

**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