILL NOT make copies of documents.**

Please include **ALL REQUIRED DOCUMENTS** with registration or registration will not be accepted.

**Option 2: Complete Registration at FCW.**

You are able to come to FCW and pick up the registration packet. Return the **completed** packet to the school. **ALL** required documentation **MUST** be submitted with the registration in for it to be complete.

**\*The school WILL NOT make copies of documents.**

Please include **ALL REQUIRED DOCUMENTS** with registration or registration will not be accepted.

**Required Documentation:**

- Birth Certificate
- Immunization Records
- Parent / Guardian Identification
- Test Scores / Last Report Card
- **Two** Residency Documents to prove Orleans Parish residency,  
~Such as: utility bill, rental lease, property tax notice, etc.
- IEP – Individual Education Plan or 504 Plan

# Fannie C. Williams Charter School Registration Document Checklist 2021-2022 School Year

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Must provide **COPIES** of the following documentation with registration to complete registration:

- Birth Certificate
- Immunization Records
- Parent / Guardian Identification
- Test Scores / Last Report Card
- **Two** Residency Documents to prove Orleans Parish residency, ~Such as: utility bill, rental lease, property tax notice, etc.
- IEP – Individual Education Plan or 504 Plan

**The school WILL NOT make copies of documents. Please include ALL REQUIRED DOCUMENTS with registration or registration will not be accepted.**

## What if my residency documents are not in my name?

If you are living in someone else's home and your residency documents are not in your name, you will need to bring:

- Two (2) residency documents in the name of the lessee or homeowner, such as:
- Utility Bill (Power, Water, Cable)
- Rental Lease Agreement/Mortgage
- Property Tax Notice
- A copy of the lessee or homeowner's photo ID
- A signed letter from the lessee or homeowner affirming that you and the child(ren) reside in the household

\*The McKinney-Vento Homeless Education Assistance Act is a federal law that ensures immediate enrollment and educational stability for homeless children and youth.

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### FOR SCHOOL STAFF

Documents Submitted:

- Birth Certificate
- Immunization Records
- Test Scores / Final Report Card
- Parent / Guardian Identification
- Proof of Residency (2) – utility bill, rental lease, property tax notice, etc.
- IEP – Individual Education Plan or 504 Plan

Documents Submitted to: \_\_\_\_\_

Date: \_\_\_\_\_



# Fannie C. Williams Charter School

11755 Dwyer Rd. New Orleans, LA 70128

<https://fcwcs.org/>

504-373-6228 (Office) / 504-245-2796 (Fax)

**2021-2022**

\_\_\_\_ Returning Student

New Student

## Student Information

Student's Last Name      Student's First Name      Student's Middle Name      Suffix

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Gender:  Male  Female      Grade: \_\_\_\_ (2021-2022)

Country of Birth: \_\_\_\_\_      State of Birth: \_\_\_\_\_      City of Birth: \_\_\_\_\_

Is this student an Immigrant?  Yes - If yes; entry date in U.S. Schools \_\_\_\_\_  No

Is this student Hispanic or Latino?  No – Not Hispanic or Latino       Yes – Hispanic or Latino

Race:  American Indian or Alaska Native       Asian       Black/African American       White       Native Hawaiian or Pacific Islander

## Primary address of Student & Enrolling Parent

Relationship:  Mother  Father  Legal Guardian  Foster Parent  Other

Last Name      First Name      Middle Initial      Suffix

Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_      Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_      Cell Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_      Work Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Place of Employment: \_\_\_\_\_      Parent Email address: \_\_\_\_\_

PLACE WRITE NEATLY – MOST SCHOOL COMMUNICATION WILL BE EMAILED.

Mailing Address: (if different from primary address)

Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_      Zip: \_\_\_\_\_

## Other Parent

Relationship:  Mother  Father  Legal Guardian  Foster Parent  Other

Last Name      First Name      Middle Initial      Suffix

Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_      Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_      Cell Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_      Work Phone #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Place of Employment: \_\_\_\_\_      Parent Email address: \_\_\_\_\_

Mailing Address: (if different from primary address)

Address: \_\_\_\_\_      City: \_\_\_\_\_      State: \_\_\_\_      Zip: \_\_\_\_\_

## Release – Student may be released to the following individuals.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Emergency Contact #1

Last Name First Name Middle Initial Suffix  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Emergency Contact #2

Last Name First Name Middle Initial Suffix  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Work Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Special Instructional Placement

Does this student have an active 504 Plan?  Yes  No If yes; provide a copy of 504

Does this student have an active IEP?  Yes  No If yes; provide a copy of IEP

Primary Exceptionality: \_\_\_\_\_

## Medical History

Type of Insurance:  Private  Medicaid/LaChip  SSI  None

Primary Care Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Allergies:  Yes  No (If yes; explain) \_\_\_\_\_

Does this student require daily medications?  Yes  No (If yes; explain) \_\_\_\_\_

Does this student require health accommodations?  Yes  No (If yes; explain) \_\_\_\_\_

## Transportation

Does this student need school bus transportation?:  Yes  No

## Prior School Enrollment (for NEW students only)

2020-2021 School Attended: \_\_\_\_\_ City: \_\_\_\_\_

Grade: \_\_\_\_\_ Promoted or Retained

## Siblings:

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing this form, you agree to the following:

- In the event of an emergency, if I cannot be reached, the school has my permission to perform basic first aid and seek emergency treatment for the student.
- To the best of your knowledge, all information provided here is complete and accurate.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_