

New School Form

Louisiana Department of Education
Division of Information Management
Data Management Section
P.O. Box 94064
Baton Rouge, LA 70804-9064
Phone: (225) 342-9133 FAX: (225) 342-1912

Please complete this form if your district is opening a new school (requesting a site code).

LEA Name: _____ Contact Person: _____

Date: _____ Phone: _____

School Name: _____ **Date of Opening:** _____

School Type: (Choose one)

Regular Charter Laboratory Early Childhood Center

If this is designated as an Accountability Option school, please complete the following:

Option type: (Choose one)

Option 1 (Sends Scores) Option 2 (Keeps Scores)

Qualifying type: (Choose one)

Alternative School Special Education School Vocational Education Center

Share Option

Sharing is required if no testing grades (3-11) are in the school's grade configuration.

Shared School Information (if applicable)

School Name: _____ Site Code: _____

Students attending this school will be moved from the following schools:

Site Code	Name of School	Number of Students*	Grades*

Site Code	Name of School	Number of Students*	Grades*

Site Code	Name of School	Number of Students*	Grades*

*The number of students and grades should reflect only those students entering this new school

**Please indicate below if these student movements involve moving the entire grade.

Comments:

Superintendent

Sponsor Site Coordinator